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 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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 2024 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

1A-2. Collaborative Applicant Name: Homeward

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:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- PHA Crosswalk; and
- Frequently Asked Questions

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, 2023 to April 30, 2024:
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	No
3.	Disability Advocates	Yes	No	Yes
4.	Disability Service Organizations	Yes	No	Yes
5.	EMS/Crisis Response Team(s)	No	No	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
9.	Law Enforcement	No	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	No	Yes
11.	LGBTQ+ Service Organizations	Yes	No	Yes
12.	Local Government Staff/Officials	Yes	No	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	No
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	Yes	No	Yes
18.	Organizations led by and serving people with disabilities	Yes	No	No
19.	Other homeless subpopulation advocates	Yes	No	No
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	No	No
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	No	Yes
29.	State Domestic Violence Coalition	Yes	No	No
30.	State Sexual Assault Coalition	Yes	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	No	Yes
33.	Youth Service Providers	Yes	No	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

The CoC seeks to collaborate with communities that have been historically underserved through a variety of approaches, with particular effort to following the direction of people with personal and professional lived experience of homelessness. In the GRCoC, 72% of people experiencing homelessness in our community identify as Black or African-American, while only 28% of the overall population of the Richmond Metro Area self-identifies as Black or African-American. In order to best meet the needs of overrepresented Black and Brown communities, the CoC has sought to best reflect the cultural needs of underserved communities through proportional demographic representation in staffing. The Homeless Connection Line (HCL) is the primary access point to the GRCoC's CES and is entirely staffed and led by Black women. The diversion specialists who staff the HCL are an important asset to the functionality of the CES and ensuring that the largest access point in our system is culturally responsive. Regularly, the CoC hosts "Access 101" and "Housing Problem Solving" trainings to connect with grassroots and faith-based organizations, particularly those who serve culturally-specific groups, and are not yet connected with CoC operations. HCL diversion specialists faciliate trainings on the types of real-life scenarios and problem solving conversations that they handle on a day to day basis in these trainings, supporting these new organizations in connecting with and improving the cultural responsiveness of these conversations. HCL Diversion specialists also advocated for a spanish-speaking representative to be added to the staffing list to more equitably respond to requests for assistance in real-time. The Collaborative Applicant has also added a Community Engagement Coordinator position to directly outreach to churches, social groups, and other community-based entities that are best suited to support equitable improvements to the design and operation of the region's homeless services. Through supporting members of historically underserved communities to not only participate in, but to collaboratively engage in, the CoC's day to day operations and activities, we believe that we will be able to have better informed guidance through our governance process to more equitably serve the disproportionate proportion of Black community members experiencing homelessness.

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 your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

Homeward maintains the Greater Richmond CoC (GRCoC) website. On the homepage, there is a button titled “Become a GRCoC member”. When selected, users are brought to a page with instructions on how to become a GRCoC member and the expectations/benefits of active membership are explained. Homeward maintains a CoC email list of 545 agencies and individuals which is used to share invitations to quarterly CoC meetings. This newsletter has a permanent invitation for new members to join. The CoC maintains an inclusive and low-barrier general membership by allowing any individual or entity committed to ending homelessness in the Greater Richmond Region to become a member by registering for the general membership newsletters and/or attending general membership meetings. To be designated as an active member, individual members must have attended 50% of the meetings in the last 12 months, Entity members must have attended at least 75%. Homeward also makes regular presentations both virtually and in-person to local and state human services stakeholders. Attendees are always invited to join the CoC. Homeward staff also meet with individuals or agencies interested in homelessness to give more information on CoC activities and membership. Homeward maintains a dedicated ADA-compliant CoC website that uses the UserWay widget with a meeting calendar and information about how to become a new member. Invitations to join the GRCoC are extended to everyone in attendance during virtual presentations as a means to increase collaboration and accessibility through effective communication. Regularly, Homeward coordinates task forces, workgroups, and community input/education sessions that are focused on homelessness and homeless services in our region to engage new membership. The Greater Richmond region has a growing Hispanic population and the GRCoC has sought to invite organizations serving the Hispanic community in the greater Richmond region. Additionally, the CoC has sought to engage with the Black faith community in the greater Richmond region, culturally-specific organizations that often have informal support networks that run parallel to the homeless services system. As part of the "Access 101" and "Housing Problem Solving" community training series, the CoC was able to host trainings onsite with organizations who primarily serve Hispanic and Black communities, increasing culturally-specific engagement to address 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)

The CoC solicits opinions from members through online surveys, public input sessions, and requesting public comment on documents posted on the CoC website including establishing funding priorities and policy changes. Targeted stakeholder input is sought in one-on-one meetings with the Collaborative Applicant (CA) or CoC leadership. The CoC's approach to updates of the PIT methodology and implementation provide a recent example. The CA and HMIS lead convened a PIT taskforce, comprised of outreach lead staff, experienced PIT volunteers and persons with lived experience. Through the solicitation of guidance from this diverse and experienced group, the PIT survey was modified to be shorter and more trauma-informed. This group also provided guidance that lead to improved training and recruitment of PIT volunteers, who are now equipped to provide immediate resources to people counted on the night of the survey who were living in unsheltered conditions. The CA maintains a peer exchange homeless and human services list-serve with more than 750 members including partners inside and outside of direct homeless services. This list-serve and the dedicated CoC email list are used to provide information and to solicit input. The CA hosts a dedicated CoC website, endhomelessnessrva.org and makes presentations in all eight CoC localities to groups not currently engaged with the CoC. Information is presented and input is solicited at CoC general meetings through facilitated discussions and survey tools. This information is also shared in the CoC newsletter and posted on the CoC website. The Greater Richmond CoC (GRCoC) seeks to ensure effective communication and access for persons with disabilities through online and in-person communication. All in-person GRCoC events are held in ADA accessible locations with attention to accessibility to public transportation. The online surveys, input sessions, and the solicitation of public comments on CoC documents are all conducted virtually. The GRCoC Maintains an ADA accessible website where collaboration & input opportunities are shared. Information obtained through these communication efforts are shared to relevant Committees and the Board to inform the development of strategies, funding priorities, outcome measurements, policies, and programs. Feedback shared in public forums led to the addition of an access point case conferencing, supplementing bi-weekly case conferencing meetings for people already connected to resources.

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)

Availability of FY24 HUD CoC funding was announced on 8/1/24 by posting on the CoC's website endhomelessnessrva.org. On 8/6/24, the CoC used its publicly accessible website to invite existing CoC grantees and organizations not previously funded to apply. The Collaborative Applicant (CA) hosted virtual information sessions for applicants and offered individual support for new potential applicants throughout August of 2024. The CA hosted a webinar for community members on 8/13/2024 which provided an overview of the funding opportunity, the local competition policies and procedures, and how to apply. Applicants with new projects were encouraged to submit a letter of intent to the CA to ensure project eligibility and support navigating the application process. In newsletters and meetings, applicants were directed to the CoC website to access detailed funding information, including the NOFO, recording & slides of the "How to Apply" webinar, the policies and procedures, scoring rubric, a timeline for the FY24 NOFO Competition, links to virtual office hours, and a FAQ document. Per the FY24 Local Competition Policies and Procedures, projects must meet threshold requirements to be included in the Consolidated Application. Those include certification of housing first programming, participation in CES, and use of HMIS. New projects are further screened to ensure they are eligible project types, serving eligible populations with eligible activities. If not, projects are rejected. Applicants are given written notice including the basis for rejection. The Ranking Committee (RC) independently scored eligible applications then met confidentially to review scores and determine the proposed ranking. When the funding requested exceeds the ARD and bonus funds available, the RC considers whether to reduce new applications or reject low scoring projects entirely. To ensure effective communication and access for persons with disabilities by reducing the number of steps and software/hardware combinations required to apply. For the FY24 competition, the Greater Richmond CoC transitioned to an online platform, Wize Hive (Used by local ESG recipients), which allows for applicants to apply without needing access to word processing software. Because WizeHive is an online platform, applicants may also interface pre-existing accessibility tools that best meet their specific needs. The CA also provided 1:1 support upon request to address specific accessibility needs.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
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- PHA Crosswalk; and
- Frequently Asked Questions

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)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

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

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

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 family members are not separated?	No
3.	Worked with CoC and 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)	No
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)

Richmond Public Schools (RPS) participates in the service coordination of the Greater Richmond CoC through formal participation in HMIS. RPS signs user agreements and other documents in order to use an HMIS license to coordinate services for households with school-aged children who are facing homelessness.
McKinney Vento liaisons from 8 LEA's (school districts) are integrated into CoC planning by participating in CoC membership meetings and planning and input sessions on child and family initiatives. The Richmond Public Schools McKinney-Vento liaison is a member on the CoC Board. The McKinney-Vento liaisons and CoC come together formally at least once per year to discuss programming, and McKinney-Vento liaisons regularly meet with CoC providers to provide updates and problem-solving. The McKinney-Vento staff participates in CES to ensure households with homeless students are connected to resources. School staff participate in the point-in-time counts, provide outreach, and deliver food to families in CoC programs. The CoC has partnerships with Richmond, Chesterfield, Henrico public schools to provide preventative housing assistance to families with school-aged children as well as formally partnering with other nonprofits and funders through the Siemer Institute to prevent vulnerable families with school-age children from becoming homeless. Homeward, the Collaborative Applicant, works to secure private and public rapid exit funding. This funding supports Richmond Public Schools McKinney-Vento liaisons in their work to quickly resolve or divert a family's episode of homelessness. This funding partnership is managed through a Memorandum of Understanding. CoC leadership participates joint committees including the City of Richmond Homeless Advisory Council and Human Services Cabinet.

1C-4b.	Informing Individuals and Families Who Have Recently Begun 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 have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

The Greater Richmond CoC's (GRCoC) program standards require that prevention, emergency shelter, and rapid re-housing providers help participants access educational resources, including those offered through McKinney-Vento. These requirements are reiterated in the GRCoC's Coordinated Entry System policies, which also set connecting participants to mainstream resources as a process goal. As part of the Coordinated Entry System Policies & Procedures approved by the System Policy and Process Committee and GRCoC Board in March 2024, providers are expected to connect participants to relevant resources.

Each school year, designated staff from family-serving shelters and rapid rehousing providers receive training from the City of Richmond, Henrico County, and Chesterfield County (the three largest LEAs) on the referral process for McKinney-Vento protections. During intake, staff identify the children's ages and schools. This information enables them to refer families to the correct school division for McKinney-Vento protections and to coordinate transportation for students in CoC programs. Staff also follow school guidelines to connect students to McKinney-Vento services and agree to notify the school division of any address changes throughout the year.

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

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–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.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.		

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

	Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to 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)

The CoC's System Policy and Process (SPP) Committee uses provider input and expertise to review and update CES policies, processes, and program standards as required by funders and based on needs identified within the Greater Richmond CoC (GRCoC). A member of EmpowerNET, a regional collaborative of Victim Services Providers (VSP) serves as a voting member on this committee. Relevant policies include access, assessment, prioritization, and referral to emergency shelter, rapid rehousing, and permanent supportive housing, as well as other relevant interventions and should meet the needs of clients from all jurisdictions in GRCoC. Additionally, VSP are represented on the CoC Board of Directors, HMIS Policy Committee, and Quality Improvement Leadership Committee. During the development of the CoC-wide Emergency Transfer Plan policy, VSP representatives raised concerns about the confidentiality standards and expectations for survivors receiving an external emergency transfer. These concerns lead to the addition of VSP confidentiality standards being added to all emergency transfer process' policy, improving the safety precautions taken for those seeking an emergency transfer. VSPs and the local Trauma-Informed Care Network provide training on trauma-informed care at least twice a year. The primary Access Point staff receive training on trauma-informed care and information on the needs of survivors. The GRCoC Coordinated Entry System Policies and Procedures provide a general requirement for agencies participating in CES to use trauma- informed practices. Agencies are required to focus on safety and to meet the needs of participants as they define them. The GRCoC offers trainings on trauma-informed care by integrating this approach into all case management trainings. The Collaborative Applicant offers sessions on trauma-informed care at their annual Best Practices Conference, attended by more than 250 GRCoC housing and services staff, stakeholders, and leaders annually.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:
1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

At least annually, the lead of the VSP collective provides cross training for Greater Richmond CoC (GRCoC) project staff on key issues that are specific to serving survivors of trauma and violence, as the administrator of the EmpowerNET Regional Hotline, which is the largest access point for survivors in the GRCoC and one of three designated Access Points in our CES. Customized in-depth training on best practices, safety planning, crisis intervention and trauma-informed care is provided by all 6 VSP agencies in the CoC and made available to any organization that requests it as part of each agency's community outreach and staff development efforts. In order to ensure seamless access to resources and also facilitate cross-training, VSP staff and leadership in the region actively participate in a number of GRCoC committees & workgroups (including the GRCoC Board.) Quarterly sessions for community-based providers cover services to survivors, the trauma-informed and client-centered assessment tool, and the process for triaging emergency shelter requests as well as protocols for taking the lead in coordinating services within the larger VSP network. This minimizes the number of calls the survivor needs to make and reduces the likelihood of re-traumatization. The VSP collective lead agency also provides at least annual training for Homeless Connection Line (HCL, the largest CES Access Point) staff tailored to their role around understanding domestic violence and the cycle of abuse, the barriers to fleeing violence, as well as techniques for having empathic, trauma-informed conversations with callers. Informal refresher trainings take place at least quarterly. The HCL specialists share the resources for callers who are not in imminent danger or are not actively fleeing or attempting to flee. As a victim-centered and trauma-informed practice, this information is solicited in the diversion and triage conversation and not as one of many data points to be collected. HCL staff ask every caller if they had a safe place to stay last night and if they are currently in a safe place to have the conversation. When trying to problem solve and make connections to mainstream resources, HCL staff ask callers if feel safe staying at any of the places being discussed as options and alternatives.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

The Greater Richmond CoC's (GRCoC) System Policy and Process Committee developed an Emergency Transfer Plan (ETP) in August 2023. The ETP allows clients housed in a CoC-funded RRH or PSH project who are victims of sexual or domestic violence or stalking to request an emergency transfer to a safe housing unit. The household is offered temporary, safe accommodations until a new unit is identified. The households continue to receive case management and supportive services while in the temporary accommodations. Before the ETP policy went into effect, all program staff received training from Victim Service Providers (VSP) on the implementation of the ETP and guidance on best practices to support people experiencing SDV. Program staff also received sample language to include in their policies and procedures that would ensure compliance with the GRCoC ETP policy. All current residents received 1:1 information of their housing rights under VAWA and were informed of the process to request/receive and ETP. New tenants are informed of their rights to an emergency transfer at intake to a housing program. To request an emergency transfer, the tenant only needs to express to their housing provider case manager that they have experienced SDV and wish to move to a new unit. Upon notification, the Case Manager (CM) discusses the process of an ETP with the requesting tenant to identify the types of transfer supports that best meet the needs of the requesting household. The SDV does not need to have occurred in the unit for a tenant to be eligible for an ETP. In this conversation, CMs are supported to discuss with the client which of the four responses will best meet their needs: Internal Transfer, External transfer, diversion, or staying in the current unit (with modifications). If a household identifies an internal/external transfer as best meeting their needs, the CM submits an ETP request form to CES Staff. CES staff then submits an ETP referral to the VSP who supports access to a temporary safe unit. The VSP will provide reasonable accommodations to this policy for individuals with disabilities. During the tenant's stay in a temporary safe unit, CES staff facilitate weekly case conferencing with VSP and Housing Provider to coordinate and streamline resources until tenant relocates in their new safe unit. The HP will prioritize the tenant by continuing to identify a safe unit within 2 weeks of the initial ETP request.

1C-5e.	**Facilitating Safe Access to Housing and Services 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 ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

The Greater Richmond CoC Coordinated Entry Policies and Procedures require that access to all housing and services available in the CoC does not depend on which Access Point a household first speaks with nor are services limited to targeted SDV resources. If a household is identified by any component of the CES to be fleeing domestic violence that household is transferred to the DV Access Point, the Regional Domestic Violence (DV) Hotline at 804-612-6126, immediately. If the household does not wish to use DV-specific services, the household will have full access to the CES, in accordance with all protocols described in the board-approved CES policy manual. If the DV hotline determines that the household is not at imminent risk, the household is transferred via warm handoff to the other Access Points of the CES. Through EmpowerNET, survivors have the option to obtain emergency housing in secure, confidential locations throughout the region or with a CoC partner. Survivors may elect to participate in EmpowerNET's dedicated and confidential coordinated entry process where personally identifiable information is not disclosed. With the addition of Emergency Housing Vouchers, the CoC coordinated referrals for survivors through a single point of contact (with a signed release) rather than via the Coordinated Entry Case Conferencing process.

1C-5f.	**Identifying and Removing Barriers 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 ensures survivors receive safe housing and services by:
1.	**identifying barriers specific to survivors; and**
2.	**working to remove those barriers.**

(limit 2,500 characters)

The Greater Richmond CoC's (GRCoC) Emergency Transfer Plan (ETP), coordinated by the YWCA, allows survivors of domestic violence, dating violence, sexual assault, or stalking to request emergency transfers to safer housing. This option is available to all tenants, regardless of sex, gender identity, sexual orientation, or standing within the housing program. Recognizing that marginalized communities face additional systemic barriers, the YWCA prioritizes representation of traditionally underrepresented groups in leadership and decision-making roles. Staff are trained in cultural competence and inclusivity to better understand and address the specific challenges faced by survivors, including access to safe housing and essential services. Through the collaborative ETP planning process, the YWCA identified the potential barrier of survivors of color experiencing racism from law enforcement when seeking safety supports, discouraging survivors from seeking support from law enforcement. To promote equitable access to safety in recognition of these existing inequities, the GRCoC does not require any involvement of law enforcement to document the experience of violence or need for an emergency transfer, though the process of ETP implementation supports survivors in accessing law enforcement supports, if desired. To combat these barriers, the CoC collaborates with victim service providers to affirmatively further a Housing First model, ensuring survivors have immediate access to housing without preconditions. They provide gender-affirming, language-accessible services and connect survivors to essential resources like childcare and healthcare. The YWCA also focuses on inclusive hiring practices, ensuring staff can effectively support diverse populations. In addition, the YWCA works closely with landlords to build positive relationships and reduce traditional housing barriers, ensuring that all participants have equal access to safe and stable housing.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Equal Access Trainings.	
	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)

The CoC embeds opportunities for collaboration with LGBTQ+ and other organizations to ensure that the CoC-wide antidiscrimination policy is updated as necessary through a strong governance process. The Collaborative Applicant (CA) seeks to recruit diverse representation on each CoC committee to ensure that every aspect of system functionality receives comprehensive review. The CoC supports and assists housing and service providers in developing project-level antidiscrimination policies that are consistent with the CoC-wide antidiscrimination policy through the CES Memorandom of Understanding (MOUs), that all agencies participating in CES (CoC, ESG, Other Federal, State, & Local funder requirements) sign annually, agreeing to abide by the CES Policies and Procedures (P&P). The CoC-wide antidiscrimination policy lives in the CES P&P. Before the annual recertification of CES MOUs with all partner agencies, the CES admin hosts trainings on the CES P&P, including the nondiscrimination and equal access policies. During this training, attendees are encouraged to use examples from their own projects to consider how these policies show up in day to day functionality of the program. Attendees of the training, which include both leadership & direct service staff, are encouraged to reach out to the CA if there are concerns about the implementation of either the antidiscrimination or equal access policies in their projects. Compliance with the anti-discrimination policy is managed in 3 ways: formal complaints filed with the CoC board or the Collaborative Applicant which are investigated using the CoC's Arbitration & Grievance Policies; informal complaints addressed during committee meetings or community case conferencing; and during staff & resident surveys during housing first evaluations. Projects are expected to abide by all aspects of the CES P&P, as required by annual CES MOUs. If issues of noncompliance were identified through any of the ways described above, we first seek to improve Antidiscriminatory practices through 1:1 onsite technical assistance by the CES admin in the evaluation of project P&P and supportive training for all leadership and staff, followed by more formal training and support, as needed. If these efforts failed to address the project's noncompliance, the project will no longer be eligible to compete in CoC-coordinated funding competitions, which may necessitate involuntary reallocations, as necessary.

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 or Housing Choice Voucher Program During FY 2023 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?
Richmond Redevelopment and Housing Authority	20%	Yes-Both	Yes
Virginia Housing Development Authority	5%	Yes-HCV	Yes

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)

Both PHAs in our area have limited homeless admission preferences. The largest PHA in our CoC, Richmond Redevelopment Housing Authority (RRHA), have participated in extensive educational sessions on the CoC and on client needs. Homeless service providers working with families met with RRHA to update and revise our limited homeless admissions preference. Homeward staff has worked with Virginia Housing staff on applications for additional vouchers that would include a homeless admission preference. Virginia Housing works with 2 agencies to administer the Housing Choice Voucher program. 2 of the 5 agencies have homeless/ at risk of homelessness preferences. The CoC established EHV MoUs with RRHA, and two small PHAs managed by Virginia Housing. These MoUs established the targeted referral population which included households experiencing or who had recently experienced homelessness. One priority population was a Move-On strategy combining these special vouchers with move on assistance from a PSH provider. Additionally, the CoC has worked with RRHA on their Administrative plan to include a homeless preference for a project-based waiting list in order to increase direct referrals from the GRCoC coordinated entry system into specific buildings operated by a PSH provider, adding 42 units. In 2024 alone, 102 referrals have been made to PSH-PBV vouchers and general Housing Choice Vouchers from the Greater Richmond CoC CES.

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)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
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)?	Yes
		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.	Mainstream

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?	Yes

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	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 2024 CoC Program Competition.	14
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 2024 CoC Program Competition that have adopted the Housing First approach.	14
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 2024 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;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

During the local competition process, the CoC evaluates every project applying for funds by responses to the Greater Richmond CoC (GRCoC) Housing First compliance checklist (attached), and to respond to a narrative question asking for specific examples that demonstrate how a housing first approach is incorporated into the current/planned implementation of the project, with cited examples in their policies and procedures (that we ask applicants to upload as evidence of their claims).During the ranking and review process, the CoC considers the following factors and performance indicators during its evaluation of Housing First fidelity: use of income restrictions, 'treatment compliant' requirements, criminal justice history requirements, provision of reasonable accommodations, staff knowledge of fair housing advocacy, efforts to maintain housing stability, eviction prevention efforts, and client-led service planning. Renewal projects are also evaluated on their performance in obtaining/maintaining housing & not exiting participants to homelessness. Outside of the local CoC competition, all projects that provide a shelter/housing resource in the CoC are evaluated on the same factors above in the format of qualitative survey responses from program participants and staff. The survey responses are then evaluated by a Housing First Taskforce, comprised of Quality Improvement Leadership (QIL) Workgroup members from non-surveyed projects, using a scale for each question of: not housing first, housing first, and unclear/incomplete. Each evaluator then recommends whether the project needs to be re-evaluated based on staff/participant responses. The CoC offers system-wide training on Housing First best practices on an annual basis. During the housing first evaluation process, if a program is recommended for re-evaluation, they are provided with 1:1 training and technical assistance from the CES admin to review their program's policies and procedures to improve fidelity to housing first. Housing First fidelity best practices are also regularly discussed in a peer-sharing capacity during case conferencing.

1D-3.	Street Outreach–Data–Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

The Coordinated Outreach Team, led by a Daily Planet Health Services Outreach Manager, is composed of staff from various agencies funded through CoC, PATH, the VA, localities, the state, and private funding. Daily Planet Health Services is a Federally Qualified Healthcare Center and the region's Healthcare for the Homeless lead. This team, which meets bi-weekly for scheduling and case conferencing and communicates daily, is responsible for maintaining a list of known locations where individuals experiencing homelessness may be. They conduct outreach by visiting these areas, meeting people where they are, completing HMIS intakes, addressing physical needs, conducting safety planning, and providing case management, including documentation assistance and referrals to mainstream resources. The outreach team also serves as an Access Point for screening and assessment, helping clients access shelter or housing placements. Additionally, they respond to an online notification form available on regional websites, allowing the public to request welfare checks for individuals sleeping outdoors.

Outreach efforts cover all eight jurisdictions of the CoC, ensuring 100% geographic coverage. In Richmond, Chesterfield, and Henrico counties- areas with the largest homeless populations- outreach is conducted at least weekly, often daily. In smaller jurisdictions, such as Powhatan and Hanover counties, outreach workers partner with local agencies and respond to requests for assistance within 1-2 days.

The team collaborates with law enforcement, DSS departments, and community organizations to reach clients who may not seek services on their own by visiting encampments, meal programs, libraries, and other service providers. A language telephone line and bilingual staff are available across the region to ensure accessibility. The team engages proactively with community organizations that serve underserved populations, including youth, LGBTQ+ individuals, and persons with disabilities, particularly those with behavioral health needs. Once a person is engaged, outreach workers continue to provide progressive engagement, addressing basic needs, building trust, and sharing community service and housing resources with all eligible individuals, without regard to protected classes.

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

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

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes

3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	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.l.	

		HIC Longitudinal HMIS Data	2023	2024
	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	241	264

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.	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

The CoC collaborates with healthcare organizations, including substance use disorder (SUD) and mental health providers, to ensure participants receive healthcare services. Monthly newsletters offer training on mainstream benefits and resources, and over 815 subscribers from healthcare agencies participate in the CoC's Case Managers' List-serve, facilitating the exchange of information on public benefits and healthcare services.
The CoC partners with the state Medicaid agency (DMAS), private insurers, and a Federally Qualified Health Center (FQHC) to help clients enroll in health insurance. A data-matching project with DMAS allows volunteers to visit shelters and enroll clients in Medicaid. Case managers assist participants with navigating the Virginia Common Help system and coordinating benefits, transportation, and appointments. Representatives from the Social Security Administration and Virginia Disability Determination Services also provide updates at CoC meetings.
To enhance healthcare access, the CoC hosts its Best Practices Conference annually and includes sessions on workforce development and services for individuals in active addiction. Leaders from social services, SUD recovery programs, and community boards serve on the CoC Board to ensure ongoing collaboration. The CoC is committed to promoting SSI/SSDI Outreach, Access, and Recovery (SOAR) certification for program staff to improve access to disability benefits for participants. The CoC employs dedicated SOAR workers, and a member of the Coordinated Outreach Team serves as the designated SOAR point of contact. Information on SOAR certification is shared with all service providers on at least an annual basis, ensuring that staff remain informed and able to pursue certification. Additionally, the Collaborative Applicant provides SOAR certification details upon request, further facilitating the process for organizations looking to train staff.

Through these efforts, the CoC ensures that service providers are well-equipped to assist participants in accessing SSI/SSDI benefits, thereby supporting the financial stability and recovery of individuals experiencing homelessness.

ID-7.	**Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.**	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:
1.	**respond to infectious disease outbreaks; and**
2.	**prevent infectious disease outbreaks among people experiencing homelessness.**

(limit 2,500 characters)

In response to the ongoing pandemic, the Collaborative Applicant, initiated planning efforts alongside shelter providers and public health offices to develop a standardized protocol for infectious disease preparedness to guide shelter entry, referral pathways, and testing best practices. The CoC board adopted a number of amendments to CoC policies in response to infectious disease outbreaks. These are published on the CoC website. Currently, the CoC maintains ongoing coordination with the Virginia Department of Health, CDC, and the Richmond/Henrico Health District to continue to develop CoC-wide policies to respond to infectious disease outbreaks among people experiencing homelessness. The CoC worked with HUD TA to develop a communication and program protocol to mitigate infectious diseases: (1) The homeless response system should have multiple pathways available for COVID+ individuals and work collectively to ensure all COVID+ individuals experiencing homelessness have access to safe and sanitary space, coupled with easy access to medical care. (2) Providers should be prepared to shelter any eligible person who is referred from Coordinated Entry to an open shelter bed (congregate or non-congregate). If this is not feasible, then providers should have an appropriate referral pathway in place. (3) When there is a high rate of transmission in the county, weekly onsite, facility wide testing is a best practice. There will be a regular testing schedule for both high transmission (surge) and low transmission (non-surge) times with initial metrics were set. (4) A comprehensive vaccine strategy complements the ongoing virus mitigation strategies in place in the community. Daily Planet Health Services, an FQHC, proactively offers vaccines to eligible and targeted populations. (5) The Richmond City Health District (RCHD) is able to work with projects and perform site visits to help projects best manage COVID- 19 in their facilities. (6) In extreme circumstances, the RCHD, as the public health partner, is able to quarantine locations if an outbreak presents a public health emergency. If this option is considered, RCHD will take the lead in this effort and it is expected that identified locations will support RCHD’s efforts.

ID-7a.	**Collaboration With Public Health Agencies on Infectious Diseases.**	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC:
1.	**effectively 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)

The CA conducted presentations for the local public health staff and joined statewide presentations to provide information on homelessness and resources. Homeward also published public health information on the CoC newsletter and CoC website. The CoC regularly communicated with the Richmond City/Henrico Health District (RCHD), and has invited RCHD staff to present information at CoC-wide information and training sessions. The CoC has also coordinated with RCHD to create an Isolation in Place plans for local shelters. RCHD helped shelters to consider the following: (1) Number of HVAC units and what parts of the building they serve;(2) Where staff members sit and how staff enter and exit the building;(3) How meals are served and where individuals eat;(4) Where individuals enter and exit the building;(5) Where individuals sleep, use the restroom, and any shared spaces;(6) Procedure on escorting a family in isolation outside to connect with emergency services, etc. Daily Planet Health Services, an FQHC and Healthcare for the Homeless clinic, coordinates street outreach in the CoC and provides health and public health services for shelter and housing providers. The public health agency Congregate care staff coordinates and communicates directly with CoC agencies as well. DPHS mobile medical unit and scheduled clinics on-site at all congregate shelters and known places with unsheltered populations.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

Our CoC's CES works to ensure access to services for all geographic areas through 3 Access Points: the Homeless Connection Line (HCL), the EmpowerNET Hotline (for Survivors of DV), and Coordinated Outreach. The HCL and EmpowerNET Hotline are phone-based services that eliminate transportation barriers, allowing individuals across all eight jurisdictions to connect with resources. HMIS data confirms that callers from every locality in the CoC are represented. Additionally, Coordinated Outreach workers respond to requests from people experiencing a housing crisis or community stakeholders and provide on-the-ground assistance in all eight localities, ensuring coverage across the entire CoC. The CoC regularly assesses its CE system. In 2022, Homeward hired OrgCode to do a comprehensive evaluation of all components of the CES, case conferencing, CE policy development, as well as on post-pandemic updating of the CE policy and process manual. The process included focus groups of people with lived experience and several input sessions with service providers. The CoC also continues to evaluate inflow and exit data in order to prioritize equity in outcomes of the CES. CES evaluations are shared with the System Policy and Process (SPP) Committee, who recommend changes to the CES policies. The CoC's CES uses a standardized assessment process to ensure fair, equitable, and equal access to CoC resources. The HCL and EmpowerNET Hotline are phone-based, supporting individualized communication needs, including text and email. Coordinated Outreach teams respond in-person. The GRCoC developed a local vulnerability assessment tool and process to replace the VI-SPDAT and enhance its commitment to prioritizing the most vulnerable. The new assessment is administered at all Access Points, and considers vulnerabilities such as unsheltered status, age, co- and tri-morbidities, and acuity in order to develop urgency priority by-name lists. The new tool was piloted and tested for disparities, and determined that persons of different ages and races are equitably connected to emergency shelter or other resources. After which, the SPP Committee voted to permanently adopt the assessment in August 2023. The assessment process has been further developed to include prioritization policies for emergency shelter for families, as well as PH housing interventions for singles and families. HMIS data is used to continually evaluate equitable access and service delivery across the entire CoC.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	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 needs and preferences; and
4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

Homeward, the CES lead, advertises coordinated outreach services on its website and in communications with the public. 2 Access Points are phone-based to mitigate transportation and mobility barriers across a 8-jurisdictional CoC, and use TTY and translation services to ensure language and forms of communication do not pose barriers. The CoC proactively engages organizations serving people who have not historically engaged in the CoC with a focus of cultivating trusted relationships outside of a service system. These efforts were particularly highlighted during the implementation of YHDP programming, where collaboration with grassroots groups such as Side by Side, a LGBTQ+ support group entity, were critical in supporting the engagement of youth who were least likely to seek homeless services. Engaging diverse community partners on CES increases the likelihood for individuals to reach out for assistance or to follow up on an outreach contact. Emergency shelter, RRH, and PSH are prioritized based on locally- developed urgency priorities which are identified during intake assessments and includes unsheltered status, acuity, disabling conditions, and age. Prioritization for shelter is made from Access Points' HMIS data. PH projects are prioritized by length of homelessness, unsheltered status, acuity, disabling conditions, and age, combined with case conferencing to triage households for housing interventions. CES staff monitor daily openings from shelters and refer clients according to length of homelessness, ensuring that shelter openings are immediately filled. Households are quickly connected to openings in PH-programs through CES Navigation who receive notification of program openings. Staff input during case conferencing often supplements available HMIS data to ensure services consistent with needs & preferences. The CoC seeks to reduce burdens on people seeking assistance by keeping the standardized assessment questions the minimum funder required elements necessary to prioritize people most in need of assistance. When re-developing the standardized assessment, the GRCoC used questions from the VI-SPDAT that most targeted elements of vulnerability (seeking crisis services in the last week, feeling unsafe where you slept last night), but modified these questions to reduce the invasive and lengthy nature of the original VI-SPDAT tool. Before this tool was implemented, it was reviewed by focus groups of PLE, Coordinated Outreach, and the SPP Committee.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC through its 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)

The Greater Richmond CoC (GRCoC) affirmatively markets housing and services provided within the CoC by advertising access points and ensuring that all direct service staff are able to confidently explain the housing and services provided within the CoC's geographic area. Written materials advertising access points through grassroots community-based resources (such as mutual aid refrigerators), mainstream locations (DSS offices, libraries, healthcare for the homeless partners), and having a coordinated outreach team that travels to all 8 localities within the CoC. Staff of partner agencies are regularly trained and provided written materials explaining the CES process and CoC resource and housing inventory via 800+ person listserv and public website posting. As outlined in the GRCoC CES Policies & Procedures, updated in 2024, the GRCoC expects providers to comply with Fair Housing Laws, including the Fair Housing Act, the Americans with Disabilities Act and the Virginia Fair Housing Law, which further protects “elderliness,” from housing discrimination.
Complying with the statutes above includes:
Making known that rental assistance and services are available to all on a nondiscriminatory basis and ensuring that all households have equal access to information about and equal access to the financial assistance and service providers.
Providing meaningful access to persons with limited English proficiency.
Informing households how to file a housing discrimination complaint.
Providing reasonable accommodations, to include public and common use spaces. This may include allowing a service animal into shelter, arranging an intershelter move to accommodate an individual using a wheelchair, allowing nursing aid to come into shelter, providing private bathroom/room/space, and/or providing access to a bottom bunk bed. The CoC will report any violations to fair housing or equal access to responsible entities in respective jurisdictions. As an example, there was a landlord in violation of fair housing practices highlighted during a community case conferencing meeting. With support from the CoC, the case manager filed a report with the entity responsible for handling fair housing violations in the jurisdiction. After education from HOME, the landlord rectified their practices and the participant was able to re-apply for housing, eventually becoming a resident in the unit.

1D-9.	**Advancing Racial Equity in Homelessness–Conducting Assessment.**	
	NOFO Section V.B.1.p.	

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.**	08/30/2024

1D-9a.	**Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.**	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

We utilize custom-built reports from our HMIS to continuously monitor our progress in preventing and reducing racial disparities in homeless assistance. In interpreting these data, the CoC considers aspects such as: the type of data that is included in the report (such as an access report vs. a PH project report), the factors that may contribute to people with differing racial identities making differing choices (ex: an Emergency Shelter with higher PH exits having staff that reflect the racial and cultural identities of the participant population). Alongside these reports, we publish annual updates for the community, highlighting racial disparities and illustrating how people of color are disproportionately affected, even when factoring in their percentage in the community and the poverty rate. Our community has sought to address racial disparities by focusing on ensuring that individuals accessing both shelter and housing resources reflect the demographics of those seeking assistance through homeless services, regardless of access point. Our assessment process to examine this question primarily relies on system-wide data from HMIS, qualitative data from access point staff (HCL Diversion Specialists and Coordinated Outreach Team members). Using reports generated from HMIS (SSO-CE & SSO-SO projects, ES/TH/SH, and PH-RRH/PSH/OPH), the CoC first compares the demographic ratios of people seeking assistance to the demographic ratios of people receiving shelter and housing services. As a check point, Quantitative visual data from Stella P is used to compare year over year trends. Additionally, we examine system performance outcomes disaggregated by race, including the duration of service, the time taken to secure housing, and the percentage of people who exit to permanent housing. To further understand the full picture of racial disparities in our CoC, we conduct an annual comprehensive review of the access points in our CoC, which includes a quantitative review of racial disparities and qualitative responses from people with lived experience and access point staff (outreach workers and HCL diversion specialists).

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes

6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC 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.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

Our CoC's greatest racial disparity is in inflow to the system. Black people are overrepresented in inflow by nearly 3 times their representation in the general public population. To address this inequity, the Greater Richmond CoC has sought to collaborate with other systems of care to be more housing-focused in the implementation of service delivery and planning. By seeking to invest best practices and collaboration into the 'sister' systems of care to the CoC (education, healthcare, DSS, etc) that have the potential to intervene in a household's housing stability trajectory, we hope to stem the inequities in the demographics of people seeking homeless services. Additionally, through more flexible local and private funding sources, as well as YHDP programming, the CoC has sought to invest in the informal systems of care that people seeking homeless services assistance may have access to in their communities. A CoC investment strategy for more flexible funding sources is to invest in diversion resources, to best prevent as much of the trauma of the homeless services systems as possible. The CoC has also used the strategy of investing in diversion resources in YHDP programming through the innovative use of kinship payments in SSO projects. By providing young people's home-based community networks the resources to prevent homelessness, we seek to reduce the disproportionality of Black households seeking homeless services assistance and strengthen the access to socio-emotional connection and positive youth development in home-based, rather than institutional, environments. From the 2024 racial equity analysis, we do know that Black households access RRH, PSH, and exit to permanent housing at higher rates than White households in our CoC. Ongoing strategies to address racial equity issues are closely tied to system-wide strategies to reduce the average length of homeless, because Black individuals and families have longer lengths of homelessness than White individuals and families, on average, in our CoC. These strategies will be monitored for ongoing effectivness through annual Racial Equity reporting from the HMIS Lead, communicated to the Quality Improvement Leadership workgroup and the YHDP Continuous Quality Improvement workgroup. Measures of effectiveness include, but are not limited to, reduced disparities in the overall population of people experiencing homelessness in the Greater Richmond region, reduced lengths of homelessness for Black households.

1D-9d.	**Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.**	
	NOFO Section V.B.1.p.	

	Describe in the field below:
1.	**the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and**
2.	**the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.**

(limit 2,500 characters)

Our community continuously tracks progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance by measuring data that reflects whether individuals seeking access to our care system—either through a well-publicized phone line or street outreach—reflect the demographics of those actually receiving services like shelter and permanent housing. We achieve this by comparing the percentage of people of color attempting to access our system with the percentage being served in shelter and housing programs. Additionally, we intend to continue examining outcomes disaggregated by race, including the duration of service, the time taken to secure housing, and the percentage of people who exit to permanent housing. We utilize custom reports from our HMIS to continuously monitor our progress in preventing and reducing racial disparities in homeless assistance in access to the system, utilizxation of shelter and housing resources, lengths of homelessness, exits to permanent housing, and returns to homelessness. Alongside these reports, we publish annual updates for the community, highlighting racial disparities and illustrating how people of color are disproportionately affected, even when factoring in their percentage in the community and the poverty rate. To compare the effectiveness of these local tools, the HMIS lead also compares these local data to data reported in the CoC Racial Equity Analysis Tool and Stella P.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	

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 decisionmaking processes.

(limit 2,500 characters)

The Greater Richmond CoC (GRCoC) prioritizes an inclusive planning process across all platforms, specifically for underrepresented groups such as BIPOC and LGBTQ+ individuals. The foundation for our work to fulfill our mission of reducing homelessness is hearing directly from people experiencing homelessness. Homeward facilitates conversations with people experiencing homelessness across the GRCoC to hear directly from them about their experiences of homelessness; the factors that contributed to their homelessness and housing instability; their service and program usage; and, their ongoing or unmet needs. These conversations are a foundational arena for outreach and recruitment to leadership roles in GRCoC committees and workgroups, ensuring that individuals with lived experience are able to self-select into roles in the CoC governance with experience of how CoC committees and workgroups procedure and functionality.

The CoC incorporates underrepresented groups as critical stakeholders in any planning process and creates decision-making infrastructure that reflects this priority. As an example, youth are underrepresented in our community's decision-making processes, despite representing roughly 7% of the overall population of people experiencing homelessness. To represent the unique needs of this population, the CoC prioritized the development of a Youth Action Board and included a YAB representative in the Ranking & Review Committee and CoC Board to guide community planning and institutionalize youth voice in community decision-making processes. At the most recent system-wide best practices conference, which includes attendees from all levels of homeless services and collaborative partners, attendees responded to an anonymous survey intended to measure the rate of lived experience across the GRCoC. Survey results indicated that PLE make up approximately 25% of the GRCoC Homeless services system staff, including respondents from executive/management level to direct service case management.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter 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.	Routinely included in the decisionmaking processes related to addressing homelessness.	63	63
2.	Participate on CoC committees, subcommittees, or workgroups.	10	10
3.	Included in the development or revision of your CoC's local competition rating factors.	5	5
4.	Included in the development or revision of your CoC's coordinated entry process.	20	15

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

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)

At the most recent system-wide best practices conference, which includes attendees from all levels of homeless services and collaborative partners, attendees responded to an anonymous survey intended to measure the rate of lived experience across the Greater Richmond CoC (GRCoC). Survey results indicated that PLE make up approximately 25% of the GRCoC Homeless services system staff, including respondents from executive/management level to direct service case management. To prioritize the voices and perspectives of people with lived experience, it is imperative that PLE are not only included in the decision-making processes of the GRCoC, but provided the resources and opportunities to pursue their own professional desires. To understand the best opportunities to prioritize the CoC added a Lived Experience Coordinator (LEC), who prioritizes the perspectives of PLE from shelter residents to organizational executives. In CY24, the LEC has begun a peer-sharing collaborative of providers with lived experience to better gain perspective on the opportunities for the CoC to improve the professional development and employment opportunities to individuals with lived experience. One of the insights from this group has been to have written resources designed by PLE to onboard new committee and board members. Additionally, the CoC has sought to expand professional development and employment opportunities through the expansion of the coordinated outreach team to include a peer youth navigator (a position that includes lived experience as a hiring prefernce) and the prioritization of securing scholarship funding for trainings and professional conference attendance for staff with lived experience across the CoC. The hiring of additional peer support positions has been identified as a priority in the GRCoC's Severe Service Needs Plan (2022) and the CoC's strategy to increase employment and income for people in CoC-funded projects (2024).

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

	Describe in the field below:
1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

The Greater Richmond CoC (GRCoC) seeks to routinely gather feedback from people with lived experience that did not receive assistance in our CoC in a variety of methods. One method is through twice-annual surveys conducted during sheltered and unsheltered PIT counts, where anonymized survey takers are asked about demographic and life experiences history, and access to basic needs resources.All unsheltered persons who are counted are offered assistance from the coordinated outreach team, though not all elect to connect with the team. Another method of routine feedback collection is through the Youth Action Board, which does not require lived experience in the GRCoC for members, though some members have received services in the GRCoC. The feedback gathered from YAB members ranges a wide breadth of topics, such as functionality of peer support resources, and is not limited to youth-specific topics. Additionally, we seek to routinely gather feedback from people with lived experience that received CoC or ESG assistance in the GRCoC. Our CoC also conducts annual surveys of participants in ES and PH programs about their experience of the housing-first nature of the services that they have received. On a regular basis, the CoC also conducts focus groups and feedback sessions on CES innovations, access to healthcare and mainstream resources, and ability to access supportive services. The GRCoC has also recently begun a workgroup of providers with lived experience, to gather CES process and program-level feedback from partner staff who may or may not have received services in the GRCoC. The workgroup is scheduled to meet on a quarterly basis. During a 2023 focus group with CoC staff of lived experience, participants identified the challenge of how quickly the urgency of one's situation may change when they are living in unsheltered conditions. Prior to this feedback session, unsheltered status was one of 5 possible vulnerabilities considered to be in 'priority 1' for shelter, with no distinction between unsheltered status and other vulnerabilities, 3 of which were needed to be in priority 1. With feedback from this focus session, the CES admin recommended changes to the priority 1 category and the System Policy & Process approved an amendment that someone with unsheltered status who also responded positively to two acuity questions would automatically be placed in priority 1, ensuring faster access for those in vulnerable unsheltered conditions.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	

	Describe in the field below at least two 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)

The CoC participated in Master Plan development sessions for the City of Richmond. Staff from the Collaborative Applicant provided expert testimony and spoke at a public meeting in support of the zoning changes and enlisted other CoC members to participate. The Collaborative Applicant distributes notice of opportunities to provide verbal or written feedback on zoning or land use policies and regulatory issues. The advocacy work of the CoC and its partners resulted in the City updating its zoning to include supportive housing (including emergency shelter) in each zoning category. This means that PSH or shelter development in an existing structure cannot be denied a permit and no longer need to go through a lengthy and costly special or conditional use permit process. In 2023 the CoC began a local government committee to engage nonelected officials in understanding the needs of households experiencing homelessness and the barriers to housing. The objectives for this committee are to: Provide timely reports and updates to local government partners on the Greater Richmond CoC's efforts to develop strategic community change initiatives designed to reduce homelessness, and to identify areas of opportunity to enhance the alignment and coordination of local and regional resources and services to reduce homelessness, especially around the use of ARPA and HOME-ARP funding for homeless services. Several local government staff also serve on the CoC board, which is currently in the process of updating the CoC's strategic plan. The focus of the CoC strategic plan is to increase access to and development of deeply affordable housing for people exiting homelessness. The consultants for this plan have expertise in state housing policy issues and have provided education to the Strategic Plan Steering Committee on these policy issues (including zoning, land use, and regulatory barriers) to inform the planning process.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	**Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.**	
	NOFO Section V.B.2.a. and 2.g.	

1.	**Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.**	07/29/2024
2.	**Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.**	07/29/2024

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:

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.**	No
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?	10
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section 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.	the severe barriers your CoC considered.

(limit 2,500 characters)

In the local rank & review process, the Collaborative Applicant (CA) was responsible for analyzing data regarding how well each project had successfully housed its participants in permanent housing. For renewal projects, the CA reviewed APR reports from CY23, using community-identified benchmarks for exits to and retention permanent housing as well as data quality. For new projects, the CA reviewed APRs from similar projects run by applicant or comparable data reports, including reports from VSP comparable databases. Housing performance metrics were developed by the Quality Improvement Leadership (QIL) and the CA, published for public comment in May 2024, and finalized by the ranking committee in July 2024. In the local rank & review process, the CA is responsible for analyzing data regarding how long it takes to house people in permanent housing in each project. While the length of time taken to house people in permanent housing is not a metric that has been scored to date in the local application process, but it is agenized to add this factor in future competitions and in local monitoring practices. During the rank and review process, reviewers independently evaluated all new and renewal project applications before collectively deliberating, ranking and selecting projects. New projects were asked to describe their organizational experience in meeting their target population's identified housing and service needs, including severe service needs. Renewal projects were given the opportunity to earn full points back on one performance measure by describing program challenges that may have impacted their performance scoring. In the scoring and deliberation process, which then influence the ranking and selection process, these responses were considered. The CoC considered severe barriers that may be population specific (such as meeting the needs of undocumented persons experiencing SDV) or severe barriers that impacted an element of project performance (such as serving a disproportionately high number of people with little to no income).

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 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 that proposed 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 steps the projects took or will take to eliminate the identified barriers.**

(limit 2,500 characters)

For the FY24 Local Competition, the CoC significantly updated the rating factors used to review project applications to better align with our local priorities of transparency, equity, and responsible use of federal resources. We know from direct feedback from persons with lived experience (through survey data and focus groups/input sessions), that persons of color are over-represented in the inflow of persons experiencing homelessness in our system of care, despite responding in PIT survey data that they have often lived in the region for their entire lives. Our community believes that this input from persons of races and ethnicities over-represented in the local homeless population speaks to a larger issue of housing affordability and housing stability for Black and African-American communities in the greater Richmond region. This input supported the determination of project performance priorities, specifically of 'obtains/maintains permanent housing, exits to homelessness, maintains or increases income,' and the local priorities of projects identifying and removing barriers to access or ongoing participation faced by persons of different races or ethnicities. The Greater Richmond CoC's (GRCoC) review, selection, and ranking process is the sole responsibility of the GRCoC's Ranking Committee. The Ranking committee is recruited from local funders (including ESG offices and philanthropies) and persons with lived experience who are not currently staff for an organization applying for funds through the local competition. The CA sought to recruit persons of different races and ethnicities, particularly those overrepresented in the local homelessness population through this recruitment process. The FY24 Ranking Committee has one person of color in membership, increasing the representation of Black individuals is a priority for the CoC in the FY26 competition. Both new and renewing projects were asked to respond to the question of "Describe how your organization is evaluating and addressing racial inequities in program outcomes and what action steps your organization has taken to address any identified inequities". This question was worth 9/100 points for both new and renewing projects. Included in the detailed scoring factors, applicants were asked to respond to this question by identifying data analyzed as well as actions undertaken.

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)

In accordance with the Greater Richmond CoC (GRCoC) Local Competion Policies, approved and published 7/24/24, CoC program funds may be reallocated on a voluntary or involuntary basis. GRCoC grantees may self-nominate to voluntarily return CoC funds by providing a written proposal to the collaborative applicant. Involuntary reallocation of low performing projects can occur throug the local competition for the following reasons: a. Audit finding(s) for which a response is overdue or unsatisfactory; 2. History of inadequate financial management; c. Evidence of untimely expenditures on prior award; d. History of other major capacity issues that have significantly impacted the operation of the project and its performance; e. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes; f. HMIS compliance issues; or g. Misalignment with GRCoC funding priorities and federal & state strategic goals. The GRCoC reallocates funds granted through coordinated grant processes, as needed, The ranking process is grounded in performance review to identify poor performance. Additionally, the Ranking Committee will consider the capacity of other project(s) to receive additional funding and their performance. Grantees will be notified in writing of the Ranking Committee's reallocation recommendation and justification. Grantees are provided a copy of the Appeals process in this notification. At the end of the appeal period, the Ranking Committee will provide the reallocation recommendation to the GRCoC Board of Directors as part of the coordinated grant application for review and vote to approve or disapprove. The approved coordinated grant application including the project ranking and funding will be posted to the GRCoC website, and a notice will be emailed to the GRCoC member. The GRCoC did not have low performing projects. All renewing projects score full points for Grant Administration factors, which were on time submission of APR, quarterly eLOCCs draws and expenditure or grant funds. All projects scored well on program outcome factors. A few projects needed to improve data quality, but not to a degree that warranted reallocation of funds.

1E-4a.	**Reallocation Between FY 2019 and FY 2024.**	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No

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?**	No
3.	**Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?**	

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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	

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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/20/2024

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 Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes

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.	10/25/2024

1E-5d.	Notification to Community Members and Key Stakeholders by Email 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.	10/25/2024

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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

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

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

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/10/2024

2A-4.	**Comparable Databases 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; and**
2.	**state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2024 HMIS Data Standards.**

(limit 2,500 characters)

In support of the CoC, the HMIS lead manages the HMIS policies committee, which includes a representative from the Victim Service Provider (VSP) community responsible for the comparable database. In this way, the HMIS lead ensures that the representative is prepared to communicate any upcoming changes to the data standards to the collective of VSPs within the CoC. The CoC has also supported providing resources to the VSP collective by sending members of VSPs to the National Human Services Data Consortium conference to strengthen their connection to HMIS and its requirements. The VSP community funded by coordinated funding sources use a HUD-compliant comparable database that meets the FY 2024 HMIS Data Standards. VA-500's HMIS is also compliant with the FY 2024 HMIS 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.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	347	10	347	97.20%
2. Safe Haven (SH) beds	41	0	41	0.00%
3. Transitional Housing (TH) beds	52	0	52	0.00%
4. Rapid Re-Housing (RRH) beds	264	0	264	0.00%
5. Permanent Supportive Housing (PSH) beds	1,005	0	353	35.12%
6. Other Permanent Housing (OPH) beds	107	0	107	0.00%

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)

As noted in 2A-5 all project types, with the exception of PSH are well above the 85% coverage goal. The Greater Richmond CoC's (GRCoC) largest PSH provider is the VA. None of the gaps in bed coverage in HMIS are in any projects that recieve coordinated funding (Federal, State, or Local). The CoC has met with the VA multiple times over the last few years in an effort to encourage and support data entry into HMIS. Supported by the 2024 GRCoC HMIS participation and compliance policy, over the next 12 months the CoC will provide an annual report to the CoC Board detailing the participation and compliance of organizational users of HMIS, highlighting community providers who are not currently using HMIS but are important for effective service coordination and competitiveness for federal funding. The Board will review this report and, if necessary, directly request the participation of providers not currently participating. The HMIS lead staff will continue to seek to collaborate with these providers, offering direct technical assistance, onboarding training, and fully subsidized HMIS licenses for the organizations and all users. The HMIS team will inform the Board of any progress made with non-participating providers, including updates on their adoption and use of HMIS. These steps will be implemented with our two largest PSH providers, Veterans Affairs PSH units and Richmond Behavioral Health Authority DBHDS PSH Units. To achieve our goal of increasing coverage to at least 85%, these steps will be offered on a consistent and personalized basis until we are able to achieve our goal. By maintaining a focus on compliance and proactive engagement, we can ensure that our community’s resources are effectively coordinated and that we remain competitive for federal funding opportunities.

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section V.B.3.d.	
	You must upload your CoC’s FY 2024 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 January 24, 2024, 11:59 p.m. EST?	Yes

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 2024 PIT count.	01/24/2024

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024

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)

Lead youth outreach workers participated in the updates to the summer '24 PIT methodology developments, including the recommendation and selection of sites where homeless youth were most likely to be identified, and the incorporation of best practices in authentic youth development and trauma-informed care in youth-specific questions and survey processes. We have actively involved our community's Youth Action Board (YAB) in the PIT count planning process and included them in the past 3 unsheltered counts. Our PIT survey included youth- specific questions added and edited by YAB members. They were also invited to participate in the unsheltered count. The unsheltered count also involved providers that do outreach specific to youth; these outreach providers were included in identifying locations where they might find people, including youth, who were staying in places not meant for human habitation. All who chose to participate (from the YAB and youth-serving outreach providers) were trained on the PIT survey and administration, and they went out with teams to find and survey people staying in places not meant for human habitation.

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 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

Our PIT count was not affected by people displaced from natural disasters or by people seeking shelter who recently arrived in our CoC's geographic area, and we do not make any changes to our sheltered methodology. We did change our unsheltered PIT methodology to allow counting of people who are sleeping outdoors who do not choose to take our PIT survey. In the past, we had teams of outreach workers going out in the evening of the count and then early the next morning. Because of potential overlap, we did not allow counting of people who were seen but not engaged with. This year, we better coordinated outreach activities so that all outreach teams were all going out in planned, specified areas at the same time so that we could have confidence that people were not counted more than once, even if they chose not to take the PIT survey. This change allowed us to more accurately count more people staying in unsheltered conditions.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	**Reducing 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)

The CoC created and coordinates prevention/diversion services targeting households with characteristics similar to those in shelter such as previous episodes of homelessness within the last 2-5 years, lack of social support networks and being within 3 days of homelessness. These factors were identified through a review of HMIS and PIT data, evlauting the most common data metrics of individuals and families with multiple or lengthy episodes of homelessness. The GRCoC Board endorsed a policy & position paper in September of 2024 identifying a multi-pronged approach to impact system performance. The approaches to reduce the number of individuals and families that experience homelessness for the first time include supporting targeted prevention for households homeless under other statutes and strategic funding for targeted prevention programs and flexible funds to prevent an episode of homelessness. Implemented through CES access points, the CoC coordinates flexible funds from local governments and private funders to be used as targeted prevention and diversion interventions on a small scale. Homeless Connection Line (HCL) is a phone-base access point that provides broad and frequent coverage reaching those at greatest risk of homelessness as well as those least likely to seek assistance. The HCL partners with a new Housing Resource Line (HRL; administered by the patnership for housing affordability) designed to meet the needs of households prior to homelessness. HCL and HRL staff meet monthly, cross-train, share resources, and review data quarterly to reduce first-time homelessness. The CoC is also participating in regional efforts to reduce evictions through a coordinated effort with an eviction diversion program and enhanced legal assistance for those facing evictions. As the CES Lead for the Greater Richmond CoC, Homeward is responsible for the implementation of a coordinated assessment system that is easily accessed by individuals and families seeking services. In this role, Homeward is responsible for the coordination of other community partners responsible for the effective implementation of this strategy, including the HRL, the System Policy and Process Committee, and the COC Board.

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:

1.	**natural disasters?**	No
2.	**having recently arrived in your CoC's geographic area?**	No

2C-2.	**Reducing Length of Time Homeless–CoC's Strategy.**	
	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)

The Greater Richmond CoC (GRCoC) Board endorsed a policy & position paper in September of 2024 identifying a multi-prong approach to impact system performance. The approaches to reduce the length of time persons remain homeless include: focuses on strategic funding (expanded housing navigation staff, and strengthened housing-focused emergency shelter supports), strengthened connection & coordination with PHAs (expanding homeless preference options to all PHAs in the CoC, improving opportunities of efficiency for voucher process), and monitoring performance outcomes (continuing performance monitoring through YHDP Continuous Quality Improvement workgroup & performance monitoring) through the Quality Improvement Leadership workgroup. Together, the CoC seeks to combine short and long term interventions to prioritize housing stability and minimize the time that households experience homelessness. The CoC identifies and houses households with the longest histories of homelessness based on our standardized assessment, captured in HMIS. The CoC has conducted training and provided technical assistance on engaging with households and understanding the approximate date their homelessness started." Homeward organizes trainings on motivational interviewing and trauma-informed care for CES staff in order to engage with clients and to encourage those with long histories of homelessness to connect or reconnect with CoC providers. Outreach workers conduct assessments in the field and gather information on length of homelessness in multiple conversations. When needed, CES staff reach out to community providers in outlying localities to better capture more accurate data on the length of homelessness. As the CES Lead and HMIS lead for the GRCoC, Homeward is responsible for ensuring that those with the longest lengths of homelessness are prioritized for a CE match and that the coordinated homeless services system is properly exiting people who are no longer homeless in the GRCoC. This includes the responsibility for the coordination of other community partners needed for the effective implementation of this strategy, including the System Policy and Process Committee, HMIS Committee, and the CoC Board.

2C-3.	Successful Permanent Housing Placement or Retention –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)

To increase the rate at which households in ES, SH, TH, and RRH projects exit to permanent housing destinations, the CoC employs a multi-component approach to support the housing-stability focus of these programs. The cornerstone of this approach is a housing first model, which all programs within the CoC are expected to adhere to as a requirement of funding and CES P&P. To support housing first fidelity, the CoC offers individualized training supports to projects highlighted by funder monitoring and housing first compliance evaluations. Additionally, the CoC seeks to provide flexible funds for self-resolution of homelessness, particularly for ES, SH, and TH residents. Further, the CES has sought to prioritize matches to long-term rental subsidies and housing resources available through homeless preferences with PHAs to the ES/SH/TH/RRH residents with the longest lengths of homelessness. To increase the rate at which households in PH projects retain permanent housing, the CoC and PH providers participate in training and work to connect households to services to maintain housing. All PH providers have SOAR-trained staff to assist clients in obtaining or increasing income and in developing service plans to meet their needs. VSH is one of seven organizations in the country to be recognized as a Certified Organization for Resident Engagement and Services (CORES). This certification recognizes excellence in supportive services with a focus on client engagement and community partnerships. The CoC also supports a risk-mitigation fund to incentivize private-market landlords to rent to tenants who may have poor credit or rental histories. As the CES Lead for the Greater Richmond CoC, Homeward is responsible for the implementation of CES best practices, including trainings and service coordination to best support stable exits to permanent housing. In this role, Homeward is also responsible for the coordination of other community partners responsible for the effective implementation of this strategy, including the CoC Board.

2C-4.	Reducing Returns to Homelessness–CoC's Strategy.	
	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 that individuals and families return 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)

The CoC's strategy to identify individuals and families who return to homelessness relies on historical HMIS data and CES case conferencing. When a person seeking services has already been assisted by the Greater Richmond CoC (GRCoC) and is eligible for permanent housing resources, the household is prioritized through community CES case conferencing for longer term housing interventions and subsidies, such as PSH (if eligible) and permanent housing vouchers through PHA partnerships. In the GRCoC, returns to homelessness are primarily generated from people who exited from ES/TH/SH/SO programs, indicated a higher level of housing intervention may be necessary to prevent future returns to homelessness. The GRCoC's strategy to reudce the rate that individuals and families return to homelessness has two primary routes- the strategy to reduce the rate of people returning to homelessness from PH projects and the strategy to reduce the rate that people return to homelessness from ES/SH/TH/SO projects. For the former, CES case conferencing supports the identification of the housing stability needs of currently matched and recently exited households. Case managers strategize on the best services to make available to the household that can mitigate the risk of returning to homelessness. These include but are not limited to connection to mainstream services, ways to increase income, connecting to informal support networks and targeted prevention/diversion funding. For SO, ES and TH projects, the CoC supports regular housing focused case management and trauma informed care trainings. CES and HMIS staff encourage these projects to use HMIS data and an exit interview to identify a housing stability plan, whenever possible. As the CES Lead and HMIS lead for the GRCoC, Homeward is responsible for ensuring accurate data of historical system utilization so that staff are able to best match available resources to households, seeking to reduce the rate that individuals and families return to homelessness. This includes the responsibility for the coordination of other community partners needed for the effective implementation of this strategy, including the System Policy and Process Committee, HMIS Committee, and the CoC Board.

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)

The Greater Richmond CoC (GRCoC) Board endorsed a policy & position paper in September of 2024 identifying a multi-prong approach to impact system performance. The approaches to accessing employment cash income include: strengthened accuracy of Data Entry and HMIS use (expanding comprehensive HMIS user training and data quality monitoring through 1:1 HMIS Lead & Organizational meetings), increasing access to professional development opportunities for people with lived experience of homelessness (exploring system-level peer-support certifications and more professional development roles into homeless services positions), collaboration with the regional workforce board to target regionally specific industries of growth through direct employment referrals (partnering with the capital region workforce development board to initiate direct employment referrals for people receiving homeless services assistance that reflect the unique economic landscape of the greater Richmond region), and monitoring performance outcomes (continuing performance monitoring through the YHDP Continuous Quality Improvement (CQI) workgroup and expanding a performance monitoring framework) through the Quality Improvement Leadership (QIL) workgroup. As the CES Lead and HMIS lead for the Greater Richmond CoC, Homeward is responsible for the implementation of CES best practices, including trainings and service coordination to best support stable exits to permanent housing, and ensuring accurate data quality of all recorded metrics. In this role, Homeward is also responsible for the coordination of other community partners responsible for the effective implementation of this strategy, including YHDP CQI workgroup, QIL workgroup, and the CoC Board.

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)

The Greater Richmond CoC (GRCoC) Board endorsed a policy & position paper in September of 2024 identifying a multi-prong approach to impact system performance. The approaches to accessing non-employment cash income include: prioritizing the hiring, training, and retention of SOAR-Certified workers (in 2023 the GRCoC used local investments to prioritize hiring and training SOAR-certified workers and saw measured improvements in access to mainstream and cash benefit resources), investing in functional training opportunities with community partners, and reducing logistical barriers to accessing mainstream benefits. In our community, the SOAR team lead from RBHA provides individualized supports for other case managers and provides guidance and peer sharing resources. The CoC provides cross-training for TANF agency staff and homeless services staff. The CoC partners with Senior Connection's Benefit Enrollment Center to increase nonemployment cash income for older adults experiencing homelessness. The Collaborative Applicant facilitates connections with mainstream benefit resources through multiple DMVConnect events hosted at drop-in centers and onsite at emergency shelters to support speedy access to documentation and vital records. The CoC strategy to increase access to non-employment cash income closely mirrors the CoC's strategy to increase employment cash income, because the strategies to increase both methods of income are functionally symbiotic. As the CES Lead and HMIS lead for the Greater Richmond CoC, Homeward is responsible for the implementation of CES best practices, including trainings and service coordination to best support stable exits to permanent housing, and ensuring accurate data quality of all recorded metrics. In this role, Homeward is also responsible for the coordination of other community partners responsible for the effective implementation of this strategy, including YHDP CQI workgroup, QIL workgroup, and the CoC Board.

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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?	Yes

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?	Yes

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
SJV RIC RRH New P...	PH-RRH	11	Healthcare
DV Bonus RR- NEW	PH-RRH	13	Housing

3A-3. List of Projects.

1. What is the name of the new project?	SJV RIC RRH New Project Application FY24
2. Enter the Unique Entity Identifier (UEI):	GQ9QLYL69VK1
3. Select the new project type:	PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing:	11
5. Select the type of leverage:	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?	DV Bonus RR- NEW
2. Enter the Unique Entity Identifier (UEI):	CXJPLL8JMKJ7
3. Select the new project type:	PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing:	13
5. Select the type of leverage:	Housing

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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.r.	

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

	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)

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 Serve 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

3C-2.	**Cost Effectiveness of 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)

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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	**New DV Bonus Project Applicants.**	
	NOFO Section I.B.3.j.	

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

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section I.B.3.j.	

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 2024 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.	**Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.**	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	**Enter the number of survivors that need housing or services:**	1,407
2.	**Enter the number of survivors your CoC is currently serving:**	190
3.	**Unmet Need:**	1,217

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(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)

We calculated the number of survivors needing housing services in our community by analyzing data from local domestic violence and human trafficking shelters. Specifically, we reviewed the number of households served by these shelters and identified those who were unable to be diverted to known housing resources, through problem solving, to family and friends, or utilizing their own financial resources.This was then combined with the number of survivors contacting the 24/7 EmpowerNET hotline run by the YWCA Richmond and subtracted the number of individuals who received shelter last year. Of those receiving shelter, YW provided 128 individuals (adults and children) with RRH in our program. By tracking how many survivors required services but could not be connected to existing housing options, we projected the unmet need for rapid rehousing services among survivors in our community, creating a baseline for service demand. The data used to calculate the number of survivors needing housing or services was collected from VAWA-compliant, comparable databases maintained by individual shelters within the region. These databases are specifically designed to ensure the confidentiality and protection of survivor information, in compliance with federal standards. Shelters track the number of households they serve, including those unable to be diverted to known housing resources. This data helps us project the unmet need for housing and services among domestic violence survivors in our community, forming the basis for strategic planning and resource allocation.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(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
Hanover Safe Place
YWCA Richmond

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Hanover Safe Place
2.	Rate of Housing Placement of DV Survivors–Percentage	95%
3.	Rate of Housing Retention of DV Survivors–Percentage	97%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(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 the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

This rate is calculated by dividing the number of clients who successfully move into permanent housing (from the rapid rehousing program) by the total number of clients enrolled in the program. Yes, the rate accounts for exits to safe housing destinations. Housing placements are client driven, thus all housing placements account client safety. This rate is based on client interactions at certain periods (6 months and 12 months) after housing placement. The rate is calculated based on the number of clients who retain housing after that time period compared to the total number of clients who were placed in housing. Hanover Safe Place uses a VAWA compliant, HMIS comparable database to maintain confidentiality. Our database stores client information similarly to HMIS but follows stricter privacy standards.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(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;

3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

Hanover Safe Place ensures survivors are quickly moved into safe, affordable housing by engaging in a Housing First model, eliminating barriers to entry with no preconditions like employment or sobriety. We collaborate with landlords and housing authorities to secure rental units, and leverage mainstream solutions, such as our Rapid Rehousing Program, which is specifically designed to help survivors of domestic violence transition swiftly from homelessness/ unsafe environments to stable housing. Hanover Safe Place prioritizes survivors through the Coordinated Entry System (CES) within the local Continuum of Care. This system prioritizes survivors of domestic violence based on vulnerability and risk, ensuring those in the most dangerous or unstable situations are prioritized for housing. Survivors are placed on a prioritization list according to the severity of their situation, length of homelessness, and ongoing threats from their abuser, ensuring the highest-need survivors are served first. Upon intake, Hanover Safe Place conducts a detailed needs assessment to understand the survivor's unique circumstances. This includes evaluating: Housing history and goals, trauma and mental health needs, employment and income stability, safety planning and legal needs, medical needs, childcare, education, or family-related support. Each survivor is assigned a case manager who continuously assesses their evolving needs and updates their client driven goals and service plan accordingly. We connect survivors to services for physical, emotional, housing, and financial needs. We offer trauma-informed therapy, employment services like resume writing and job placement, legal aid for protective orders and civil issues, and connections to healthcare providers for sexual, mental health, and substance abuse treatment. We assist with securing childcare and educational resources. We work with agencies like social services, legal aid, and workforce dev.. to provide wraparound services. We ensure housing stability through ongoing case management, helping survivors develop long-term plans focused on sustainability after subsidies end. Survivors receive financial literacy training, job placement assistance, and income support to maintain housing. Graduated rent assistance allows for a gradual subsidy reduction. Survivors are connected to affordable housing programs, and follow-up case management ensures continued access to services, preventing a return to homelessness.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(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 survivors' information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

We respect survivors' autonomy, allowing them to set the pace of conversations and choose the services they engage in, minimizing power differentials and ensuring agency. Client information is stored in locked or password-protected systems, with access limited to staff with a need to know. Conversations occur in private settings to protect confidentiality. Hanover Safe Place uses time-limited, VAWA-compliant release of information documentation to safeguard client data. Before placing survivors in rapid rehousing, we conduct risk assessments to ensure housing is safe, considering factors like proximity to the abuser, neighborhood safety, and access to support services. Survivor input is central, ensuring their preferences and concerns are respected. Housing placements are survivor-driven, giving them control over where they are housed. We collaborate with landlords who understand survivors' needs and implement flexible lease agreements that prioritize safety. Hanover Safe Place maintains strict confidentiality of survivors' personal information and housing locations, ensuring no information is shared without explicit consent. Records are kept secure and password-protected. In scattered-site housing, we take extra precautions to keep locations confidential, training staff to avoid disclosing identifying details. Housing agreements with landlords include confidentiality clauses to protect survivors from being located by abusers. All staff receive annual training on safety and confidentiality policies, including trauma-informed care, confidentiality protocols, and privacy protection at intake and throughout service delivery. We conduct periodic internal audits and file review to ensure adherence to confidentiality practices and identify areas for improvement. Our policies state that any breaches of confidentiality are addressed swiftly to protect survivors, with notification to the client in question. Hanover Safe Place ensures physical safety in both congregate shelters and scattered-site housing. In congregate sites, we have on-site staff and emergency protocols. For scattered-site housing, we work with landlords to ensure secure units with safety features like locks and well-lit entrances. We partner with Ring to provide free cameras and monitoring for clients with safety concerns. Survivors receive individualized safety planning, addressing both their housing and community safety needs.

4A-3d.1.	**Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.**	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

Hanover Safe Place evaluates the safety of survivors within the Rapid Rehousing (RRH) program through a comprehensive approach that focuses on the effectiveness of safety protocols, housing placements, and ongoing support. We assess housing safety before placements are made, ensuring units meet security standards like secure access, proximity to support services, and distance from abusers. The survivor's perspective on the housing's perceived safety is crucial in this process. Upon intake and regularly throughout the RRH program, we conduct safety assessments to identify risks and create safety plans. These plans are updated as survivors' needs evolve, with feedback from survivors. We review our confidentiality practices to ensure that survivors' information remains secure. This includes audits of staff adherence to confidentiality protocols and data security measures. If confidentiality breaches occur, they are tracked, and improvements are implemented as necessary. Staff members receive ongoing training on safety protocols, confidentiality, and trauma-informed care. The effectiveness of this training is assessed through staff reviews and survivor feedback. When gaps are identified additional training is provided. Case managers and housing specialists hold regular debriefings to discuss challenges in maintaining survivor safety and identify areas needing additional support. We collaborate with local law enforcement and legal services to ensure survivors have the legal protection they need. Regular meetings with these partners help us evaluate and enhance the effectiveness of our coordinated efforts in ensuring survivor safety. Feedback from survivors is critical to our evaluation process. Survivors share their experiences through surveys, exit interviews, and focus groups. Their input on housing safety, support services, and overall program experience Is used to refine and improve our safety protocols. We have identified areas for improvement, particularly in expanding our pool of safe housing options. Occasionally, securing housing that meets all safety criteria is delayed. To address this, we are building stronger partnerships with landlords and housing authorities to increase the availability of units that provide high levels of safety and confidentiality. By continuously evaluating and making improvements based on survivor feedback, staff input, and safety outcomes, we ensure a high level of protection and support for survivors in the RRH program.

4A-3e.	**Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.**	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below the project applicant's experience in:
1.	**prioritizing placement and stabilization of survivors;**
2.	**placing survivors in permanent housing;**
3.	**placing and stabilizing survivors consistent with their preferences; and**
4.	**placing and stabilizing survivors consistent with their stated needs.**

(limit 2,500 characters)

Hanover Safe Place prioritizes the safety and well-being of survivors by rapidly placing them into secure housing. Using a Housing First approach, we eliminate barriers such as income, sobriety, or employment, focusing instead on the immediate need for safe and stable housing. Survivors are identified through our regional Continuum of Care (CoC) intake and prioritization process, which assesses their level of risk and vulnerability. This ensures that those facing the most dangerous or unstable situations are prioritized for placement. Our Rapid Rehousing program provides survivors with rental assistance for up to 24 months, allowing them the time to stabilize financially, emotionally, and physically. We collaborate with local landlords, property managers, and housing authorities to secure rental units that meet the survivor's needs in terms of safety, affordability, and accessibility. The goal is to ensure that survivors not only obtain housing but can sustain it long-term, with ongoing support as needed. Rental assistance is scaled based on each survivor's income and adjusted over time to prepare them for eventual self-sufficiency. A key component of our approach is placing survivors in housing that aligns with their preferences. We understand that survivors may have specific needs and preferences regarding the location of housing, proximity to schools, work, or support services, and distance from potential danger. Case managers work closely with survivors to identify their housing preferences and search for options that meet those criteria, empowering survivors to make decisions that best support their safety and well-being. Hanover Safe Place operates under a trauma-informed, client-driven model, ensuring survivors' voices are central to all decisions. Survivors are actively involved in selecting housing and determining the supportive services they want. Case managers work closely with them to respect their stated needs, such as proximity to family or housing preferences. Staff are trained in trauma-informed care, providing supportive, non-retraumatizing interactions. Case managers offer ongoing support, safety planning, and advocacy to help survivors rebuild safe, sustainable lives.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(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.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
4.	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;
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

Hanover Safe Place utilizes culturally sensitive, trauma-informed, victim-centered approaches to meet the needs of domestic violence (DV) survivors by prioritizing agency, respect, and support tailored to each survivor's needs. We do not use punitive interventions, ensuring that interactions between survivors and staff are based on equality and mutual respect. Our approach minimizes power differentials, allowing survivors to feel empowered and in control of their decisions. Case managers work collaboratively with survivors, fostering an environment where their voices are heard, and their choices respected. Hanover Safe Place staff and leadership are trained to provide survivors with information on the effects of trauma and how it may impact their recovery. This includes explaining the physical, emotional, and psychological impacts of trauma, helping survivors understand their experiences, and equipping them with tools for healing. Survivors are empowered to make informed decisions about their care based on this knowledge. Hanover Safe Place uses strength-based coaching, with assessment tools and questionnaires that highlight survivors' strengths. Case plans are survivor-driven, focusing on their goals and aspirations, rather than solely on their challenges. Survivors work towards self-defined goals, promoting a sense of achievement and control over their case management process. Hanover Safe Place staff undergo training in cultural competence, nondiscrimination, and equal access to ensure our services are inclusive, trauma-informed, and culturally responsive. This training helps us tailor services to survivors from diverse backgrounds, improving access to language services and creating an environment where all survivors feel welcome and understood. Additionally, our intake paperwork and policies and procedures have been reviewed by a paid consultant to ensure that it is inclusive and creates an awareness amongst clients that all are welcome at Hanover Safe Place. We offer various opportunities for survivors to connect with others, including peer-to-peer support groups, mentorship programs, and spiritual services. These connections happen within Hanover Safe Place and the community at large. This allows survivors to build community, share experiences, and find support in their healing journey, reducing isolation and fostering resilience. We know that we cannot do this work alone, and often survivors need resources for a lifetime, beyond what Hanover Safe Place can provide. Connecting survivors to services outside our agency allows for more client choice and autonomy to meet future needs. We provide trauma-informed parenting classes, helping survivors navigate the challenges of parenting while healing from trauma. We provide referrals and warm handoffs for services throughout the community at local schools, faith baith organizations, mental health organizations that may better meet their needs. We offer childcare services and connect survivors to legal resources for custody and family law issues, supporting them in creating a stable environment for themselves and their children. Lastly, we have an open dialogue with schools within our community to assist families in navigating the challenges their children may face due to adverse childhood experiences. We work collaboratively with the schools to ensure that the children get the resources and support they need. These trauma-informed, victim-centered approaches ensure that Hanover Safe Place provides holistic, survivor-focused care, addressing the physical, emotional, and cultural needs of DV survivors.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(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)

Hanover Safe Place has a rich history spanning over 30 years of meeting the diverse and evolving needs of domestic violence (DV) survivors. We provide comprehensive services addressing both immediate and long-term needs, focusing on legal assistance, housing stability, financial empowerment, safety planning, and emotional well-being. Our approach is grounded in trauma-informed care, confidentiality, and client-centered practices. Child Custody Support: Through our partnership with Central Virginia Legal Aid, we offer confidential, safe spaces in our offices for legal aid staff to meet with survivors. We provide transportation to court hearings and support groups for those facing custody challenges. Our legal and court accompaniment services, with staff housed at the local courthouse, assist survivors through the protective order process and other legal matters. Our advocates offer emotional support during hearings while maintaining confidentiality and using harm reduction strategies. Credit History and Repair Assistance: Hanover Safe Place helps survivors access free credit reports as part of the case management process, identifying those in need of credit repair services. We partner with Mechanicsville Churches Emergency Functions (MCEF) to offer credit counseling and repair, and with the National Network to End Domestic Violence (NNEDV) to provide microloans for rebuilding credit. Since the start of the fiscal year, 4 families have participated in the microloan program and are currently working to increase their credit score. Improving credit scores is critical for securing affordable housing, and these financial services help survivors overcome the financial barriers caused by abuse. Housing Navigation: We work closely with our partner agencies within the local Continuum of Care (CoC) to identify safe, affordable housing, particularly in rural areas where options are scarce. Collaborating with housing locators, we develop targeted housing plans based on survivors' unique needs and preferences, giving them choice and control over where they live. For those exiting our shelter or Rapid Rehousing programs, we help create long-term housing safety plans that include self-advocacy, legal support, and community accompaniment to ensure stability. We work closely with our local Habitat for Humanity and are proud to say we have move 3 families from homelessness to home ownership in the last 10 years. 24/7 Crisis Support and Emergency Services: Hanover Safe Place provides round-the-clock support through trained advocates who offer trauma-informed care, safety planning, and referrals to emergency shelter and services. We provide 24-hour access to shelter, hospital, and legal accompaniment services. Additionally, a 24-hour staff backup system assists advocates during challenging situations, ensuring survivors' safety and needs are met continuously. Each year, Hanover Safe Place provides support and advocacy to over 2,200 callers in need of support. Emotional Support and Advocacy: Survivors receive trauma-informed counseling tailored to their emotional needs, both individually and in group settings. Group therapy provides a supportive community, helping survivors heal from abuse. We assist survivors in developing self-advocacy skills and navigating complex legal systems, offering guidance on their rights, legal representation, and court support. Support for Parenting: We offer 3 trauma-informed parenting groups per year. Last year we assisted 25 survivors through these groups, navigating the challenges of parenting while recovering from abuse. We connect survivors to family law services and pro bono representation for custody, visitation, and child support matters. Our childcare services support survivors as they attend appointments or seek employment, providing peace of mind as they rebuild their lives. Economic Empowerment and Job Readiness: Economic independence is essential to breaking the cycle of abuse. We provide job readiness training, resume assistance, and connections to employment resources to help survivors achieve financial stability. Financial literacy

workshops cover budgeting, savings, and credit management—vital skills for long-term financial empowerment. Culturally Responsive and Inclusive Services: Hanover Safe Place ensures all staff are trained in cultural competence, nondiscrimination, and equal access, enabling us to provide inclusive, trauma-informed services to survivors from diverse backgrounds. Language access services, including interpretation and translation, ensure non-English speaking survivors have equal access to our services. Through these services and partnerships, Hanover Safe Place demonstrates a long-standing commitment to addressing the complex needs of survivors. Our comprehensive, trauma-informed, and client-centered approach ensures survivors receive the support they need to heal, rebuild, and achieve long-term safety and stability for themselves and their children.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

For the regional Rapid Rehousing program, Hanover Safe Place employs a survivor-centered, trauma-informed approach. We will use a vulnerability assessment to prioritize those with the highest needs, including survivors fleeing domestic violence, those experiencing homelessness, or those at immediate risk of harm. Safety concerns will be addressed promptly to ensure quick placement into housing. We will collaborate with the local Continuum of Care (CoC) to ensure fair, transparent prioritization through Coordinated Entry based on vulnerability, risk, and individual needs, ensuring equitable access to housing. Once a survivor is engaged in the rapid rehousing program, we will place them in permanent housing as swiftly as possible, prioritizing client choice. We will collaborate with housing locators and landlords to identify safe, affordable housing options within the client's identified community. Our Rapid Rehousing program will offer rental assistance for up to 24 months, providing a pathway to permanent housing stability. Participants will be placed in housing that aligns with their long-term goals, helping them to transition from temporary assistance to self-sufficiency. The Rapid Rehousing program at Hanover Safe Place will ensure participants are placed and stabilized in housing that aligns with their preferences. Case managers will work closely with survivors to understand their desires, including location, proximity to schools or work, and safety concerns. This survivor-driven approach ensures participants have a say in where they live, enhancing their sense of security and stability. We will collaborate with landlords to offer flexible lease agreements and prioritize security features, ensuring housing is safe and meets individual safety concerns. The Rapid Rehousing program at Hanover Safe Place will place and stabilize participants based on their stated needs through personalized case management. Upon intake, each survivor will undergo a comprehensive needs assessment, identifying factors such as safety, family, financial, and health concerns. This ensures housing options align with individual circumstances. We will provide ongoing support, including safety planning, financial assistance, and access to community resources, to address barriers and promote long-term housing stability, tailoring services to meet the specific needs of each survivor.

4A-3i.	**Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).**	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below examples of how the new project(s) will:
1.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;**
2.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;**
3.	**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;**
4.	**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;**
5.	**provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
6.	**offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.**

(limit 5,000 characters)

Hanover Safe Place's new Rapid Rehousing project will be implemented using a trauma-informed, survivor-centered approach that emphasizes agency, respect, and inclusivity. The project will not use punitive interventions, instead fostering an environment where participant-staff interactions are based on mutual respect and equality. Power differentials will be minimized, ensuring that participants have full autonomy over their choices. Case managers will guide participants without dictating their decisions, empowering them to take control of their housing and healing process. Participants will set the pace and direction of their engagement in the program. For example, they will decide which services they want to access, ensuring that their needs are the priority. Staff at Hanover Safe Place will receive training in trauma-informed care, with a strong emphasis on educating participants about the effects of trauma. Survivors will be provided clear and accessible information on how trauma impacts their emotional, mental, and physical health, empowering them to better understand their experiences and make informed decisions about their care and recovery. Staff will engage with survivors in a way that acknowledges the deep impact of trauma while prioritizing the avoidance of traumatization. This training will ensure staff are equipped to create safe, supportive, and compassionate environments where survivors feel heard, respected, and empowered to regain control over their lives and healing journey. The goal is to promote healing through trauma-sensitive interactions and support. The program will prioritize participants' strengths, utilizing strength-based coaching in case management sessions to highlight their skills, resilience, and goals. By focusing on what survivors already possess and can build upon, case managers will help participants feel empowered and confident. Questionnaires and assessment tools will be designed to specifically identify and emphasize participants' strengths, ensuring that these are central to the planning process. Case plans will be guided by survivor-defined goals, whether related to housing, employment, personal aspirations, or recovery. This ensures that each participant is actively working towards outcomes that matter most to them, fostering a sense of control and achievement in their journey to stability and independence. Staff will receive training in cultural competence, nondiscrimination, and equal access to ensure services are responsive to the diverse cultural backgrounds of participants. The program will be fully ADA compliant, ensuring accessibility for participants with disabilities, and will offer language access services, including interpretation and translation, so non-English speaking participants have the same access to resources as others. Services will be tailored to each participant's cultural context, with staff acknowledging and respecting different cultural practices, religious beliefs, and family dynamics. These considerations will be integrated into trauma-informed practices that are sensitive to the cultural and identity-based needs of participants, ensuring a more inclusive, supportive, and individualized care.Program participants will have access to peer support groups and opportunities for peer-to-peer learning, fostering a supportive community where survivors can share experiences, offer encouragement, and build networks. In addition, the program will offer opportunities for survivors to engage with spiritual needs, such as connecting with faith-based support services, spiritual mentors, or other forms of spiritual guidance. Group activities, family outings, workshops, and social gatherings will be available to strengthen bonds among participants, promote healing, and reduce isolation. These diverse opportunities for connection will create a sense of community and belonging, essential for recovery. The Rapid Rehousing program will offer parenting classes specifically tailored to survivors, helping them navigate parenting challenges while healing from trauma. Classes will be grounded in trauma-informed practices, offering

practical tools for managing the impact of trauma on family life. The program will provide access to volunteer run, childcare services, allowing participants to attend housing appointments, counseling, or employment-related activities. Survivors needing legal support related to custody, visitation, or child support will be connected to family law services and pro bono legal resources. Hanover Safe Place's new Rapid Rehousing project will be driven by a holistic, survivor-centered approach that prioritizes agency, respect, cultural responsiveness, and trauma-informed care.

4A-3j.	**Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).**	
	NOFO Section I.B.3.j.(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)

Hanover Safe Place's plan for involving survivors in the DV Bonus Housing Project includes the active participation of individuals with diverse lived experiences, such as domestic violence, dating violence, sexual assault, stalking, and homelessness. Survivors will shape the program through a variety of opportunities. Survivors will take part in focus groups, interviews, and surveys to inform the project design, ensuring it meets complex needs. Regular surveys and exit interviews will gather feedback to refine services and improve outcomes. We will seek survivors to join our Board of Directors or Services Committee to ensure their lived expertise shapes policy decisions. Through the establishment of a survivor advocacy group., a group of survivors will provide ongoing feedback on operations, policies, and service delivery, offering key recommendations. Survivors will serve as peer mentors within the group counseling setting providing guidance and support based on their own experiences. Survivors will participate in evaluating the program's effectiveness to ensure it meets survivor-defined goals. These multifaceted approaches ensures the program remains survivor-centered and responsive to the needs of diverse populations. Hanover Safe Place's plan for involving survivors in the Project ensures their voices shape policy, program development, operations, and evaluation throughout the project. A survivor advisory group will be established, composed of individuals with lived experience, to provide ongoing input on policy development and program design, ensuring services reflect real-life survivor needs. Survivors will also participate in focus groups and workshops from the outset, helping to shape policies, procedures, and service models. Continuous feedback will be gathered through regular surveys and interviews to guide program adjustments during implementation, ensuring the project evolves based on survivor insights. In addition, survivors will be invited to join internal committees, offering their perspectives on policy execution and service delivery. They will also be involved in evaluating the program's success through participation in working groups, exit interviews, and follow-up processes. Furthermore, survivors will be encouraged to join the Board of Directors, ensuring that their voices have a direct impact on leadership and strategic decision-making. This comprehensive approach has survivor involvement at every phase of the project.

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	YWCA Richmond
2.	Rate of Housing Placement of DV Survivors–Percentage	77%
3.	Rate of Housing Retention of DV Survivors–Percentage	90%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(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 the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

Number of DV survivors receiving RRH compared to the number calling the 24/7 hotline seeking shelter. Currently we do not capture clients working on safety planning to escape domestic violence. With interventions from our dv team, they never become homeless or need shelter. We are beginning to calculate this data and do not have it yet. We are implementing a follow up survey for clients on a quarterly basis for 24 months to evaluate retention rates. Bonterra is the data source.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(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;
3.	determined survivors' supportive services needs;

4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

YWCA Richmond staff of advocates, case managers, counselors, interns, and volunteers work from a humanistic, client-centered approach to foster and support our clients' abilities to act and make decisions in their own best interest. Housing is the biggest barrier for clients facing DV. YW has access to financial support including acquiring IDs, paying rent arrears, ensuring court fees are paid and working directly with clients to fill out the paperwork needed to secure housing. We also employ research-based best practices to provide each client with a safe, comfortable, and supportive environment to learn, heal, and make decisions about where they want to live. Our primary services are crisis intervention, education, advocacy, case management, safety planning and counseling. These services are offered to every client—both in our housing and community program—who are experiencing or have experienced domestic and/or sexual violence. Victims are never blamed for their experience of abuse. In fact, YWCA Richmond work to eliminate arbitrary barriers to initial engagement in services and identify tools for helping each client (regardless of presentation and motivation) to connect to the appropriate service as quickly as possible, whether within the agency or through the referral process.¿YWCA Richmond receives calls 24/7 from across the region as the coordinated point of entry for DV survivors in the COC. We are also the ETP partner for the COC. We prioritize clients based on imminent danger and work with DV agencies from 7 localities to ensure supportive case management, emergency housing, and behavioral health services are available for each individual seeking services who is in imminent danger. EmpowerNET hotline advocates ask DV survivors what support they want, ensure assistance can be delivered in multiple languages, locations, and each client is given the opportunity to see a case manager or behavioral health clinician within 48 hours. If they are in imminent danger, our team moves survivors into shelter immediately. We also work with the police departments, departments of social services, CSBs, and housing authorities to ensure survivors know about the resources we offer. After determining the needs of survivors, the YWCA connects DV survivors with the available resources, after fully addressing safety needs. Our goal is to move clients from emergency housing to permanent housing as quickly as possible. Often it takes additional financial resources.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(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 survivors' information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

YWCA Richmond is an accredited DV agency from the Department of Criminal Justice. We employ best practices to ensure every survivors' name and identity are concealed during and after the time they receive services from YW. Clients are given a unique number and all client information is saved to our secure database. We use the number to identify clients during each stage of the intake process. Hotline advocates are trained to ensure client choice is centered. 40 hours of training, plus on the job training have allowed our team to build a client centered approach to serving dv survivors. Hotline advocates are trained to listen and respond to the client needs rather than offer solutions to perceived barriers. YWCA Richmond is an accredited DV agency from the Department of Criminal Justice. We employ best practices to ensure every survivors' name and identity are concealed during and after the time they receive services from YW. Clients are given a unique number. YWCA Richmond trains staff and volunteers on all confidentiality policies and procedures. We use HIPPA standards because we are a free behavioral health clinic. We provide comprehensive advocacy training that allows all staff and supervisors to evaluate each client's case looking at safety and confidentiality. Again e use a unique number to identify clients in our database. All staff is trained to use this database and double encrypted software to conduct virtual sessions with clients. YWCA Richmond has a good working relationship with police departments in our region. We do ask for support as needed when moving clients into permanent safe affordable housing. We also work with clients to create a safety plan, including custody arrangements, childcare drop off/pick up, and much more. Our hotline is available to currently clients 24/7 and advocates are available to triage an unsafe situation in real time with a survivors who enters into our RRH program.

4A-3d.1.	**Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.**	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

YWCA has over 44 years of experience providing comprehensive DVSA services to individuals in the Richmond region. To accomplish this work, we maintain a program staff of over 26 full-time and part-time individuals, all of whom are trained on safety and confidentiality to ensure the safety of survivors we serve. We have adopted a housing first mindset, to ensure survivors are living in a safe environment while healing from crisis. This allows survivors to be a part of the decision making to ensure their safety as they choose to move to safe housing through our RRH program. We also have the ability to receive input from our systems partners, like the police department, landlords, and behavioral health clinicals to ensure improvement in the program is consistently occurring. We do evaluate the program and funding annually to ensure we can give clients the best option possible for their success. National statistics show that a survivor will need up to 7 times to leave their abuser, especially when children are involved. We do track how many services; hotline, emergency housing and Rapid Re housing, workforce navigation, court advocacy, safety planning, food services, financial assistance, clinical services that a client receives from YW to understand the agency's full impact on each client and to allow the client to access as many resources as we can offer. We also do not turn a client away who shows recidivism for case management or behavioral health counseling due to the rate of return DV survivors experience as they work to break the cycle of violence and often poverty that they experience.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below the project applicant's experience in:
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

YWCA Richmond uses COC prioritization standards to place survivors in permanent safe housing. We work with other dv agencies in our region to ensure an abundance of resources for dv survivors in our COC area. We also prioritize survivors who are in imminent danger to ensure stability. The Director will work with landlords and YW case management team to ensure open and direct communication with landlords. Currently we have an MOU with Urban Hope, a landlord with a focus on financial stability for survivors. Case managers work with survivors to ensure paperwork, identification, rent arrears and employment navigation are all part of the placement plan. Housing case managers work with survivors to ensure choice is early and continually. The housing director, case managers, and clinicians remain open to working with each survivor in perpetuity and the 24/7 hotline remains the point of entry even if years have passed. Survivors often work with behavioral health therapists at YW beyond crisis to ensure survivors can build back their resilience and stabilize after crisis and into the years to come. YW does offer gift cards, some legal and financial assistance, and case management support for all survivors at any time after domestic violence has occurred. For 137 years, YWCA Richmond has served women, children and their families as they seek safe, stable housing and work to become head of their household.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(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.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
4.	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;
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

YWCA uses annual performance reviews, coupled with extensive onboarding and training for DV team members, and 30 and 90 day stay interviews. Our HR director conducts these confidentially and shares findings as needed with the CEO. YW also conducts exit interviews to ensure quality in our practices. YWCA Richmond provides education and ongoing training with partners like VCUHealth System, Virginia Action Alliance for DV Agencies, and work to break down stigma around barriers like financial abuse, with our clients by offering workshops, group counseling, and 3-5 trainings per year in trauma informed care for our staff members. YWCA Richmond works with survivors at the point of entry from the hotline to ensure our questionnaires offer choices to each individual experiencing domestic violence. Safety planning, resource sharing, repeat coaching and a 24/7 hotline with trained advocates give survivors multiple tools to ensure strength based coaching and counseling is available to all, anytime of the day. Case managers perform weekly assessments with clients to ensure their goals and aspirations are top of mind as they begin to heal and thrive in their new lives. We train staff through a partnership with Virginia Center for Inclusive Communities and work with our Spanish Speaking Employment Resource Group to ensure culture competence, nondiscrimination and language access for survivors who seek domestic violence services and safe housing at YW. YWCA has partnerships with the International Rescue Committee, and ensures Latine' and African American outreach goals are met annually. It was through focus groups with survivors that we expanded bi-lingual counseling, case management, and outreach teams to include dual language training, interpretation, and access. We have also incorporated ASL into our language line to ensure hundreds of languages are available to a survivor who calls our coordinated point of entry. We have an MOU with LIVE, a domestic violence agency to do trauma informed interpretation during counseling and case management cases for Spanish speaking individuals, and we use a text/chat feature that allows survivors to reach us in crisis in their native language. We have groups for women, Spanish speaking survivors, undocumented survivors, parents, and those that witness domestic violence. Group therapy is a long standing resource that YW offers survivors of domestic violence. We work with Faith Based communities from all denominations and faiths to ensure spiritual resources are available for survivors of violence. YW refers clients to childcare, including our own high quality, full day full year childcare and early education program, the Sprout Schools. We scholarship survivors children if they are unable to pay and help them acquire childcare subsidies if eligible. We also provide Care For Kids, an evidence based pre-k parent engagement and violence prevention curriculum in each of our five Sprout Schools. Through a partnership and grant from Legal Aid Society of Virginia, we have a lawyer co-located two days a week in our offices. We provide court advocacy and financial assistance for immigration, custody, protective orders, and ongoing criminal justice interventions to ensure safety is a priority for survivors and their children.

4A-3g.	**Applicant's Experience Meeting Service Needs of DV Survivors.**	
	NOFO Section I.B.3.j.(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)

A dv survivor called our hotline because they were in imminent danger. After talking with our advocate, they took an Uber to shelter that evening because of the violence in their home. The survivor indicated they wanted to move out of their dangerous situation so YWCA's case management team worked with them to receive in person case management. They toured an apartment in Richmond's East End and provided financial assistance to ensure rent arrears were paid so she could begin to move forward. This survivor had an infant child, so it was imperative that the survivor had access to transportation/bus line for medical visits and employment. The East End apartment, owned by a trusted landlord, Urban Hope, provided trauma informed property management and allowed YW to pay for 3 months of rent while mother and child began their new life. They also worked on employment navigation and ensured the survivor felt safe with their child after they toured the apartment. These strength based coaching techniques center survivor choice and focus on their own resilience. YW's facilities team supported the move and helped acquire a crib, high chair, bed, and new kitchenware to ensure a smooth start. We partner with the Junior League of Richmond and Caritas' Furniture Bank to ensure a survivor has the furnishings they need to rebuild their home. The case manager worked with the property management company in the month afterwards when a guest was seen arriving at and staying in the apartment. YW's case management team was able to talk to the survivor, coach them through the importance of safety as they built their resilience. The survivor decided to ask the guest to leave and mother is working and the child is entering full time childcare this fall. YW did support rent and utilities for the 1st two months, then rent for an additional two months, and trauma informed case management was available and used for about 4 months. Urban Hope continues to provide financial counseling to the survivor each month because their trauma informed property management program includes basic budgeting and savings education as the survivor works towards financial freedom. The survivor remains in the apartment 5 months after their move in date.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

Clients need to housing assistance today. At present clients receive 1-3 months of this funding will allow us to pay for rent for clients at longer intervals, providing new housing clients the opportunity to establish safe housing with 3-12 months of rent. At present we do not have the capacity to meet the needs of housing clients that need longer intervention to ensure safe housing. We are hopeful this funding will allow a new housing program for clients experiencing domestic violence to have the time they need to heal and begin to thrive. This funding will also allow us to enter into a new relationship with trusted landlords, ensuring financial support for survivors we place in their apartments. The Richmond region. We place survivors of violence in housing throughout the Richmond region, and work directly with clients to ensure they want to live in the location. Housing first and housing choice is our standard operating procedure. The survivor is offered options and has the ability to select the best option for them. At this time, we do not have preferred landlords, only a list of properties that fit FMV standards that are favorable to both the confidentiality and fairness survivors of violence need. Housing first and housing choice is our standard operating procedure. The survivor is offered options based on their stated needs and has the ability to select the best option for them.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below examples of how the new project(s) will:
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	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;
4.	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;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

Clients need to housing assistance today. At present clients receive 1-3 months of this funding will allow us to pay for rent for clients at longer intervals, providing new housing clients the opportunity to establish safe housing with 3-12 months of rent. At present we do not have the capacity to meet the needs of housing clients that need longer intervention to ensure safe housing. We are hopeful this funding will allow a new housing program for clients experiencing domestic violence to have the time they need to heal and begin to thrive. This funding will also allow us to enter into a new relationship with trusted landlords, ensuring financial support for survivors we place in their apartments. The Richmond region. We place survivors of violence in housing throughout the Richmond region, and work directly with clients to ensure they want to live in the location. Housing first and housing choice is our standard operating procedure. The survivor is offered options and has the ability to select the best option for them. At this time, we do not have preferred landlords, only a list of properties that fit FMV standards that are favorable to both the confidentiality and fairness survivors of violence need. Housing first and housing choice is our standard operating procedure. The survivor is offered options based on their stated needs and has the ability to select the best option for them.

4A-3j.	**Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).**	
	NOFO Section I.B.3.j.(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)

YW's team, who has both lived experience in marginalized communities and have lived experience in homelessness due to sexual assault, will ensure new properties are vetted to ensure confidentiality, fairness, and a quick response to the application process so a client can move in safely and swiftly. YW's team will train with the Virginia Housing Alliance, National Partnership to End Homelessness, and Homeward evaluate the project annually. Our team with create a workflow plan with standard operating procedures to ensure safe housing for survivors of violence across the Greater Richmond Continuum of Care.

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	RRHA Homeless Pre...	10/25/2024
1C-7. PHA Moving On Preference	No		
1D-10a. Lived Experience Support Letter	Yes	GRCoC PLE LOS	10/25/2024
1D-2a. Housing First Evaluation	Yes	GRCoC HF Evaluation	10/25/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/25/2024
1E-2a. Scored Forms for One Project	Yes	GRCoC Scored Project	10/25/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/25/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/25/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/25/2024
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	GRCoC HDX Report	10/25/2024
3A-1a. Housing Leveraging Commitments	No	HSP_HousingLeverage	10/25/2024
3A-2a. Healthcare Formal Agreements	No	SJV_HealthcareLev...	10/25/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: RRHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: GRCoC PLE LOS

Attachment Details

Document Description: GRCoC HF Evaluation

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: GRCoC Scored Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: GRCoC HDX Report

Attachment Details

Document Description: HSP_HousingLeverage

Attachment Details

Document Description: SJV_HealthcareLeverage

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/11/2024
1B. Inclusive Structure	10/25/2024
1C. Coordination and Engagement	10/25/2024
1D. Coordination and Engagement Cont'd	10/25/2024
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	10/25/2024
2B. Point-in-Time (PIT) Count	10/25/2024
2C. System Performance	10/25/2024
3A. Coordination with Housing and Healthcare	10/25/2024
3B. Rehabilitation/New Construction Costs	10/25/2024
3C. Serving Homeless Under Other Federal Statutes	10/25/2024

4A. DV Bonus Project Applicants	10/25/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

RICHMOND REDEVELOPMENT AND HOUSING AUTHORITY

ADMINISTRATIVE PLAN

FOR THE

HOUSING CHOICE VOUCHER PROGRAM

FY 2023 - 2024

Approved by RRHA Board of Commissioners: June 21, 2023

4-III.C. SELECTION METHOD

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

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

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

RRHA Policy

RRHA will use the following local preferences:

1. RRHA will offer a preference to any family that has been terminated from its HCV program due to insufficient funding.
2. RRHA will offer a preference to families/individuals who meet the qualifications of the Mainstream Voucher.
3. . RRHA will accept a housing referral as a priority and preference for families/individuals who meet the homeless qualifications and are selected based on the Greater Richmond Continuum of Care Coordinated Entry process.

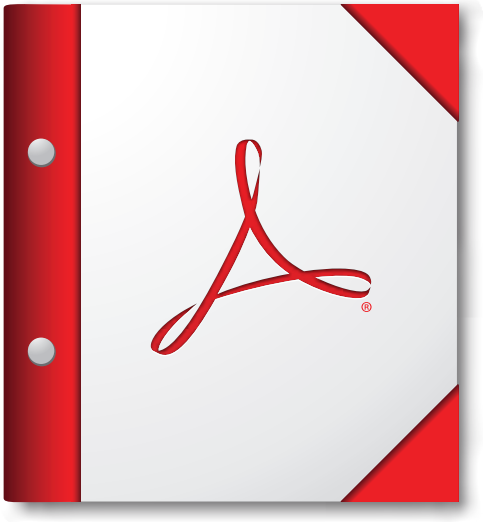
Applicant Selection

Based on RRHA turnover and the availability of funding, groups of families will be selected from the waiting list by position number to form a final eligibility pool. Selection from the pool will be based on completion of the verification process.

RRHA will select applicants from the waiting list in such a way as to ensure that at least 75% of the applicants admitted to the Housing Choice Voucher Program during any fiscal year are at or below the Extremely Low Income (ELI) limit at the time of admission. In the event that the normal system of selecting applicants from the waiting list is not resulting in compliance with this requirement, RRHA will skip higher income families to ensure that 75% of new admissions to the HCV program are in the ELI category.

Voucher Pooling - RRHA will issue an adequate number of vouchers to meet forecasted leasing goals taking into consideration the ratio of issued vouchers and leased voucher. Once all available housing assistance funds are utilized issued voucher holders will be processed as attrition makes additional vouchers available based on earliest chronological date the RFTA is submitted.

In the event of a funding shortfall in the Housing Choice Voucher Program that will result in the termination of current participants in the program, affected participant families may apply for any open waitlist within the Housing Choice Voucher or Low-Income Public Housing Program. Applications will be processed in the manner described in RRHA's Administrative Plan and/or the Admissions and Continued Occupancy Policy (ACOP) which govern these programs.



For the best experience, open this PDF portfolio in Acrobat X or Adobe Reader X, or later.

Get Adobe Reader Now!

GRCoC Housing First Evaluation Process GRCoC_Housing_First_Compliance_Checklist.pdf

Agency Name	Commonwealth Catholic Charities	**HF Taskforce Recommendation**	Does not need to be re-evaluated for compliance
Program Type	Street Outreach		
Date of HF Taskforce Evaluation	10/2/2024		

HF Compliance Review	Staff Response	Participant Response	HF Taskforce Evaluation
Guidance	Responding to HF Compliance Checklist	Responding to HF Compliance Checklist	Do the staff and participant responses indicate the implementation of Housing First?
Does the program have income restrictions including the requirement of income or specifications regarding income source?	Attached	Attached	Yes
Are participants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?	Attached	Attached	Yes
Are participants allowed to enter the program even if they have criminal justice system involvement?	Attached	Attached	Yes
Are individual service and treatment plans voluntary, such that tenants cannot be evicted for not following through?	Attached	Attached	Yes
Are participants with disabilities or other accessibility needs provided with reasonable accommodations during the application and screening processes as well as throughout their program enrollment (including appropriate language translation, or special physical features to accommodate disabilities where possible, etc.) in a way that enables them to fully participate in the program?	Attached	Attached	Yes
Is program staff familiar with fair housing and utilize their understanding when working with clients and landlords? Does program staff advocate and negotiate with landlords for reasonable and appropriate accommodations for clients with disabilities or other accessibility needs, as allowable by fair housing law (ex. Representative payee arrangements, source of income, adaptations for physical disabilities, etc.)?	Attached	Attached	Yes
Is every effort made to provide a participant with the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy?	Attached	Attached	Yes
Does program staff work with landlords to avoid eviction? Is program termination avoided as much as possible?	Attached	Attached	Yes

Are individuals provided with choice throughout the housing and service plan process? Are those plans tenant driven?	Attached	Attached	Yes

#5

COMPLETE

Summary Evaluation completed by the Housing First Task force, recorded electronically after discussion.

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Q1

Agency

Commonwealth Catholic Charities

Q2 **Yes**

Question 1 -income restrictions

Q3 **Yes**

Question 2 -sobriety requirement

Q4 **Yes**

Question 3 - engagement with criminal justice involvement

Q5 **Yes**

Questions 4 -service planning (client choice)

Q6 **Yes**

Question 5 -Accommodations

Q7 **Yes**

Question 6 -fair housing/advocacy

Q8 **Yes**

Question 7 -premature termination avoidance

Q9 **Yes**

Question 8 -housing plan process

Q10 **Yes**

Did the program participants indicate that the agency is practicing Housing First principles based on their collective responses?

Q11 **Yes**

From the previous section, did a majority of the responses receive a 'Yes', indicating that the responses demonstrated adherence to Housing First principles?

Q12

Reviewer's comments

The thoughtful responses were appreciated!

Q13 **No**

Do you believe this provider needs to be re-evaluated?

#4

Staff Survey #1

COMPLETE

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Q1

Please select what applies to you

Direct Service Staff

Q2

Name of agency

Commonwealth Catholic Charities

Q3

Which program type do you work with?

Youth Homeless Services

Q4

How many years have you worked at this agency or in homeless services?

Over 5 years

Q5

1a) Are there income requirements to enter your program?

No,

If no, please elaborate:

There are no income requirements to receive services for our program. Our youth program will always meet people where they are on their housing journey. Someone could have 0 income or be working full time, it does not matter. The amount of income that a client receives will impact the route in which we go about case management, but never disqualify someone from services. For example, if someone is working full time making enough money to self pay for a hotel, then they would be technically diverted so they wouldn't be on the shelter match list. With this, we could go straight into looking into an apartment and other housing options in the area. However, if someone has 0 income and is sleeping outside, then we could talk about shelter or transitional housing options with them since they would qualify. Either way, both clients in the situation receive assistance, but different routes are offered to the client in case management, depending on the factors that are at play because of their income levels. Overall, there are no income requirements to our services in general.

Q6

1b) Are there ways that participant income (or a lack thereof) can become a barrier to receiving services at this agency?

As stated previously, a client's income level will never be a barrier to services, it just impacts which services they receive.

Q7

2) If a client is attempting to utilize program services without being "clean and sober" or "treatment compliant", how would you engage with that client? What is the typical protocol for when this happens? Could you provide a link to or a quote from the relevant policies and procedures? Additionally, please describe the training that staff members receive to manage these situations effectively.

No client will be turned down from services for not being sober or treatment compliant. We understand that everyone that is going through substance use are on their own individual journey and will not be penalized for that. We will offer clientele the options to to receive treatment and ensure that we provide all of the information and encouragement that we can, but at the end of the day, we will never force a client to do something that they do not want to do.

To prevent potential harm to themselves or others, we as staff are all prepared to deal with situations that could arise. Staff all carry Narcan and we have it in almost every room in our building in case of emergency. Staff has called 911 in the past and is not afraid to call for back up when anyone needs help or is posing a threat. In our safety guide, we have code numbers that all mean different things such as "need someone to be ready to come into the room, need someone to come in the room, need someone to call the police and not come in the room, or need someone to call the police and come in the room". We can use these codes to send to a mass teams chat at anytime when with a client.

Q8 **Yes**

3a) Are participants with criminal justice involvement eligible for services?

Q9

3b) Describe your engagement. Include an example and describe your policy and training process.

Engagements for clients are made primarily in person at our day shelter Youth Hub, during outreach in the community, or on the phone. When engaging with clients, we approach calmly and kindly. Our policies and trainings are focused on prevention and de-escalation. We have monthly trainings with various subject matter, as well as constant feedback and conversations with our supervisors/coworkers following situations so that we can continuously learn and develop our skills. An example is going to complete an initial intake with someone who is currently staying in a motel. Abiding by our safety tools and trainings, we would not meet the client alone in their room, finding a space outside to meet where we are still in public and in view of others, but have the privacy to keep the content of the intake confidential, having our phones fully charged, etc. When meeting someone for the first time, we always go in a group of 2 or 3 workers to ensure no worker is alone with the new clientele.

Q10 **Yes**

4a) Are individual service and treatment plans voluntary?

Q11

4b) How are these plans created?

Individual service plans are created collaboratively with the client and their caseworker. When a client first begins our program, they complete a full formal intake that sometimes take over an hour. During these in depth conversations, workers can get a fuller understanding of the client's needs and wants. The worker then presents possible solutions and adjusts the plan according to feedback of the client. The plan is always the client's decision and a worker will not move forward with anything without the consent and support of the client.

Q12

4c) What happens when a client cannot or does not follow through?

Clients will never be punished or denied services for not following through. Services will just be altered based on what the client wants and what they can do. For example, if a client is referred to shelter but they sleep in and do not show up for their intake, they will be able to be placed back on the waiting list right away. They are not denied the opportunity be back on the list to receive shelter again, but they will have the consequence of having to wait a little bit longer.

Q13

5) How are participants provided with reasonable accommodations during the screening processes and enrollment processes as well as throughout their program enrollment? Provide an example.

As stated previously, our youth hub will always meet people where they are. Our staff provides accommodations during both enrollment and once enrolled in the program. An example of during the initial enrollment and intake process would be if a client does not have transportation and cannot come to the CCC Youth Hub to complete their intake, then workers will offer to drive to them and meet them wherever they are currently located. An example of during enrollment is if a worker is meeting with a client but knows that the client is anxious around lots of people, the worker will offer a private conference room and a different route around the building in which they can walk to their meeting without having to walk through the bigger rooms with many people in them.

Q14

6) Describe how your agency complies with fair housing. Describe how your providers align with fair housing principles by advocating to landlords on behalf of their clients

Our agency complies with fair housing by making sure that we go over tenant rights with clients and assist them with any rules or regulations that might be discriminating against them. Workers will speak with landlords both with clients and on behalf of clients (with client's permission) in order to ensure that they have back up for various circumstances such as unjust application denial, unjust evictions, and anything that is in violation of someone's fair housing rights.

Q15

7) Describe how program terminations are managed and prevented when possible. Provide an example.

Terminations are extremely rare in our program and are last resort. Workers will do everything possible to keep clients that want to be a part of the program in the program. For example, a client with SMI was extremely disruptive in the youth hub space, was saying very aggressive verbiage and screaming. Workers calmly de-escalated the situation by encouraging the youth outside of the building. Because of the severity that day, the client was given a 1 day ban from coming back to the building. When the client came back a few days later, he apologized and expressed that he was just having a really hard day. The client continued working with their caseworker and was eventually housed. Outbursts are taken seriously and monitored, but workers are always striving to prevent full termination of services.

Q16

8) Describe the process to assist program participants in implementing their housing and service plans.

There are many ways that youth hub staff assists program participants in implementing their housing and service plans. While working on housing, workers will provide constant supportive services to ensure client is meeting their other basic needs during the process as well. This is done with daily communication, getting food stamps, delivering snack bags, providing transportation to appointments, getting healthcare, scheduling doctor’s appointments, and more.

In the housing services, workers assist clients by attending weekly meetings with other service providers in the area to ensure they are exploring all solutions (ex: family case conferencing, singles case conferencing, Youth case conferencing, and Outreach Meetings).

Q17

9) Do you have additional input regarding the GRCoC's Housing First practices?

n/a

#3

Staff Survey #2

COMPLETE

Collector:	Web Link 1 (Web Link)
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Q1

Please select what applies to you

Leadership/Program management

Q2

Name of agency

Commonwealth Catholic Charities

Q3

Which program type do you work with?

Street Outreach

Q4

How many years have you worked at this agency or in homeless services?

Over 5 years

Q5

1a) Are there income requirements to enter your program?

No,

If no, please elaborate:

No, more than half of clients served by our program this FY were zero income. We often provide more intensive support to single adults and families who do not have any sources of income, as it can be significantly more challenging for them to resolve their homelessness independently. For clients who do receive income/are open to street outreach, a vast majority (roughly 75%) are receiving a fixed income (SSI/SSDI, retirement, VA benefits, etc.) From our policies and procedures: Policy: There is no income requirement to receive street outreach services. Procedure: During the initial intake, CCC may not be able to verify the household's income. However, once income is verified, CCC will attempt to refer the household to resources for which they are eligible. *Clients self-report income, and it may then be verified if a housing intervention is available (self-resolution assistance, rapid rehousing, permanent supportive housing) by use of pay stubs or SSA award letters.

Q6

1b) Are there ways that participant income (or a lack thereof) can become a barrier to receiving services at this agency?

No, there may be some problem-solving in terms of leveling expectations for housing (like if a client is no income/low income and wants to apply for apartments while unsheltered) or increasing income (getting individuals connected to workforce development on-site, connecting to SOAR services, etc.) but participant income in itself is not a barrier to receiving outreach services. Similarly to serving individuals who are no income/low income, we have served individuals who have a higher monthly income and savings, and still understand that they may have other critical barriers to housing (mental health, substance use disorder, justice involvement/negative rental history, etc.) which make outreach support essential.

Q7

2) If a client is attempting to utilize program services without being "clean and sober" or “treatment compliant”, how would you engage with that client? What is the typical protocol for when this happens? Could you provide a link to or a quote from the relevant policies and procedures? Additionally, please describe the training that staff members receive to manage these situations effectively.

We do not require individuals to be sober or engaged in any form of SUD treatment to access services. Our approach to engaging clients who may be actively using substances includes the following steps: 1) Assess any immediate safety concerns and intervene if necessary (e.g. administering Narcan and calling 911 if an individual is exhibiting acute overdose symptoms). 2) If there aren't any immediate safety concerns present, always center meeting clients where they are in their readiness to engage with services. All program staff have completed various trainings with SAMSHA, peer recovery specialists, and clinical providers to understand best practices in engaging individuals living with addiction. 3) Always maintain focus on addressing immediate needs and long-term housing goals, regardless of substance use or treatment status. 4) We use trauma-informed and person-centered care approaches (progressive engagement, motivational interviewing) so that individuals may feel comfortable to disclose substance use or request connections to treatment when they are ready. 5) If a client is expressing interest in treatment, our frontline staff are well trained in harm reduction models and credible treatment programs in our region. We would work with the client to identify what program might best suit their needs (inpatient vs. outpatient, local vs. out of state, etc.) and assist them in getting connected to treatment when they are ready. We have 1 full-time staff who has completed their DBHDS peer recovery specialist certification and 1 full-time staff who has completed Recovery Ally training. All frontline staff are trained in harm reduction, recognizing signs of overdose and administering Naloxone, best practices for working with individuals living in active addiction, and always center client safety/autonomy.

Q8

3a) Are participants with criminal justice involvement eligible for services?

Yes

Q9

3b) Describe your engagement. Include an example and describe your policy and training process.

Respondent skipped this question

Q10

4a) Are individual service and treatment plans voluntary?

Yes

Q11

4b) How are these plans created?

Outreach workers meet with clients either at our office or in the community to complete HMIS intake; this intake places household on by-name list for emergency shelter and housing interventions. Throughout HMIS intake, outreach worker is conducting an ongoing needs assessment and follow-up will be planned around immediate needs expressed by client as well as potential needs identified by outreach worker (if client wants assistance obtaining vital documents, getting connected to primary care, etc.) Outreach worker will work with client to identify actionable next steps together, and a date to follow-up. Service plans always focus on meeting both client's immediate needs and long-term housing goals; they may change over time depending on client's circumstances and will remain adaptable.

Q12

4c) What happens when a client cannot or does not follow through?

If a household is not ready or willing to engage with an outreach worker, the outreach worker follows a model of progressive engagement and may begin to build trust/rapport by offering basic need items such as food, clothing, or toiletries. We may ask the client if there are any specific items we can bring back for them at a later time. The outreach worker will continue to engage with the household over time, and will attempt to complete a needs assessment when they are ready. We always center meeting clients where they are, both geographically and in their readiness to engage with services. If a client misses an appointment or are not prepared for an appointment (example: if they present intoxicated), we will try again at a later time and express understanding of the crisis they are in. If a client disengages from services and returns later, we will reopen them to services at that time. It is important that clients do not feel shame about their ability to engage in a service plan and we will follow their pace.

Q13

5) How are participants provided with reasonable accommodations during the screening processes and enrollment processes as well as throughout their program enrollment? Provide an example.

In screening and enrollment, we offer multiple communication methods (meeting people where they are in person, facilitating transportation to an appointment if necessary, phone, email). We are able to provide forms in large print or Braille upon request. We allow extended time for completing intakes/applications when necessary. We ensure that agency forms/resources have been translated to Spanish, and utilize language line when appropriate. We regularly offer assistance in filling out forms or understanding program requirements (example: staff often assist clients in writing grievances, filling out applications, etc.) We will modify program activities/schedules to accommodate medical appointments or disabilities. Our program facility is physically accessible and our staff are familiar with ADA/fair housing (on a surface level) so that we can advocate for accessibility/assist with any concerns of discrimination.

Q14

6) Describe how your agency complies with fair housing. Describe how your providers align with fair housing principles by advocating to landlords on behalf of their clients

Since we are a coordinated entry provider and not a direct housing provider, a great deal of our work in housing clients involves other partners (rapid rehousing, permanent supportive housing) who will have more direct communication with landlords. We sometimes find that partner providers may experience challenges in working with unsheltered individuals (especially those with extensive service histories) and will lend ongoing support in these cases. This may include ensuring a client is attending appointments/in consistent contact with their RRH or PSH worker, mediating communication, explaining client's history/service barriers and promoting partners' understanding of a person's experience when they are sleeping outside/in crisis. In terms of working with landlords directly, our frontline staff are well-trained in fair housing laws, ADA, tenant rights, etc. and will work to dispel misconceptions about this population/mediate to ensure successful housing placement. We have worked with Legal Aid and HOME to address issues with fair housing violations and recently had success in housing a client with a mainstream voucher, after he was discriminated against for source of income.

Q15

7) Describe how program terminations are managed and prevented when possible. Provide an example.

Individuals are terminated from services only in the most severe situations (violent behavior, threatening behavior to staff and/or other clients, and escalating behavior despite warnings). We have an agency code of conduct and any violation is documented by an incident report (filled out by staff). Incident reports are reviewed by program supervisor/program manager, and we will determine next steps on case-by-case basis (taking into account the severity of violation, if it is a patterned behavior, etc.) Outcome/length of ban will be communicated to client directly by leadership and they have an opportunity to appeal decision if they feel it is unfair. Our agency's code of conduct is posted in lobby on a large poster and provided to clients in intake. When possible, if a client is terminated, we will redirect them to receive services from another provider (will bring their name to coordinated outreach and see if they can be engaged by a different program).

Q16

8) Describe the process to assist program participants in implementing their housing and service plans.

I don't think I have anything new to add for this question (have somewhat answered throughout survey) and believe frontline staff will answer sufficiently!

Q17

Respondent skipped this question

9) Do you have additional input regarding the GRCoC's Housing First practices?

#2

Staff Survey #3

COMPLETE

Collector: Web Link 1 (Web Link)
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Q1

Please select what applies to you

Leadership/Program management

Q2

Name of agency

Commonwealth Catholic Charities

Q3

Which program type do you work with?

Outreach

Q4

How many years have you worked at this agency or in homeless services?

3-5 years

Q5

1a) Are there income requirements to enter your program?

No,
If no, please elaborate:
We serve all clients, regardless of income, as long as they are experiencing homelessness or housing instability.

Q6

1b) Are there ways that participant income (or a lack thereof) can become a barrier to receiving services at this agency?

No

Q7

2) If a client is attempting to utilize program services without being "clean and sober" or “treatment compliant”, how would you engage with that client? What is the typical protocol for when this happens? Could you provide a link to or a quote from the relevant policies and procedures? Additionally, please describe the training that staff members receive to manage these situations effectively.

The client would be eligible for services regardless of SUD status. We would provide all options for housing, including recovery programs, and let the client choose which option they are interested in. Staff receive MH first aid training, narcan training, and cpr/first aid.

Q8 **Yes**

3a) Are participants with criminal justice involvement eligible for services?

Q9

3b) Describe your engagement. Include an example and describe your policy and training process.

Client would be eligible for services. If interested in case management, worker would provide options for reentry support programs and look for housing/interventions that accept people with a criminal background.

Q10 **Yes**

4a) Are individual service and treatment plans voluntary?

Q11

4b) How are these plans created?

Plans are created in tandem with client wishes and direct client wishes.

Q12

4c) What happens when a client cannot or does not follow through?

We either continue to work with them in an outreach capacity or close their project until they are ready to restart services.

Q13

5) How are participants provided with reasonable accommodations during the screening processes and enrollment processes as well as throughout their program enrollment? Provide an example.

As much as possible, clients are provided with all services necessary to ensure their success- interpreters are available on site, accessible facilities, etc.

Q14

6) Describe how your agency complies with fair housing. Describe how your providers align with fair housing principles by advocating to landlords on behalf of their clients

Workers help identify affordable housing and work with landlords/property managers to help them understand client situation, housing interventions, and support of agency on behalf of client.

Q15

7) Describe how program terminations are managed and prevented when possible. Provide an example.

Client terminations are avoided as much as possible, only in terms of violence or harm to staff/other clients will a client be terminated from the program. Client with SMI is sat down at least once a week by program leadership to discuss mental health, behavior expectations, and client concerns so that they can continue to utilize services. Instead of terminating client from program for disruption to program workers take the time to address issue as much as possible.

Q16

8) Describe the process to assist program participants in implementing their housing and service plans.

Outreach staff work with clients from street homelessness to create a housing plan and often see it through all the way to stable housing.

Q17

9) Do you have additional input regarding the GRCoC's Housing First practices?

In RRH and Joint Project programs, workers can become so focused on housing a client quickly that there is minimal thought to whether or not a client/household will be able to sustain the housing options presented to them. Instead of rushing people into units it's important to listen to clients and take the time to identify housing that will sustain them in the long run. This will increase clients long term success (reduces evictions, more likely to be able to exit poverty, decreases chance of cyclical homelessness) and lessen the strain on homeless services system, particularly outreach.

#4

Participant Survey #1

COMPLETE

Collector:	Web Link 1 (Web Link)
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Page 1

Q1

Which agency are you enrolled in and are assessing in this survey today?

Commonwealth Catholic Charities

Q2

How would you rate your overall experience with this particular agency?

☆

great experience

Q3

How would you rate the agency's ability to reasonably accommodate your needs?

☆

agency went above and beyond to accommodate your needs

Q4

Are there specific comments regarding the agency's ability to accommodate your needs?

Make sure employees are not overwhelmed with their workload

Q5

What are your recommendations for improving this agency's ability to move people into housing quickly?

I have trouble getting to and from the office because there is not a very close bus stop. If there was transportation provided to get here or a bus stop that would allow me to be able to come more often to get the help i need.

Q6

What additional help would you have needed to get housed more quickly?

Ways to get moved up on the waiting lists Im on

Q7

What support would you need to maintain housing?

Job resources

#3

Participant Survey #2

COMPLETE

Collector:	Web Link 1 (Web Link)
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Q1

Which agency are you enrolled in and are assessing in this survey today?

Commonwealth Catholic Charities

Q2

How would you rate your overall experience with this particular agency?

☆ **great experience**

Q3

How would you rate the agency's ability to reasonably accommodate your needs?

☆ **agency went above and beyond to accommodate your needs**

Q4

Are there specific comments regarding the agency's ability to accommodate your needs?

They did everything they could

Q5

What are your recommendations for improving this agency's ability to move people into housing quickly?

Help you find more places especially when you don't have an ID but they do a good job and help me

Q6

What additional help would you have needed to get housed more quickly?

ID and a voucher

Q7

What support would you need to maintain housing?

Job resources and food resources

#2

Participant Survey #3

COMPLETE

Collector:	Web Link 1 (Web Link)
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Q1

Which agency are you enrolled in and are assessing in this survey today?

Commonwealth Catholic Charities

Q2

How would you rate your overall experience with this particular agency?

☆

great experience

Q3

How would you rate the agency's ability to reasonably accommodate your needs?

☆

agency went above and beyond to accommodate your needs

Q4

Are there specific comments regarding the agency's ability to accommodate your needs?

My case managers have always been very responsive to finding solutions to my needs and persistent with reaching out to any extended services. I always feel very supported and encouraged.

Q5

What are your recommendations for improving this agency's ability to move people into housing quickly?

Respondent skipped this question

Q6

What additional help would you have needed to get housed more quickly?

Respondent skipped this question

Q7

What support would you need to maintain housing?

Support with hygiene products and clothing , being connected to events or services that provide aid

#1

Participant Survey #4

COMPLETE

Collector:	Web Link 1 (Web Link)
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Q1

Which agency are you enrolled in and are assessing in this survey today?

Commonwealth Catholic Charities

Q2

How would you rate your overall experience with this particular agency?

☆

great experience

Q3

How would you rate the agency's ability to reasonably accommodate your needs?

☆

agency went above and beyond to accommodate your needs

Q4

Are there specific comments regarding the agency's ability to accommodate your needs?

No I loved it, its very fast

Q5

What are your recommendations for improving this agency's ability to move people into housing quickly?

Post more on social media

Q6

What additional help would you have needed to get housed more quickly?

More help with furniture and food

Q7

What support would you need to maintain housing?

More vouchers and help with rent

DETAILED SCORING FACTORS – RENEWAL PROJECTS

Factor	How Evaluated	Maximum Points	Points Breakdown
A. Grant and Financial Management		**20**	
1. Audited Financial statements	Ranking Committee will review Audited Financial Statements or YE Financials w/ letter if audit is not required	4	Audit w/ no findings for a FY ending 6/30/23 or more recent or financial statements if audit not required = **4 points** Findings in the past 2 years with documented resolution plan = **2 points** Audit not recent or has unaddressed findings or not submitted = **0 points**
2. CoC or ESG Monitoring	If applicable Ranking Committee will review Monitoring reports and resolution strategies	4	Monitoring w/ no findings in last 3 years or monitoring not required = **4 points** Findings in the past 2 years with documented resolution plan = **2 points** Monitoring not within last 3 years or has unaddressed findings or not submitted = **0 points**
2. Expenditure of Grant Funds	Facilitator will review APR expenditure data	4	Grant 95-100% expended = 4 **points** Grant 0-85% expended = **0 points** *Up to 2 points back with reasonable explanation for unexpended funds*
3. Regular ELOCCs Draw Downs	Facilitator will review ELOCCS draws submitted via screenshot submission	4	Draws completed at least once every quarter = **4 points**

Factor	How Evaluated	Maximum Points	Points Breakdown
			Draws completed at least 4 times in the grant year, but not every quarter = **2 points** Draws completed fewer than 3 times in the grant year = **0 points** *Up to 2 points back with reasonable explanation for draw schedule*
4. Timely APR Submission	Facilitator will review APR submission data	4	On time submission = **4 points** Within 30 days of due date = **2 points** More than 30 days late = **0 points** *Up to 2 points back with reasonable explanation for delay.*

B. HUD and Local Policy Priorities		**32**	
1. Housing First	<u>Part A: Checklist:</u> Applicants must confirm whether they align to the HUD definition of Housing First by completing checklists about moving people quickly into housing, enrolling participants with barriers to housing, and preventing program termination. <u>Part B: Narrative:</u> Ranking Committee will review attached policies and procedures sections and score applicant narrative describing the organization's commitment to and implementation of Housing First principles.	9	<u>Part A:</u> All boxes checked = **2 points** Any boxes not checked = **0 points** <u>Part B:</u> Strong response = **6 to 7 points** Average response = **4 to 5 points** Weak response = **3 points or less**

2. Racial Equity	The Ranking Committee will score applicant narrative describing current and/or planned efforts to identify and remove barriers to access or ongoing participation faced by persons of different races and ethnicities.	9	Strong response = **8 to 9 points** Average response = **4 to 7 points** Weak response = **3 points or less**
3. Engaging People with Lived Experience	The Ranking Committee will score applicant narrative describing efforts to meaningfully involve people with lived experience with homelessness in organizational decision-making and in the design, implementation, and evaluation of programs.	9	Strong response = **8 to 9 points** Average response = **4 to 7 points** Weak response = **3 points or less**
4. Cultural Responsiveness to LGBTQ+ clients	Ranking Committee will score applicant narrative describing efforts to ensure privacy, respect, safety, and access regardless of gender identity or sexual orientation, and a description of partnerships with organizations with expertise in serving LGBTQ+ populations.	5	Strong response = **4 to 5 points** Average response = **2 to 3 points** Weak response = **1 point or less**
C. Project Performance		**35**	
1. Obtain or Maintains Permanent housing	The Collaborative Applicant staff will run a project APR using calendar year 2023 as the performance period. This factor will be scored from Q5 & Q23C for PSH projects and Q23C for RRH, Joint TH/RRH projects.	10	<u>PSH maintains housing</u>: • 80+% = **10 points** • 65% to 79% = **6 points** • Below 65% = **0 Points** <u>RRH, Joint TH/RRH obtains housing:</u> • 75+% = **10 points** • 60% to 74% = **6 Points** • Below 60% = **0 Points**
2. Exits from Project Back to Homelessness	The Collaborative Applicant staff will run a project APR using calendar year 2023 as the performance period. This factor will be scored from Question 23C for all projects.	8	<u>PSH</u>: • 15% or below = **8 points** • 16% to 25% = **4 points** • More than 25% = **0 points** <u>RRH, TH/RRH</u>:

			• 10% or below = **8 points** • 11% to 20% = **4 points** More than 20% = **0 points**
3. Maintains or Increases Income	The Collaborative Applicant staff will run a project APR using calendar year 2023 as the performance period. This factor will be scored Question 19 A1 & A2 for all projects.	8	PSH: • 40% or above = **8 points** • 25% to 39% = **4 points** • Less than 25% = **0 Points** RRH, TH/RRH: • 60% or above = **8 points** • 45% to 59% = **4 points** • Less than 45% = **0 Points**
4. Has Connection to Non-Cash Mainstream Benefits	The Collaborative Applicant staff will run a project APR using calendar year 2023 as the performance period. This factor will be scored Question 20B and Question 18 for all projects.	3	All project types: • 65% or above = **3 points** • 45 to 64% = **2 points** • Less than 45% = **0 points**
5. Has Health Insurance	The Collaborative Applicant staff will run a project APR using calendar year 2023 as the performance period. This factor will be scored from question 21 and question 5A.	3	All project types: • 65% or above = **3 points** • 45 to 64% = **2 points** • Less than 45% = **0 points**
6. Occupancy or Average Utilization	The Collaborative Applicant staff will run a project APR using calendar year 2023 as the performance period. This factor will be scored from Question 8B for all projects.	3	All project types: • 3% or less = **3 points** • 4% to 7% = **2 points** • More than 8% = **0 points**
D. HMIS and Comparable Database Quality		**6**	
1. Data Quality-destination	The Collaborative Applicant staff will run a project APR using calendar year 2023 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: • 2% or less = **2 points** • More than 2% = **0 points**
2. Data Quality-Income at entry	The Collaborative Applicant staff will run a project APR using calendar year 2023 as the performance period. This factor will be scored Q 6c for all projects.	2	All project types: • 2% or less = **2 points** • More than 2% = **0 points**
3. Data Quality-Income at exit	The Collaborative Applicant staff will run a project APR using calendar year 2023 as the	2	All project types: • 2% or less = **2 points** • More than 2% = **0 points**

	performance period. This factor will be scored Q 6c for all projects.		
E. Collaboration and Participation		**7**	
1. Coordinated Entry	Ranking Committee will score applicant narrative response describing how project works with Coordinated Entry to manage referrals quickly and safely, especially for victims of domestic violence, sexual assault, stalking and human trafficking.	3	Strong response = **3 points** Average response = **2 points** Weak response = **1 point or less**
2. CoC Participation	GRCoC Attendance notes	2	Staff participates in 1 or more committees/workgroups = **2 points** No participation = **0 points**
3. Point In Time Count Involvement	The Collaborative Applicant will review PIT Participation records from 2024 Winter and Summer PIT Counts.	2	Winter and Summer = **2 points** Winter or Summer = **1 point** No involvement = **0 points**
TOTAL POINTS		**100**	
F. Bonus Points		**5**	
1. Voluntary Reallocation	Projects that voluntarily reallocate a portion of their grant will receive bonus points.	5	15% or more of grant = **5 points** 11 to 14% of grant = **4 points** 10% or less of grant = **3 points**

DETAILED SCORING FACTORS – NEW PROJECTS

Factor	How Evaluated	Maximum Points	Points Breakdown
A. Applicant Capacity		**20**	
1. Experience Serving Target Population	The Ranking Committee will score applicant narrative describing the organization's experience working with the proposed target population for the proposed project, including any relevant expertise with the specific subpopulation to be served.	4	Strong response = **4 points** Average response = **2 to 3 points** Weak response = **1 point or less**
2. Experience Operating a Comparable Program	The Ranking Committee will score applicant narrative describing agency (and subrecipient if applicable) experience with comparable projects, including experience with program operations and service delivery.	4	Strong response = **4 points** Average response = **2 to 3 points** Weak response = **1 point or less**
3. Experience providing service/housing as part of a coordinated system of care	The Ranking Committee will score applicant narrative describing agency (and subrecipient if applicable) experience delivering programs within a CoC or comparable system.	4	Strong response = **4 points** Average response = **2 to 3 points** Weak response = **1 point or less**
4. Experience Managing Federal or Other Complex Funding	The Ranking Committee will score applicant narrative describing the agency's experience and capacity in leveraging and managing Federal funding or other sources.	4	Strong response = **4 points** Average response = **2 to 3 points** Weak response = **1 point or less**
5. Financial Management Capacity	The Ranking Committee will score applicant narrative describing the organization's (and subrecipient(s) if applicable) financial management structure. Score will also factor in financial audit, with a clean audit (and/or fully resolved findings) part of a high score.	4	Strong response = **4 points** Average response = **2 to 3 points** Weak response = **1 point or less**

B. HUD and Local Policy Priorities		**32**	
1. Housing First	<u>Part A: Checklist:</u> Applicants must confirm whether they align to the HUD definition of Housing First by completing checklists about moving people quickly into housing, enrolling participants with barriers to housing, and preventing program termination. <u>Part B: Narrative:</u> The Ranking Committee will score applicant narrative describing the organization's commitment to and implementation of Housing First principles within the proposed program.	9	<u>Part A:</u> All boxes checked = **2 points** Any boxes not checked = **0 points** <u>Part B:</u> Strong response = **7 to 8 points** Average response = **4 to 6 points** Weak response = **3 points or less**
2. Racial Equity	Ranking Committee will score applicant narrative describing current and/or planned efforts to identify and remove barriers to access or ongoing participation faced by persons of different races and ethnicities.	9	Strong response = **8 to 9 points** Average response = **4 to 7 points** Weak response = **3 points or less**
3. Engaging People with Lived Experience	The Ranking Committee will score applicant narrative describing efforts to meaningfully involve people with lived experience with homelessness in organizational decision-making and in the design, implementation, and evaluation of programs. Narrative should cover organizational efforts and may optionally cover program-level efforts.	9	Strong response = **8 to 9 points** Average response = **4 to 7 points** Weak response = **3 points or less**
4. Cultural Responsiveness to serve LGBTQ+ clients	Ranking Committee will score applicant narrative describing specific efforts to ensure privacy, respect, safety, and access regardless of gender identity or sexual orientation, and a description of partnerships with organizations with expertise in	5	Strong response = **4 to 5 points** Average response = **2 to 3 points** Weak response = **1 point or less**

	serving LGBTQ+ populations. Narrative should cover organizational efforts and may optionally cover program-level efforts.		
C. Project Performance Objective		**20**	
1. Participants Assisted to Secure or Retain Housing and Not Exit to Homelessness	<u>Part A: Narrative</u> The Ranking Committee will score applicant narrative describing how participants will be assisted to obtain and remain in permanent housing, and how they will measure performance and evaluate this goal. <u>Part B: Performance Report</u> If available, the facilitator will review and score performance reports from a comparable project. If performance reports are not available, Ranking Committee will double narrative score for this component.	10	<u>Part A:</u> Strong response = **4 to 5 points** Average response = **2 to 3 points** Weak response = **1 point or less** <u>Part B:</u> Strong performance = **4 to 5 points** Average performance = **2 to 3 points** Weak performance = **1 point or less**
2. Participants Assisted to Secure Jobs and Income	<u>Part A: Narrative</u> The Ranking Committee will score applicant narrative describing the organization's specific plan to assist participants to secure employment and/or income from cash and non-cash benefits programs, including any connections to mainstream employment and benefits systems. <u>Part B: Performance Report</u> If available, Collaborative Applicant will review and score performance reports from a comparable project. If performance reports are not available, Ranking Committee will	5	<u>Part A:</u> Strong response = **3 points** Average response = **2 points** Weak response = **1 point or less** <u>Part B:</u> Strong performance = **2 points** Average or weak performance = **1 point or less**

	double narrative score for this component.		
3. Project Connects Participants to Mainstream Systems	The Ranking Committee will score applicant narrative describing the organization's specific efforts to coordinate and integrate with other mainstream health, social services, and other programs and services for which participants may be eligible. <u>Part B: Performance Report</u> If available, Collaborative Applicant will review and score performance reports from a comparable project. If performance reports are not available, the Ranking Committee will double narrative score for this component.	5	<u>Part A:</u> Strong response = **3 points** Average response = **2 points** Weak response = **1 point or less** <u>Part B:</u> Strong performance = **2 points** Average or weak performance = **1 point or less**
D. Collaboration and Participation		**4**	
1. CoC Participation	GRCoC Attendance notes	2	Staff participates in 1 or more committees/workgroups = **2 points** No participation = **0 points**
2. Point In Time Count Involvement	The Collaborative Applicant will review PIT Participation records from 2024 Winter and Summer PIT Counts.	2	Winter and Summer = **2 points** Winter or Summer = **1 point** No involvement = **0 points**
E.Budget and Leverage		**24**	
1. Project Budget	Ranking will review and score budget provided by applicant in required format. The Committee will assess whether the budget is adequate and cost effective (i.e., not too high, or too low), and includes an appropriate staffing structure. Budget should identify services to be provided and by whom.	8	• Budget is adequate, cost effective and appropriate = **6 to 8 points** • Budget is somewhat over or under funded and/or lacks ideal staffing = **4 to 5 points** • Budget is very inadequate or cost effective and/or has inappropriate staffing structure = **3 points or less**

2. Non-CoC Housing Leverage	Collaborative Applicant will assess whether applicant has documented (via a letter or MOU) leverage of non-CoC funded housing in the amount required for HUD bonus points (25% of units for PSH and 25% of participants for RRH).	8	• Leverage meets HUD standards and is documented = **8 points** • Leverage is documented but does not meet HUD standard = **4 points** • Leverage is not documented = **0 points**
3. Health Care Leverage	Collaborative Applicant will assess whether applicant has documented (via a letter or MOU) leverage of health system resources in the amount required for HUD bonus points (25% of HUD funding requested or in the case of substance use treatment disorder, access is available to all program participants who qualify and chose those services).	8	• Leverage meets HUD standards and is documented = **8 points** • Leverage is documented but does not meet HUD standard = **4 points** • Leverage is not documented = **0 points**
TOTAL POINTS		**100**	

Renewal Project Template

Applicant Name		
Project Name		
Project Type		

A	Grant and Financial Management	Maximum Points	PRESCORE	Reviewer #1 Score	Reviewer #2 Score	Reviewer #3 Score	Reviewer #4 Score	Reviewer #5 Score	Reviewer #6 Score	Final Score
1	Financial Statements	4								0.00
2	Monitoring Reports	4								0.00
3	Expenditures of Grant Funds	4								0.00
4	Regular eLOOCCs draws	4								0.00
5	Timely APR Submission	4								0.00
SUBTOTAL - GRANT AND FINANCIAL M/		20	0	0	0	0	0	0	0	0.00

B	HUD AND LOCAL POLICY PRIORITIES	Maximum Points	PRESCORE	Reviewer #1 Score	Reviewer #2 Score	Reviewer #3 Score	Reviewer #4 Score	Reviewer #5 Score	Reviewer #6 Score	Final Score
1	Housing First Narrative	7								0.00
1b	Housing First Checklist	2								0.00
2	Racial Equity	9								0.00
3	Engaging People with Lived Experience	9								0.00
4	Cultural Responsiveness to LGBTQ partici	5								0.00
SUBTOTAL - HUD AND LOCAL PRIORITIE		32	0	0	0	0	0	0	0	0.00

C	OBJECTIVES AND OUTCOMES	Maximum Points	PRESCORE							Final Score
1	Obtains or Maintains Permanent Housing	10								0.00
2	Exits from Project Back to Homelessness	8								0.00
3	Maintains or Increases Income	8								0.00
4	Connection to Mainstream Benefits	3								0.00
5	Get participants Health Insurance	3								0.00
6	Occupancy/Utilization	3								0.00
SUBTOTAL - OBJECTIVES AND OUTCOM		35	0							0.00

D	HMIS and COMPARABLE DATABASE QU									FINAL
1	Data Quality-Destination	2								0.00
2	Data Quality-Income at entry	2								0.00
3	Data Quality-Income at exit	2								0.00
SUBTOTAL-HMIS AND COMPARABLE D/		6	0							0.00

E	COLABORATION AND PARTICIPATION			Reviewer #1 Score	Reviewer #2 Score	Reviewer #3 Score	Reviewer #4 Score	Reviewer #5 Score	Reviewer #6 Score	FINAL
1	Coordinated Entry	3								0.00
2	CoC Participation	2								0.00
3	Point In Time Count	2								0.00
SUBTOTAL-COLLABORATION AND PART		7	0							0.00

F	VOLUNTARY REALLOCATION	Maximum Points	PRESCORE	Notes						0
1	Reallocation	5								0
SUBTOTAL - VOLUNTARY REALLOCATIO		5								0
TOTAL APPLICAT		105								0

New Project Template

Applicant Name	
Project Name	
Project Type	

A Applicant Capacity		Maximum Points		Reviewer #1 Score	Reviewer #2 Score	Reviewer #3 Score	Reviewer #4 Score	Reviewer #5 Score	Reviewer #6 Score	Final Score
1	Experience Serving Target Population	4								0.00
2	Experience operating a comparable program	4								0.00
3	experience providing service \ housing as part of a c	4								0.00
4	Experience managing federal or other complex func	4								0.00
5	Financial management capacity	4								0.00
SUBTOTAL - GRANT AND FINANCIAL M		20	0	0	0	0	0	0	0	0.00
B HUD AND LOCAL POLICY PRIORITIES		**Maximum Points**	**PRESCORE**	**Reviewer #1 Score**	**Reviewer #2 Score**	**Reviewer #3 Score**	**Reviewer #4 Score**	**Reviewer #5 Score**	**Reviewer #6 Score**	**Final Score**
1	Housing First Narrative	7								0.00
1b	Housing First Checklist	2								0.00
2	Racial Equity	9								0.00
3	Engaging People with Lived Experience	9								0.00
4	Cultural Responsiveness to LGBTQ participants	5								0.00
SUBTOTAL - HUD AND LOCAL PRIORITIES		32	0	0	0	0	0	0	0	0.00
C OBJECTIVES AND OUTCOMES		**Maximum Points**	**PRESCORE**	**Reviewer #1 Score**	**Reviewer #2 Score**	**Reviewer #3 Score**	**Reviewer #4 Score**	**Reviewer #5 Score**	**Reviewer #6 Score**	**Final Score**
1	Obtains or Maintains Permanent Housing	10								0.00
1b	Performance report	5								0.00
2	Assisted to jobs and income	5								0.00
2b	Performance report	2								0.00
3	Connection to mainstream benefits	5								0.00
3b	Performance report	2								0.00
SUBTOTAL - OBJECTIVES AND OUTCOMES		20	0							0.00
D Collaboration and participation			**PRESCORE**							**FINAL**
1	CoC participation	2								0.00
2	point in time count involvement	2								0.00
SUBTOTAL-COLLABORATION AND PARTICIPATION		4	0							0.00
E Budget and leverage		Maximum points	**PRESCORE**	**Reviewer #1 Score**	**Reviewer #2 Score**	**Reviewer #3 Score**	**Reviewer #4 Score**	**Reviewer #5 Score**	**Reviewer #6 Score**	**FINAL**
1	Project budget	8								0.00
2	Non-CoC housing leverage	8	0							0.00
3	Healthcare leverage	8	0							0.00
SUBTOTAL-BUDEGET AND LEVERAGE		24	0							0.00
TOTAL APPLICATION SCORE		100	0							0.00

Renewal Project

Applicant Name		Housing Families First
Project Name		Bringing Neighbors Home
Project Type		RRH

A	Grant and Financial Management	Maximum Points	PRESCORE	Reviewer #1 Score	Reviewer #2 Score	Reviewer #3 Score	Reviewer #4 Score	Reviewer #5 Score	Reviewer #6 Score	Final Score
1	Financial Statements	4		4	4	4	4	4		4.00
2	Monitoring Reports	4		4	4	4	4	4		4.00
3	Expenditures of Grant Funds	4	4							4.00
4	Regular eLOOCCs draws	4	4							4.00
5	Timely APR Submission	4	4							4.00
SUBTOTAL - GRANT AND FINANCIAL MANAGEM		20	12	8	8	8	8	8	0	20.00

B	HUD AND LOCAL POLICY PRIORITIES	Maximum Points	PRESCORE	Reviewer #1 Score	Reviewer #2 Score	Reviewer #3 Score	Reviewer #4 Score	Reviewer #5 Score	Reviewer #6 Score	Final Score
1	Housing First Narrative	7		6	7	6	6	7		6.40
1b	Housing First Checklist	2	2							2.00
2	Racial Equity	9		7	9	8	7	9		8.00
3	Engaging People with Lived Experience	9		8	9	9	8	9		8.60
4	Cultural Responsiveness to LGBTQ participants	5		3	4	5	4	5		4.20
SUBTOTAL - HUD AND LOCAL PRIORITIES		32	2	24	29	28	25	30	0	29.20

C	OBJECTIVES AND OUTCOMES	Maximum Points	PRESCORE							Final Score
1	Obtains or Maintains Permanent Housing	10	10							10.00
2	Exits from Project Back to Homelessness	8	8							8.00
3	Maintains or Increases Income	8	8							8.00
4	Connection to Mainstream Benefits	3	2							2.00
5	Get participants Health Insurance	3	3							3.00
6	Occupancy/Utilization	3	0							0.00
SUBTOTAL - OBJECTIVES AND OUTCOMES		35	31							31.00

D	HMIS and COMPARABLE DATABASE QUALITY									FINAL
1	Data Quality-Destination	2	0							0.00
2	Data Quality-Income at entry	2	2							2.00
3	Data Quality-Income at exit	2	0							0.00
SUBTOTAL-HMIS AND COMPARABLE DATABASE		6	2							2.00

E	COLABORATION AND PARTICIPATION			Reviewer #1 Score	Reviewer #2 Score	Reviewer #3 Score	Reviewer #4 Score	Reviewer #5 Score	Reviewer #6 Score	FINAL
1	Coordinated Entry	3		2	3	3	3	3		2.80
2	CoC Participation	2	2							2.00
3	Point In Time Count	2	2							2.00
SUBTOTAL-COLLABORATION AND PARTICIPATIC		7	4							6.80

F	VOLUNTARY REALLOCATION	Maximum Points	PRESCORE	
1	Reallocation	5	0	0
SUBTOTAL - VOLUNTARY REALLOCATION		5	0	0
TOTAL APPLICATION SCO		105	51	89

To whom it may concern,

The Greater Richmond CoC (GRCoC) did not reject or reduce any project during the CoC's local competition.

Frances Marie Pugh

Director of Coordinated Funding

Homeward

GRCoC Collaborative Applicant

Outlook

Notice of GRCoC FY24 HUD CoC Local Ranking; DPHS

From Frances Marie Pugh <fmpugh@homewardva.org>
Date Fri 9/20/2024 5:45 PM
To Sarah Tunner <stunner@dailyplanetva.org>
Cc Elaine de Coligny <elainedecoligny@gmail.com>

2 attachments (243 KB)
DPHS_CoC Ranking Memo.pdf; Final Priority List_920.pdf;

Thank you for your submission to the GRCoC Local Competition for the FY 24 HUD CoC Program Notice of Funding Opportunity.

Attached to this email you will find a cover memo detailing your project(s) score, rank, and tier, as well as the community priority list. If applicable, this memo also includes the GRCoC Appeals Process.

Thank you for your commitment in our shared work to end homelessness.

Best,
Frances Marie

Frances Marie Pugh
Director of Coordinated Funding
Homeward

Memorandum

Date: 9/20/24

To: Daily Planet Health Services

From: Frances Marie Pugh, Director of Coordinated Funding, Homeward, Greater Richmond Continuum of Care, Collaborative Applicant

CC: Kathleen Kramer, GRCoC Ranking & Review Committee Chair

Dear Sarah Tunner

Thank you for your submission(s) to HUD's 2024 CoC Local Competition. The Ranking Committee has completed its project review and evaluation. All local submissions were eligible and will be included in this year's Consolidated Application. All projects also have a preliminary ranking, known as the Project Priority List, which is included with this memo.

The list indicates which projects are ranked in Tier 1 and Tier 2. Projects ranked in Tier 1 are assured funding, and projects ranked in Tier 2 must compete for funding nationally. The dollar amount for each Tier is predetermined by HUD and cannot be exceeded by the CoC. Greater Richmond CoC's Tier 1 = $4,741,603, which is 90% of the amount needed to fund all renewal projects (the Annual Renewal Demand). Our Tier 2 = $526,845 HUD requires that some amount of the Annual Renewal Demand is ranked in Tier 1.

Your Project (s) is/are ranked as follows:

Project: Coordinated Entry Outreach Access Point	Score: N/A	Rank: 7	Tier: 1

The detail of your score and full priority list are attached.

The Ranking Committee considered the following to finalize its recommendation. All projects were scored independently by reviewers and submitted to the Collaborative Applicant. The scores were averaged and combined with the prescored objective factors to arrive at an initial score. Reviewers met and discussed the basis for their individual scores and made adjustments as warranted. Projects were then ranked by score, creating an initial prioritization. Per the Local Competition Policies (pg. 11), the Ranking Committee then finalized its recommendations prioritizing the following:

- Protecting existing housing capacity before adding new capacity

- Position projects in Tier 2 to provide greatest likelihood of funding for the most projects

Applying these priorities resulted in moving one new project out of Tier 1 into Tier 2. Domestic Violence bonus projects were ranked at the bottom of Tier 2 because HUD scores these projects separately from CoC Bonus projects. This order gives all four new projects the greatest possibility of funding.

Projects that are ranked in part or fully in Tier 2 are eligible to submit an appeal if they can "Prove their score is not reflective of the application information provided; or Describe bias or unfairness in the process, which warrants the appeal" (Competition Policies pg. 14). Projects wishing to appeal must do so in writing electronically, by 9/24/24, 5:00pm, in accordance with procedures outlined in the Competition Policies.

Once the collaborative application has been submitted at the end of October, we will host a debrief of this competition's local competition. The collaborative applicant will also be available for 1:1 review of application, should applicants desire.

Thank you for all you do to resolve homelessness in our Continuum of Care.

Reminder: E-SNAPs applications are due 10/7 to be included in the collaborative application.

NOTES ON TOTAL FUNDING PACKAGE	$$ Available	Eligible Apps
Annual Renewal Demand	**$ 6,282,990**	**$6,282,990**
ARD in tier 1	$ 4,741,603	$4,741,603
ARD in tier 2	$ 526,845	$526,845
Bonus Funding available	**$ 2,244,744**	**$1,522,612**
PH bonus	$ 997,664	$997,664
DV bonus	$ 1,247,080	$524,948
Total Available through local competitior	**$ 8,527,734**	**$7,805,602**
Planning Grant	$ 415,693	$415,693
Non-Competitive YHDP Renewals	$ 1,014,542	$1,014,542
Total Consolidated App	**$ 8,943,427**	**$8,221,295**

Rank	Applicant	Project	Project Type	ew or Renew	Grant Amount	CUMULATIVE AMOUNT	
1	Homeward	CoC HMIS*	HMIS	Renewal	$50,000	$50,000	
1	Homeward	CoC CES*	SSO-CE	Renewal	$149,750	$199,750	
3	Home Again (Emergency Shelter DBA)	Home Again RRH	RRH	Renewal	$351,903	$551,653	
4	Housing Families First	Bringing Neighbors Home	RRH	Renewal	$281,403	$833,056	
5	RBHA	RBHA Home Connect 1 Renewal 2024	PSH	Renewal	$301,540	$1,134,596	
6	Home Again	Home Again PSH	PSH	Renewal	$421,920	$1,556,516	
7	YWCA	YWCA Richmond DV Emergency Transfer Plan**	SSO	Renewal	$250,000	$1,806,516	
7	DPHS	Coordinated Entry Outreach Access Point**	SSO-SO	Renewal	$60,480	$1,866,996	
9	VSH	Home Link	PSH	Renewal	$2,874,607	$4,741,603	Tier 1 Line
9	VSH	Home Link	PSH	Renewal	$526,845	$5,268,448	
10	SJV RRH	Saint Joseph's Villa Rapid Re-Housing	RRH	New	$300,000	$5,568,448	
11	Virginia Supportive Housing	Homelink Expansion	PSH	New	$697,664	$6,266,112	
12	Hanover Safe Place	Hanover DV-Collaborative; DV Bonus RRH	RRH-DV	New	$300,800	$6,566,912	
13	YWCA RRH	YWCA Richmond Rapid Re-housing Services; DV Bonus RRH	RRH-DV	New	$224,148	$6,791,060	
	TOTAL Available Tier 1 =			**$ 4,741,603**			
	TOTAL Available Tier 2 =			**$ 2,771,589**			

Planning and YHDP Projects (non-competitive awards and renewals, not ranked)

	Applicant	Project	Project Type	ew or Renew	Grant Amount	CUMULATIVE AMOUNT
	Homeward	YHDP HMIS	HMIS	Renewal	$80,300	$6,871,360
	Homeward	YHDP CES	SSO-CE	Renewal	$100,100	$6,971,460
	HomeAgain & VHBG	HomeAgain-VHBG Partnership	TH/RRH	Renewal	$590,972	$7,562,432
	DPHS	YHDP Increasing Access for Youth & Young Adults	SSO	Renewal	$89,100	$7,651,532
	Commonwealth Catholic Charities	YHDP Youth Hub	SSO	Renewal	$154,070	$7,805,602
	Homeward	Planning	Planning		$415,693	$8,221,295

*Per Competition Policies & Procedures. Pg. 11

**Per Competition Policies & Procedures. Pg. 11

GRCoC Priority List; FY24

Approved 9/20/24; Ranking Committee

Outlook

Notice of GRCoC FY24 HUD CoC Local Ranking; HomeAgain

From Frances Marie Pugh <fmpugh@homewardva.org>
Date Fri 9/20/2024 5:44 PM
To mherbert@homeagainrichmond.org <mherbert@homeagainrichmond.org>
Cc Elaine de Coligny <elainedecoligny@gmail.com>; Susan Danzi Hernandez <shernandez@homeagainrichmond.org>

4 attachments (371 KB)
HomeAgain_CoC Ranking Memo.pdf; HA_PSH_Scorecard.pdf; HA_RRH_Scorecard.pdf; Final Priority List_920.pdf;

Thank you for your submission to the GRCoC Local Competition for the FY 24 HUD CoC Program Notice of Funding Opportunity.

Attached to this email you will find a cover memo detailing your project(s) score, rank, and tier, as well as your detailed scorecard and the community priority list. If applicable, this memo also includes the GRCoC Appeals Process.

Thank you for your commitment in our shared work to end homelessness.

Best,
Frances Marie

Frances Marie Pugh
Director of Coordinated Funding
Homeward

Renewal Project

Applicant Name	Home Again	
Project Name	Home Again PSH	
Project Type	PSH	

A	Grant and Financial Management	Maximum Points	Final Score
1	Financial Statements	4	4.00
2	Monitoring Reports	4	4.00
3	Expenditures of Grant Funds	4	4.00
4	Regular eLOOCCs draws	4	4.00
5	Timely APR Submission	4	4.00
	SUBTOTAL - GRANT AND FINANCI	20	20.00

B	HUD AND LOCAL POLICY PRIORITI	Maximum Points	Final Score
1	Housing First Narrative	7	5.60
1b	Housing First Checklist	2	2.00
2	Racial Equity	9	5.80
3	Engaging People with Lived Experience	9	7.40
4	participants	5	3.60
	SUBTOTAL - HUD AND LOCAL PRIC	32	24.40

C	OBJECTIVES AND OUTCOMES	Maximum Points	Final Score
1	Obtains or Maintains Permanent Housin	10	10.00
2	Exits from Project Back to Homelessness	8	8.00
3	Maintains or Increases Income	8	8.00
4	Connection to Mainstream Benefits	3	2.00
5	Get participants Health Insurance	3	3.00
6	Occupancy/Utilization	3	0.00
	SUBTOTAL - OBJECTIVES AND OUT	35	31.00

D	HMIS and COMPARABLE DATABA		FINAL
1	Data Quality-Destination	2	2.00
2	Data Quality-Income at entry	2	0.00
3	Data Quality-Income at exit	2	2.00
	SUBTOTAL-HMIS AND COMPARAE	6	4.00

E	COLABORATION AND PARTICIPAT		FINAL
1	Coordinated Entry	3	2.20
2	CoC Participation	2	2.00
3	Point In Time Count	2	2.00
	SUBTOTAL-COLLABORATION AND	7	6.20

F	VOLUNTARY REALLOCATION	Maximum Points	85.60
1	Reallocation	5	0
	SUBTOTAL - VOLUNTARY REALLOC	5	0
	TOTAL APPLICATI	105	85.6

Renewal Project

Applicant Name	Home Again (Emergency Shelter DBA)
Project Name	Home Again RRH
Project Type	RRH

A	**Grant and Financial Management**	**Maximum Points**	**Final Score**
1	**Financial Statements**	**4**	4.00
2	**Monitoring Reports**	**4**	4.00
3	**Expenditures of Grant Funds**	**4**	4.00
4	**Regular eLOOCCs draws**	**4**	4.00
5	**Timely APR Submission**	**4**	4.00
SUBTOTAL - GRANT AND FINANCIAL M/		**20**	20.00

B	**HUD AND LOCAL POLICY PRIORITIES**	**Maximum Points**	**Final Score**
1	**Housing First Narrative**	**7**	5.60
1b	**Housing First Checklist**	**2**	2.00
2	**Racial Equity**	**9**	5.80
3	**Engaging People with Lived Experience**	**9**	7.40
4	**Cultural Responsiveness to LGBTQ partici**	**5**	3.60
SUBTOTAL - HUD AND LOCAL PRIORITIE		**32**	**24.40**

C	**OBJECTIVES AND OUTCOMES**	**Maximum Points**	**Final Score**
1	**Obtains or Maintains Permanent Housing**	**10**	10.00
2	**Exits from Project Back to Homelessness**	**8**	8.00
3	**Maintains or Increases Income**	**8**	8.00
4	**Connection to Mainstream Benefits**	**3**	2.00
5	**Get participants Health Insurance**	**3**	3.00
6	**Occupancy/Utilization**	**3**	3.00
SUBTOTAL - OBJECTIVES AND OUTCOM		**35**	**34.00**

D	**HMIS and COMPARABLE DATABASE QU**		**FINAL**
1	**Data Quality-Destination**	**2**	2.00
2	**Data Quality-Income at entry**	**2**	2.00
3	**Data Quality-Income at exit**	**2**	2.00
SUBTOTAL-HMIS AND COMPARABLE D/		**6**	**6.00**

E	**COLABORATION AND PARTICIPATION**		**FINAL**
1	**Coordinated Entry**	**3**	2.20
2	**CoC Participation**	**2**	2.00
3	**Point In Time Count**	**2**	2.00
SUBTOTAL-COLLABORATION AND PART		**7**	**6.20**

F	**VOLUNTARY REALLOCATION**	**Maximum Points**	90.6
1	**Reallocation**	**5**	**0**
SUBTOTAL - VOLUNTARY REALLOCATIO		**5**	**0**

TOTAL APPLICATI	105	90.6

Outlook

Notice of GRCoC FY24 HUD CoC Local Ranking; Housing Families First

From Frances Marie Pugh <fmpugh@homewardva.org>
Date Fri 9/20/2024 5:46 PM
To Beth Vann-Turnbull <beth@housingfamiliesfirst.org>
Cc Cindy J. Moussavou <cindy@housingfamiliesfirst.org>; Elaine de Coligny <elainedecoligny@gmail.com>

3 attachments (307 KB)
HFF_CoC Ranking Memo.pdf; HFF_RRH_Scorecard.pdf; Final Priority List_920.pdf;

Thank you for your submission to the GRCoC Local Competition for the FY 24 HUD CoC Program Notice of Funding Opportunity.

Attached to this email you will find a cover memo detailing your project(s) score, rank, and tier, as well as your detailed scorecard and the community priority list. If applicable, this memo also includes the GRCoC Appeals Process.

Thank you for your commitment in our shared work to end homelessness.

Best,
Frances Marie

Frances Marie Pugh
Director of Coordinated Funding
Homeward

Memorandum

Date: 9/20/24

To: Housing Families First

From: Frances Marie Pugh, Director of Coordinated Funding, Homeward, Greater Richmond Continuum of Care, Collaborative Applicant

CC: Kathleen Kramer, GRCoC Ranking & Review Committee Chair

Dear Beth Vann-Turnbull

Thank you for your submission(s) to HUD's 2024 CoC Local Competition. The Ranking Committee has completed its project review and evaluation. All local submissions were eligible and will be included in this year's Consolidated Application. All projects also have a preliminary ranking, known as the Project Priority List, which is included with this memo.

The list indicates which projects are ranked in Tier 1 and Tier 2. Projects ranked in Tier 1 are assured funding, and projects ranked in Tier 2 must compete for funding nationally. The dollar amount for each Tier is predetermined by HUD and cannot be exceeded by the CoC. Greater Richmond CoC's Tier 1 = $4,741,603, which is 90% of the amount needed to fund all renewal projects (the Annual Renewal Demand). Our Tier 2 = $526,845 HUD requires that some amount of the Annual Renewal Demand is ranked in Tier 1.

Your Project (s) is/are ranked as follows:

Project: Bringing Neighbors Home	Score: 89.00	Rank: 4	Tier: 1

The detail of your score and full priority list are attached.

The Ranking Committee considered the following to finalize its recommendation. All projects were scored independently by reviewers and submitted to the Collaborative Applicant. The scores were averaged and combined with the prescored objective factors to arrive at an initial score. Reviewers met and discussed the basis for their individual scores and made adjustments as warranted. Projects were then ranked by score, creating an initial prioritization. Per the Local Competition Policies (pg. 11), the Ranking Committee then finalized its recommendations prioritizing the following:

- Protecting existing housing capacity before adding new capacity

- Position projects in Tier 2 to provide greatest likelihood of funding for the most projects

Applying these priorities resulted in moving one new project out of Tier 1 into Tier 2. Domestic Violence bonus projects were ranked at the bottom of Tier 2 because HUD scores these projects separately from CoC Bonus projects. This order gives all four new projects the greatest possibility of funding.

Projects that are ranked in part or fully in Tier 2 are eligible to submit an appeal if they can "Prove their score is not reflective of the application information provided; or Describe bias or unfairness in the process, which warrants the appeal" (Competition Policies pg. 14). Projects wishing to appeal must do so in writing electronically, by 9/24/24, 5:00pm, in accordance with procedures outlined in the Competition Policies.

Once the collaborative application has been submitted at the end of October, we will host a debrief of this competition's local competition. The collaborative applicant will also be available for 1:1 review of application, should applicants desire.

Thank you for all you do to resolve homelessness in our Continuum of Care.

Reminder: E-SNAPs applications are due 10/7 to be included in the collaborative application.

Renewal Project

Applicant Name		Housing Families First
Project Name		Bringing Neighbors Home
Project Type		RRH

A	Grant and Financial Management	Maximum Points	Final Score
1	Financial Statements	4	4.00
2	Monitoring Reports	4	4.00
3	Expenditures of Grant Funds	4	4.00
4	Regular eLOOCCs draws	4	4.00
5	Timely APR Submission	4	4.00
SUBTOTAL - GRANT AND FINANCIAL MANAGEI		20	20.00

B	HUD AND LOCAL POLICY PRIORITIES	Maximum Points	Final Score
1	Housing First Narrative	7	6.40
1b	Housing First Checklist	2	2.00
2	Racial Equity	9	8.00
3	Engaging People with Lived Experience	9	8.60
4	Cultural Responsiveness to LGBTQ participants	5	4.20
SUBTOTAL - HUD AND LOCAL PRIORITIES		32	29.20

C	OBJECTIVES AND OUTCOMES	Maximum Points	Final Score
1	Obtains or Maintains Permanent Housing	10	10.00
2	Exits from Project Back to Homelessness	8	8.00
3	Maintains or Increases Income	8	8.00
4	Connection to Mainstream Benefits	3	2.00
5	Get participants Health Insurance	3	3.00
6	Occupancy/Utilization	3	0.00
SUBTOTAL - OBJECTIVES AND OUTCOMES		35	31.00

D	HMIS and COMPARABLE DATABASE QUALITY		FINAL
1	Data Quality-Destination	2	0.00
2	Data Quality-Income at entry	2	2.00
3	Data Quality-Income at exit	2	0.00
SUBTOTAL-HMIS AND COMPARABLE DATABAS		6	2.00

E	COLABORATION AND PARTICIPATION		FINAL
1	Coordinated Entry	3	2.80
2	CoC Participation	2	2.00
3	Point In Time Count	2	2.00
SUBTOTAL-COLLABORATION AND PARTICIPAT		7	6.80

F	VOLUNTARY REALLOCATION	Maximum Points	89.00
1	Reallocation	5	0
SUBTOTAL - VOLUNTARY REALLOCATION		5	0
TOTAL APPLICATION SC		105	89

Outlook

Notice of GRCoC FY24 HUD CoC Local Ranking; Hanover Safe Place

From Frances Marie Pugh <fmpugh@homewardva.org>
Date Fri 9/20/2024 5:47 PM
To director@hanoversafeplace.com <director@hanoversafeplace.com>
Cc Elaine de Coligny <elainedecoligny@gmail.com>

3 attachments (330 KB)
Final Priority List_920.pdf; HSP_RRH_SCORECARD.pdf; HSP_CoC Ranking Memo.pdf;

Thank you for your submission to the GRCoC Local Competition for the FY 24 HUD CoC Program Notice of Funding Opportunity.

Attached to this email you will find a cover memo detailing your project(s) score, rank, and tier, as well as your detailed scorecard and the community priority list. If applicable, this memo also includes the GRCoC Appeals Process.

Thank you for your commitment in our shared work to end homelessness.

Best,
Frances Marie

Frances Marie Pugh
Director of Coordinated Funding
Homeward

Memorandum

Date: 9/20/24

To: Hanover Safe Place

From: Frances Marie Pugh, Director of Coordinated Funding, Homeward, Greater Richmond Continuum of Care, Collaborative Applicant

CC: Kathleen Kramer, GRCoC Ranking & Review Committee Chair

Dear Sheree Hedrick

Thank you for your submission(s) to HUD's 2024 CoC Local Competition. The Ranking Committee has completed its project review and evaluation. All local submissions were eligible and will be included in this year's Consolidated Application. All projects also have a preliminary ranking, known as the Project Priority List, which is included with this memo.

The list indicates which projects are ranked in Tier 1 and Tier 2. Projects ranked in Tier 1 are assured funding, and projects ranked in Tier 2 must compete for funding nationally. The dollar amount for each Tier is predetermined by HUD and cannot be exceeded by the CoC. Greater Richmond CoC's Tier 1 = $4,741,603, which is 90% of the amount needed to fund all renewal projects (the Annual Renewal Demand). Our Tier 2 = $526,845 HUD requires that some amount of the Annual Renewal Demand is ranked in Tier 1.

Your Project (s) is/are ranked as follows:

Project: Hanover DV-Collaborative	Score: 85.8	Rank: 12	Tier: 2

The detail of your score and full priority list are attached.

The Ranking Committee considered the following to finalize its recommendation. All projects were scored independently by reviewers and submitted to the Collaborative Applicant. The scores were averaged and combined with the prescored objective factors to arrive at an initial score. Reviewers met and discussed the basis for their individual scores and made adjustments as warranted. Projects were then ranked by score, creating an initial prioritization. Per the Local Competition Policies (pg. 11), the Ranking Committee then finalized its recommendations prioritizing the following:

- Protecting existing housing capacity before adding new capacity

- Position projects in Tier 2 to provide greatest likelihood of funding for the most projects

Applying these priorities resulted in moving one new project out of Tier 1 into Tier 2. Domestic Violence bonus projects were ranked at the bottom of Tier 2 because HUD scores these projects separately from CoC Bonus projects. This order gives all four new projects the greatest possibility of funding.

Projects that are ranked in part or fully in Tier 2 are eligible to submit an appeal if they can "Prove their score is not reflective of the application information provided; or Describe bias or unfairness in the process, which warrants the appeal" (Competition Policies pg. 14). Projects wishing to appeal must do so in writing electronically, by 9/24/24, 5:00pm, in accordance with procedures outlined in the Competition Policies.

Once the collaborative application has been submitted at the end of October, we will host a debrief of this competition's local competition. The collaborative applicant will also be available for 1:1 review of application, should applicants desire.

Thank you for all you do to resolve homelessness in our Continuum of Care.

Reminder: E-SNAPs applications are due 10/7 to be included in the collaborative application.

New Project

Applicant Name	Hanover Safe Place
Project Name	Hanover DV-Collaborative; DV Bonus RRH
Project Type	RRH-DV

A	Applicant Capacity	Maximum Points	Final Score
1	Experience Serving Target Population	4	4.00
2	Experience operating a comparable program	4	4.00
3	experience providing service \ housing as part of a coordinated syst	4	3.80
4	Experience managing federal or other complex funding	4	3.80
5	Financial management capacity	4	3.60
	SUBTOTAL - GRANT AND FINANC	20	19.20
B	**HUD AND LOCAL POLICY PRIORITIES**	**Maximum Points**	**Final Score**
1	Housing First Narrative	7	7.20
1b	Housing First Checklist	2	2.00
2	Racial Equity	9	7.80
3	Engaging People with Lived Experience	9	8.40
4	Cultural Responsiveness to LGBTQ participants	5	4.60
	SUBTOTAL - HUD AND LOCAL PRIORITIES	32	30.00
C	**OBJECTIVES AND OUTCOMES**	**Maximum Points**	**Final Score**
1	Obtains or Maintains Permanent Housing	10	4.80
1b	Performance report	5	5.00
2	Assisted to jobs and income	5	3.00
2b	Performance report	2	1.00
3	Connection to mainstream benefits	5	3.00
3b	Performance report	2	1.00
	SUBTOTAL - OBJECTIVES AND OUTCOMES	20	17.80
D	**Collaboration and participation**		**FINAL**
1	CoC participation	2	2.00
2	point in time count involvement	2	2.00
	SUBTOTAL-COLLABORATION AND PARTICIPATION	4	4.00
E	**Budget and leverage**	Maximum points	**FINAL**
1	Project budget	8	6.80
2	Non-CoC housing leverage	8	8.00
3	Healthcare leverage	8	0.00
	SUBTOTAL-BUDEGET AND LEVERAGE	24	14.80

TOTAL APPLICATION SCORE	100	85.80

Outlook

Notice of GRCoC FY24 HUD CoC Local Ranking; Homeward

From Frances Marie Pugh <fmpugh@homewardva.org>
Date Fri 9/20/2024 5:42 PM
To Kelly King Horne <kkhorne@homewardva.org>
Cc Elaine de Coligny <elainedecoligny@gmail.com>; Trinity Bowens <tbowens@homewardva.org>

2 attachments (243 KB)
Final Priority List_920.pdf; Homeward_CoC Ranking Memo.pdf;

Thank you for your submission to the GRCoC Local Competition for the FY 24 HUD CoC Program Notice of Funding Opportunity.

Attached to this email you will find a cover memo detailing your project(s) score, rank, and tier, as well as the community priority list. If applicable, this memo also includes the GRCoC Appeals Process.

Thank you for your commitment in our shared work to end homelessness.

Best,
Frances Marie

Frances Marie Pugh
Director of Coordinated Funding
Homeward

Memorandum

Date: 9/20/24

To: Emergency Shelter Inc., DBA HomeAgain

From: Frances Marie Pugh, Director of Coordinated Funding, Homeward, Greater Richmond Continuum of Care, Collaborative Applicant

CC: Kathleen Kramer, GRCoC Ranking & Review Committee Chair

Dear Mandy Herbert

Thank you for your submission(s) to HUD's 2024 CoC Local Competition. The Ranking Committee has completed its project review and evaluation. All local submissions were eligible and will be included in this year's Consolidated Application. All projects also have a preliminary ranking, known as the Project Priority List, which is included with this memo.

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Your Project (s) is/are ranked as follows:

Project: HomeAgain Rapid Re-Housing (RRH)	Score: 90.60	Rank: 3	Tier: 1
Project: HomeAgain PSH – Oct 24-Sep 25	Score: 85.60	Rank: 6	Tier: 1

The detail of your score and full priority list are attached.

The Ranking Committee considered the following to finalize its recommendation. All projects were scored independently by reviewers and submitted to the Collaborative Applicant. The scores were averaged and combined with the prescored objective factors to arrive at an initial score. Reviewers met and discussed the basis for their individual scores and made adjustments as warranted. Projects were then ranked by score, creating an initial prioritization. Per the Local Competition Policies (pg. 11), the Ranking Committee then finalized its recommendations prioritizing the following:

- Protecting existing housing capacity before adding new capacity
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Projects that are ranked in part or fully in Tier 2 are eligible to submit an appeal if they can "Prove their score is not reflective of the application information provided; or Describe bias or unfairness in the process, which warrants the appeal" (Competition Policies pg. 14). Projects wishing to appeal must do so in writing electronically, by 9/24/24, 5:00pm, in accordance with procedures outlined in the Competition Policies.

Once the collaborative application has been submitted at the end of October, we will host a debrief of this competition's local competition. The collaborative applicant will also be available for 1:1 review of application, should applicants desire.

Thank you for all you do to resolve homelessness in our Continuum of Care.

Reminder: E-SNAPs applications are due 10/7 to be included in the collaborative application.

Memorandum

Date: 9/20/24

To: Homeward

From: Frances Marie Pugh, Director of Coordinated Funding, Homeward, Greater Richmond Continuum of Care, Collaborative Applicant

CC: Kathleen Kramer, GRCoC Ranking & Review Committee Chair

Dear Kelly King Horne

Thank you for your submission(s) to HUD's 2024 CoC Local Competition. The Ranking Committee has completed its project review and evaluation. All local submissions were eligible and will be included in this year's Consolidated Application. All projects also have a preliminary ranking, known as the Project Priority List, which is included with this memo.

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Your Project (s) is/are ranked as follows:

Project: CoC HMIS	Score: N/A	Rank: 1	Tier: 1
Project: CoC CES	Score: N/A	Rank: 1	Tier: 1

The full priority list is attached.

The Ranking Committee considered the following to finalize its recommendation. All projects were scored independently by reviewers and submitted to the Collaborative Applicant. The scores were averaged and combined with the prescored objective factors to arrive at an initial score. Reviewers met and discussed the basis for their individual scores and made adjustments as warranted. Projects were then ranked by score, creating an initial prioritization. Per the Local Competition Policies (pg. 11), the Ranking Committee then finalized its recommendations prioritizing the following:

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Once the collaborative application has been submitted at the end of October, we will host a debrief of this competition's local competition. The collaborative applicant will also be available for 1:1 review of application, should applicants desire.

Thank you for all you do to resolve homelessness in our Continuum of Care.

Reminder: E-SNAPs applications are due 10/7 to be included in the collaborative application.

Outlook

Notice of GRCoC FY24 HUD CoC Local Ranking; Richmond Behavioral Health Authority

From Frances Marie Pugh <fmpugh@homewardva.org>
Date Fri 9/20/2024 5:45 PM
To Robert Baez <Robert.Baez@rbha.org>
Cc Elaine de Coligny <elainedecoligny@gmail.com>

3 attachments (307 KB)
RBHA_PSH_Scorecard.pdf; Final Priority List_920.pdf; RBHA_CoC Ranking Memo.pdf;

Thank you for your submission to the GRCoC Local Competition for the FY 24 HUD CoC Program Notice of Funding Opportunity.

Attached to this email you will find a cover memo detailing your project(s) score, rank, and tier, as well as your detailed scorecard and the community priority list. If applicable, this memo also includes the GRCoC Appeals Process.

Thank you for your commitment in our shared work to end homelessness.

Best,
Frances Marie

Frances Marie Pugh
Director of Coordinated Funding
Homeward

Memorandum

Date: 9/20/24

To: Richmond Behavioral Health Authority

From: Frances Marie Pugh, Director of Coordinated Funding, Homeward, Greater Richmond Continuum of Care, Collaborative Applicant

CC: Kathleen Kramer, GRCoC Ranking & Review Committee Chair

Dear Robert Baez

Thank you for your submission(s) to HUD's 2024 CoC Local Competition. The Ranking Committee has completed its project review and evaluation. All local submissions were eligible and will be included in this year's Consolidated Application. All projects also have a preliminary ranking, known as the Project Priority List, which is included with this memo.

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Your Project (s) is/are ranked as follows:

Project: RBHA Home Connect 1 Renewal 2024	Score: 87.6	Rank: 5	Tier: 1

The detail of your score and full priority list are attached.

The Ranking Committee considered the following to finalize its recommendation. All projects were scored independently by reviewers and submitted to the Collaborative Applicant. The scores were averaged and combined with the prescored objective factors to arrive at an initial score. Reviewers met and discussed the basis for their individual scores and made adjustments as warranted. Projects were then ranked by score, creating an initial prioritization. Per the Local Competition Policies (pg. 11), the Ranking Committee then finalized its recommendations prioritizing the following:

- Protecting existing housing capacity before adding new capacity

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Projects that are ranked in part or fully in Tier 2 are eligible to submit an appeal if they can "Prove their score is not reflective of the application information provided; or Describe bias or unfairness in the process, which warrants the appeal" (Competition Policies pg. 14). Projects wishing to appeal must do so in writing electronically, by 9/24/24, 5:00pm, in accordance with procedures outlined in the Competition Policies.

Once the collaborative application has been submitted at the end of October, we will host a debrief of this competition's local competition. The collaborative applicant will also be available for 1:1 review of application, should applicants desire.

Thank you for all you do to resolve homelessness in our Continuum of Care.

Reminder: E-SNAPs applications are due 10/7 to be included in the collaborative application.

Renewal Project

Applic	RBHA	
Projec	RBHA Home Connect 1 Renewal 2024	
Project Type	PSH	

A Grant and Financial Manag	**Maximum Points**	**Final Score**
1 Financial Statements	**4**	4.00
2 Monitoring Reports	**4**	4.00
3 Expenditures of Grant Funds	**4**	4.00
4 Regular eLOOCCs draws	**4**	4.00
5 Timely APR Submission	**4**	4.00
SUBTOTAL - GRANT AND FI	**20**	20.00

B HUD AND LOCAL POLICY PR	**Maximum Points**	**Final Score**
1 Housing First Narrative	**7**	4.80
1b Housing First Checklist	**2**	2.00
2 Racial Equity	**9**	5.40
3 Engaging People with Lived Experience	**9**	7.00
4 Cultural Responsiveness to LGBTQ participants	**5**	3.20
SUBTOTAL - HUD AND LOC	**32**	**22.40**

C OBJECTIVES AND OUTCOMI	**Maximum Points**	**Final Score**
1 Obtains or Maintains Permanent Housing	**10**	10.00
2 Exits from Project Back to Homelessness	**8**	8.00
3 Maintains or Increases Income	**8**	8.00
4 Connection to Mainstream Benefits	**3**	2.00
5 Get participants Health Insurance	**3**	3.00
6 Occupancy/Utilization	**3**	2.00
SUBTOTAL - OBJECTIVES AN	**35**	**33.00**

D HMIS and COMPARABLE DA		**FINAL**
1	**Data Quality-Destination**	**2**	2.00
2	**Data Quality-Income at entry**	**2**	2.00
3	**Data Quality-Income at exit**	**2**	2.00
SUBTOTAL-HMIS AND COM		**6**	**6.00**

E COLABORATION AND PART			**FINAL**
1	**Coordinated Entry**	**3**	2.20
2	**CoC Participation**	**2**	2.00
3	**Point In Time Count**	**2**	2.00
SUBTOTAL-COLLABORATIO		**7**	**6.20**

F VOLUNTARY REALLOCATIO	**Maximum Points**	87.60
1 Reallocation	**5**	**0**
SUBTOTAL - VOLUNTARY RI	**5**	**0**

TOTAl	105	87.6

Outlook

Notice of GRCoC FY24 HUD CoC Local Ranking; Saint Joseph's Villa

From Frances Marie Pugh <fmpugh@homewardva.org>
Date Fri 9/20/2024 5:48 PM
To Chlan, Kathryn <kchlan@sjvmail.net>
Cc Elaine de Coligny <elainedecoligny@gmail.com>; Schoelles, Katelyn <kschoelles@sjvmail.net>

3 attachments (307 KB)
SJV_CoC Ranking Memo.pdf; Final Priority List_920.pdf; SJV_RRH_Scorecard.pdf;

Thank you for your submission to the GRCoC Local Competition for the FY 24 HUD CoC Program Notice of Funding Opportunity.

Attached to this email you will find a cover memo detailing your project(s) score, rank, and tier, as well as your detailed scorecard and the community priority list. If applicable, this memo also includes the GRCoC Appeals Process.

Thank you for your commitment in our shared work to end homelessness.

Best,
Frances Marie

Frances Marie Pugh
Director of Coordinated Funding
Homeward

Memorandum

Date: 9/20/24

To: Saint Joseph's Villa

From: Frances Marie Pugh, Director of Coordinated Funding, Homeward, Greater Richmond Continuum of Care, Collaborative Applicant

CC: Kathleen Kramer, GRCoC Ranking & Review Committee Chair

Dear Katie Chlan

Thank you for your submission(s) to HUD's 2024 CoC Local Competition. The Ranking Committee has completed its project review and evaluation. All local submissions were eligible and will be included in this year's Consolidated Application. All projects also have a preliminary ranking, known as the Project Priority List, which is included with this memo.

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Your Project (s) is/are ranked as follows:

Project: Saint Joseph's Villa Rapid Re-Housing	Score: 76.8	Rank: 10	Tier: 2

The detail of your score and full priority list are attached.

The Ranking Committee considered the following to finalize its recommendation. All projects were scored independently by reviewers and submitted to the Collaborative Applicant. The scores were averaged and combined with the prescored objective factors to arrive at an initial score. Reviewers met and discussed the basis for their individual scores and made adjustments as warranted. Projects were then ranked by score, creating an initial prioritization. Per the Local Competition Policies (pg. 11), the Ranking Committee then finalized its recommendations prioritizing the following:

- Protecting existing housing capacity before adding new capacity

- Position projects in Tier 2 to provide greatest likelihood of funding for the most projects

Applying these priorities resulted in moving one new project out of Tier 1 into Tier 2. Domestic Violence bonus projects were ranked at the bottom of Tier 2 because HUD scores these projects separately from CoC Bonus projects. This order gives all four new projects the greatest possibility of funding.

Projects that are ranked in part or fully in Tier 2 are eligible to submit an appeal if they can "Prove their score is not reflective of the application information provided; or Describe bias or unfairness in the process, which warrants the appeal" (Competition Policies pg. 14). Projects wishing to appeal must do so in writing electronically, by 9/24/24, 5:00pm, in accordance with procedures outlined in the Competition Policies.

Once the collaborative application has been submitted at the end of October, we will host a debrief of this competition's local competition. The collaborative applicant will also be available for 1:1 review of application, should applicants desire.

Thank you for all you do to resolve homelessness in our Continuum of Care.

Reminder: E-SNAPs applications are due 10/7 to be included in the collaborative application.

New Project

Applicant Name	SJV RRH
Project Name	Saint Joseph's Villa Rapid Re-Housing
Project Type	RRH

A	Applicant Capacity		Maximum Points	Final Score
	1	Experience Serving Target Population	4	3.40
	2	Experience operating a comparable program	4	3.60
	3	coordinated system of care	4	3.40
	4	Experience managing federal or other complex funding	4	3.60
	5	Financial management capacity	4	3.60
	SUBTOTAL - GRANT AND FINANCIAL MANAGEMENT		20	17.60
B	**HUD AND LOCAL POLICY PRIORITIES**		**Maximum Points**	**Final Score**
	1	Housing First Narrative	7	5.80
	1b	Housing First Checklist	2	2.00
	2	Racial Equity	9	6.00
	3	Engaging People with Lived Experience	9	6.00
	4	Cultural Responsiveness to LGBTQ participants	5	2.60
	SUBTOTAL - HUD AND LOCAL PRIORITIES		**32**	**22.40**
C	**OBJECTIVES AND OUTCOMES**		**Maximum Points**	**Final Score**
	1	Obtains or Maintains Permanent Housing	10	5.00
1b		Performance report	5	5.00
	2	Assisted to jobs and income	5	3.00
2b		Performance report	2	2.00
	3	Connection to mainstream benefits	5	3.80
3b		Performance report	2	n/a
	SUBTOTAL - OBJECTIVES AND OUTCOMES		**20**	**18.80**
D	**Collaboration and participation**			**FINAL**
	1	CoC participation	2	2.00
	2	point in time count involvement	2	2.00
	SUBTOTAL-COLLABORATION AND PARTICIPATION		**4**	**4.00**
E	**Budget and leverage**		Maximum points	**FINAL**
	1	Project budget	8	6.00
	2	Non-CoC housing leverage	8	0.00
	3	Healthcare leverage	8	8.00
	SUBTOTAL-BUDEGET AND LEVERAGE		**24**	**14.00**
TOTAL APPLICATION SCORE			100	76.80

Outlook

Notice of GRCoC FY24 HUD CoC Local Ranking; SupportWorks Housing (Virginia Supportive Housing)

From Frances Marie Pugh <fmpugh@homewardva.org>
Date Fri 9/20/2024 5:49 PM
To Felecia Motteler <fmotteler@virginiasupportivehousing.org>
Cc Elaine de Coligny <elainedecoligny@gmail.com>; Maddi Zingraff <mzingraff@virginiasupportivehousing.org>

4 attachments (370 KB)
VSH_CoC Ranking Memo.pdf; Final Priority List_920.pdf; VSH_PSH_Scorecard.pdf; VSH_PSH_EXP_Scorecard.pdf;

Thank you for your submission to the GRCoC Local Competition for the FY 24 HUD CoC Program Notice of Funding Opportunity.

Attached to this email you will find a cover memo detailing your project(s) score, rank, and tier, as well as your detailed scorecard and the community priority list. If applicable, this memo also includes the GRCoC Appeals Process.

Thank you for your commitment in our shared work to end homelessness.

Best,
Frances Marie

Frances Marie Pugh
Director of Coordinated Funding
Homeward

Memorandum

Date: 9/20/24

To: SupportWorks Housing (Virginia Supportive Housing)

From: Frances Marie Pugh, Director of Coordinated Funding, Homeward, Greater Richmond Continuum of Care, Collaborative Applicant

CC: Kathleen Kramer, GRCoC Ranking & Review Committee Chair

Dear Felecia Motteler

Thank you for your submission(s) to HUD's 2024 CoC Local Competition. The Ranking Committee has completed its project review and evaluation. All local submissions were eligible and will be included in this year's Consolidated Application. All projects also have a preliminary ranking, known as the Project Priority List, which is included with this memo.

The list indicates which projects are ranked in Tier 1 and Tier 2. Projects ranked in Tier 1 are assured funding, and projects ranked in Tier 2 must compete for funding nationally. The dollar amount for each Tier is predetermined by HUD and cannot be exceeded by the CoC. Greater Richmond CoC's Tier 1 = $4,741,603, which is 90% of the amount needed to fund all renewal projects (the Annual Renewal Demand). Our Tier 2 = $526,845 HUD requires that some amount of the Annual Renewal Demand is ranked in Tier 1.

Your Project (s) is/are ranked as follows:

Project: HomeLink	Score: 81.6	Rank: 9	Tier: 1&2
Project: HomeLink Expansion	Score: 71.15	Rank: 11	Tier: 2

The detail of your score and full priority list are attached.

The Ranking Committee considered the following to finalize its recommendation. All projects were scored independently by reviewers and submitted to the Collaborative Applicant. The scores were averaged and combined with the prescored objective factors to arrive at an initial score. Reviewers met and discussed the basis for their individual scores and made adjustments as warranted. Projects were then ranked by score, creating an initial prioritization. Per the Local Competition Policies (pg. 11), the Ranking Committee then finalized its recommendations prioritizing the following:

- Protecting existing housing capacity before adding new capacity

- Position projects in Tier 2 to provide greatest likelihood of funding for the most projects

Applying these priorities resulted in moving one new project out of Tier 1 into Tier 2. Domestic Violence bonus projects were ranked at the bottom of Tier 2 because HUD scores these projects separately from CoC Bonus projects. This order gives all four new projects the greatest possibility of funding.

Projects that are ranked in part or fully in Tier 2 are eligible to submit an appeal if they can "Prove their score is not reflective of the application information provided; or Describe bias or unfairness in the process, which warrants the appeal" (Competition Policies pg. 14). Projects wishing to appeal must do so in writing electronically, by 9/24/24, 5:00pm, in accordance with procedures outlined in the Competition Policies.

Once the collaborative application has been submitted at the end of October, we will host a debrief of this competition's local competition. The collaborative applicant will also be available for 1:1 review of application, should applicants desire.

Thank you for all you do to resolve homelessness in our Continuum of Care.

Reminder: E-SNAPs applications are due 10/7 to be included in the collaborative application.

New Project

Applicant Name	Virginia Supportive Housing
Project Name	Homelink Expansion
Project Type	PSH

			Maximum Points	Final Score
A	**Applicant Capacity**			
	1	**Experience Serving Target Population**	**4**	4.00
	2	**Experience operating a comparable program**	**4**	3.60
	3	**experience providing service \ housing as part of a c**	**4**	3.40
	4	**Experience managing federal or other complex fund**	**4**	3.80
	5	**Financial management capacity**	**4**	3.80
	SUBTOTAL - GRANT AND FINANCIAL M		**20**	18.60
B	**HUD AND LOCAL POLICY PRIORITIES**		**Maximum Points**	**Final Score**
	1	**Housing First Narrative**	**7**	6.20
	1b	**Housing First Checklist**	**2**	2.00
	2	**Racial Equity**	**9**	4.20
	3	**Engaging People with Lived Experience**	**9**	7.60
	4	**Cultural Responsiveness to LGBTQ participants**	**5**	3.80
	SUBTOTAL - HUD AND LOCAL PRIORITIES		**32**	**23.80**
C	**OBJECTIVES AND OUTCOMES**		**Maximum Points**	**Final Score**
	1	**Obtains or Maintains Permanent Housing**	**10**	3.50
1b		**Performance report**	**5**	5.00
	2	**Assisted to jobs and income**	**5**	3.00
2b		**Performance report**	**2**	2.00
	3	**Connection to mainstream benefits**	**5**	3.00
3b		**Performance report**	**2**	2.00
	SUBTOTAL - OBJECTIVES AND OUTCOMES		**20**	**18.50**
D	**Collaboration and participation**			**FINAL**
	1	**CoC participation**	**2**	2.00
	2	**point in time count involvement**	**2**	2.00
	SUBTOTAL-COLLABORATION AND PARTICIPATION		**4**	**4.00**
E	**Budget and leverage**		Maximum points	**FINAL**
	1	**Project budget**	**8**	6.25
	2	**Non-CoC housing leverage**	**8**	0.00
	3	**Healthcare leverage**	**8**	0.00
	SUBTOTAL-BUDEGET AND LEVERAGE		**24**	**6.25**
TOTAL APPLICATION SCORE			100	71.15

Renewal Project

Applicant Name	VSH
Project Name	Home Link
Project Type	PSH

A	Grant and Financial Management	Maximum Points	Final Score
1	Financial Statements	4	4.00
2	Monitoring Reports	4	4.00
3	Expenditures of Grant Funds	4	4.00
4	Regular eLOOCCs draws	4	4.00
5	Timely APR Submission	4	4.00
SUBTOTAL - GRANT AND FINANCIA		20	20.00

B	HUD AND LOCAL POLICY PRIORITIE	Maximum Points	Final Score
1	Housing First Narrative	7	4.80
1b	Housing First Checklist	2	2.00
2	Racial Equity	9	5.40
3	Engaging People with Lived Experience	9	7.00
4	participants	5	3.60
SUBTOTAL - HUD AND LOCAL PRIOI		32	22.80

C	OBJECTIVES AND OUTCOMES	Maximum Points	Final Score
1	Obtains or Maintains Permanent Housir	10	10.00
2	Exits from Project Back to Homelessnes	8	8.00
3	Maintains or Increases Income	8	8.00
4	Connection to Mainstream Benefits	3	3.00
5	Get participants Health Insurance	3	3.00
6	Occupancy/Utilization	3	0.00
SUBTOTAL - OBJECTIVES AND OUTC		35	32.00

D	HMIS and COMPARABLE DATABASI		FINAL
1	Data Quality-Destination	2	0.00
2	Data Quality-Income at entry	2	0.00
3	Data Quality-Income at exit	2	0.00
SUBTOTAL-HMIS AND COMPARABL		6	0.00

E	COLABORATION AND PARTICIPATIC		FINAL
1	Coordinated Entry	3	2.80
2	CoC Participation	2	2.00
3	Point In Time Count	2	2.00
SUBTOTAL-COLLABORATION AND F		7	6.80

F	VOLUNTARY REALLOCATION	Maximum Points	81.6
1	Reallocation	5	0
SUBTOTAL - VOLUNTARY REALLOCA		5	0

TOTAL APPLICATIC	105	81.6

Outlook

Notice of GRCoC FY24 HUD CoC Local Ranking; YWCA

From Frances Marie Pugh <fmpugh@homewardva.org>
Date Fri 9/20/2024 5:46 PM
To Rupa Murthy <rmurthy@ywcarichmond.org>
Cc Elaine de Coligny <elainedecoligny@gmail.com>; Chandana Malakar <cmalakar@ywcarichmond.org>

3 attachments (311 KB)
Final Priority List_920.pdf; YWCA_CoC Ranking Memo.pdf; YWCA_RRHDV_Scorecard.pdf;

Thank you for your submission to the GRCoC Local Competition for the FY 24 HUD CoC Program Notice of Funding Opportunity.

Attached to this email you will find a cover memo detailing your project(s) score, rank, and tier, as well as your detailed scorecard and the community priority list. If applicable, this memo also includes the GRCoC Appeals Process.

Thank you for your commitment in our shared work to end homelessness.

Best,
Frances Marie

Frances Marie Pugh
Director of Coordinated Funding
Homeward

Memorandum

Date: 9/20/24

To: YWCA

From: Frances Marie Pugh, Director of Coordinated Funding, Homeward, Greater Richmond Continuum of Care, Collaborative Applicant

CC: Kathleen Kramer, GRCoC Ranking & Review Committee Chair

Dear Rupa Murthy

Thank you for your submission(s) to HUD's 2024 CoC Local Competition. The Ranking Committee has completed its project review and evaluation. All local submissions were eligible and will be included in this year's Consolidated Application. All projects also have a preliminary ranking, known as the Project Priority List, which is included with this memo.

The list indicates which projects are ranked in Tier 1 and Tier 2. Projects ranked in Tier 1 are assured funding, and projects ranked in Tier 2 must compete for funding nationally. The dollar amount for each Tier is predetermined by HUD and cannot be exceeded by the CoC. Greater Richmond CoC's Tier 1 = $4,741,603, which is 90% of the amount needed to fund all renewal projects (the Annual Renewal Demand). Our Tier 2 = $526,845 HUD requires that some amount of the Annual Renewal Demand is ranked in Tier 1.

Your Project (s) is/are ranked as follows:

Project: YWCA Richmond DV Emergency Transfer Plan	Score: N/A	Rank: 7	Tier: 1
Project: YWCA Richmond Rapid Re-Housing Services	Score: 79.2	Rank: 13	Tier: 2

The detail of your score and full priority list are attached.

The Ranking Committee considered the following to finalize its recommendation. All projects were scored independently by reviewers and submitted to the Collaborative Applicant. The scores were averaged and combined with the prescored objective factors to arrive at an initial score. Reviewers met and discussed the basis for their individual scores and made adjustments as warranted. Projects were then ranked by score, creating an initial prioritization. Per the Local Competition Policies (pg. 11), the Ranking Committee then finalized its recommendations prioritizing the following:

- Protecting existing housing capacity before adding new capacity
- Position projects in Tier 2 to provide greatest likelihood of funding for the most projects

Applying these priorities resulted in moving one new project out of Tier 1 into Tier 2. Domestic Violence bonus projects were ranked at the bottom of Tier 2 because HUD scores these projects separately from CoC Bonus projects. This order gives all four new projects the greatest possibility of funding.

Projects that are ranked in part or fully in Tier 2 are eligible to submit an appeal if they can "Prove their score is not reflective of the application information provided; or Describe bias or unfairness in the process, which warrants the appeal" (Competition Policies pg. 14). Projects wishing to appeal must do so in writing electronically, by 9/24/24, 5:00pm, in accordance with procedures outlined in the Competition Policies.

Once the collaborative application has been submitted at the end of October, we will host a debrief of this competition's local competition. The collaborative applicant will also be available for 1:1 review of application, should applicants desire.

Thank you for all you do to resolve homelessness in our Continuum of Care.

Reminder: E-SNAPs applications are due 10/7 to be included in the collaborative application.

New Project

Applicant Name	YWCA RRH
Project Name	YWCA Richmond Rapid Re-housing Services; DV Bonus RRH
Project Type	RRH-DV

A	Applicant Capacity	Maximum Points	Final Score
1	Experience Serving Target Population	4	4.00
2	Experience operating a comparable program	4	3.20
3	experience providing service \ housing as part of a coordinated system of c	4	3.40
4	Experience managing federal or other complex funding	4	3.60
5	Financial management capacity	4	3.60
SUBTOTAL - GRANT AND FINANCIAL		**20**	17.80
B	**HUD AND LOCAL POLICY PRIORITIES**	**Maximum Points**	**Final Score**
1	Housing First Narrative	7	5.80
1b	Housing First Checklist	2	2.00
2	Racial Equity	9	7.00
3	Engaging People with Lived Experience	9	5.33
4	Cultural Responsiveness to LGBTQ participants	5	4.00
SUBTOTAL - HUD AND LOCAL PRIORITIES		**32**	**25.20**
C	**OBJECTIVES AND OUTCOMES**	**Maximum Points**	**Final Score**
1	Obtains or Maintains Permanent Housing	10	4.00
1b	Performance report	5	3.00
2	Assisted to jobs and income	5	3.40
2b	Performance report	2	n/a
3	Connection to mainstream benefits	5	2.80
3b	Performance report	2	1.00
SUBTOTAL - OBJECTIVES AND OUTCOMES		**20**	**14.20**
D	**Collaboration and participation**		**FINAL**
1	CoC participation	2	2.00
2	point in time count involvement	2	2.00
SUBTOTAL-COLLABORATION AND PARTICIPATION		**4**	**4.00**
E	**Budget and leverage**	Maximum points	**FINAL**
1	Project budget	8	6.00
2	Non-CoC housing leverage	8	8.00
3	Healthcare leverage	8	4.00
SUBTOTAL-BUDEGET AND LEVERAGE		**24**	**18.00**
TOTAL APPLICATION SCORE		100	79.20

NOTES ON TOTAL FUNDING PACKAGE	$$ Available	Eligible Apps
Annual Renewal Demand	**$ 6,282,990**	**$6,282,990**
ARD in tier 1	$ 4,741,603	$4,741,603
ARD in tier 2	$ 526,845	$526,845
Bonus Funding available	**$ 2,244,744**	**$1,572,844**
PH bonus	$ 997,664	$997,664
DV bonus	$ 1,247,080	$575,180
Total Available through local competition	**$ 8,527,734**	**$7,855,834**
Planning Grant	$ 415,693	$415,693
Non-Competitive YHDP Renewals	$ 1,014,542	$1,014,542
Total Consolidated App	**$ 8,943,427**	**$8,271,527**

Rank	Applicant	Project	Project Type	New or Renewal	Grant Amount	Score	CUMULATIVE AMOUNT
1	Homeward	CoC HMIS*	HMIS	Renewal	$50,000	100.00	$50,000
1	Homeward	CoC CES*	SSO-CE	Renewal	$149,750	100.00	$199,750
3	Home Again (Emergency Shelter DBA)	Home Again RRH	RRH	Renewal	$351,903	90.60	$551,653
4	Housing Families First	Bringing Neighbors Home	RRH	Renewal	$281,403	89.00	$833,056
5	RBHA	RBHA Home Connect 1 Renewal 2024	PSH	Renewal	$301,540	87.60	$1,134,596
6	Home Again	Home Again PSH	PSH	Renewal	$421,920	85.60	$1,556,516
7	YWCA	YWCA Richmond DV Emergency Transfer Plan**	SSO	Renewal	$250,000	82.10	$1,806,516
7	DPHS	Coordinated Entry Outreach Access Point**	SSO-SO	Renewal	$60,480	82.00	$1,866,996
9	VSH	Home Link	PSH	Renewal	$2,874,607	81.60	$4,741,603
9	VSH	Home Link	PSH	Renewal	$526,845	81.60	$5,268,448
11	SJV RRH	Saint Joseph's Villa Rapid Re-Housing	RRH	New	$300,000	76.80	$5,568,448
12	Virginia Supportive Housing	Homelink Expansion	PSH	New	$697,664	71.15	$6,266,112
13	Hanover Safe Place	Hanover DV-Collaborative; DV Bonus RRH	RRH-DV	New	$351,032	85.80	$6,617,144
14	YWCA RRH	YWCA Richmond Rapid Re-housing Services; DV Bonus RRH	RRH-DV	New	$224,148	79.20	$6,841,292
	TOTAL Request Tier 1 =			**$ 4,741,603**			
	TOTAL Request Tier 2 =			**$ 2,099,689**			

Planning and YHDP Projects (non-competitive awards and renewals, not ranked)

	Applicant	Project	Project Type	New or Renewal	Grant Amount		CUMULATIVE AMOUNT
	Homeward	YHDP HMIS	HMIS	Renewal	$80,300		$6,921,592
	Homeward	YHDP CES	SSO-CE	Renewal	$100,100		$7,021,692
	HomeAgain & VHBG	HomeAgain-VHBG Partnership	TH/RRH	Renewal	$590,972	Total YHDP	$7,612,664
	DPHS	YHDP Increasing Access for Youth & Young Adults	SSO	Renewal	$89,100	Renewal	$7,701,764
	Commonwealth Catholic Charities	YHDP Youth Hub	SSO	Renewal	$154,070		$7,855,834
	Homeward	Planning	Planning	New Planning	$415,693		$8,271,527

Total Request Unranked =

*Per Competition Policies & Procedures. Pg. 11

**Per Competition Policies & Procedures. Pg. 11

GRCoC Priority List; FY24

Approved 9/20/24; Ranking Committee Approved 10/15/24; GRCoC Board

Hanover Safe Place
Promoting Freedom from Sexual and Domestic Violence

Hanover Safe Place Resource Center
629A North Washington Hwy
Ashland, Virginia 23005
telephone: 804-752-2728
hotline: 804-612-6126
fax: 804-752-2738

9/9/2024

I am pleased to inform you that Hanover Safe Place will be providing 25% grant (75,200) to the requested HUD funds as housing leverage to support this project. The housing leverage will come from a 3-year secured federal Department of Justice grant (October 2023- September 2026) for rapid rehousing services to support survivors of domestic violence and human trafficking. This funding covers move-in costs, deposits, and the rental and/or utility assistance. Funding allows us to maximize the support dollars in our community to serve an additional 10 households (7 households with children / 3 households without children).

We are committed to ensuring the success of this initiative and are confident this funding will help provide critical housing support to those in need throughout the GRCoC.

Sincerely,

Sheree Hedrick
Executive Director
Hanover Safe Place

MEMORANDUM OF UNDERSTANDING

FOR

CARE COORDINATION FOR RAPID RE-HOUSING CLIENTS

This Memorandum of Understanding (MOU) is between the United Health Care (UHC) and St. Joseph's Villa (SJV).

The purpose of this MOU is to describe the process by which these parties will share information about clients in order to connect SJV's RIC Rapid Re-housing (RRH) Department of Housing and Urban Development (HUD) Project (the Project) clients with medical and behavioral health services intended to help them remain stably housed. The parties identified below play a key role in this agreement.

UHC is a Managed Care Organization (MCO) that seeks to offer services to UHC members who are housed through the Project. These services, which are voluntary to clients, may include medical and behavioral health services, including substance use disorder treatment and recovery services valued at a minimum of $75,000. These in-kind resources are valued at the local rates consistent with the amount paid for services not supported by grant funds. These services will be provided on an ongoing basis beginning at the proposed RRH project start date of July 1, 2025, and will last throughout the duration of the Project.

SJV is an established RRH provider and recipient of HUD CoC and Emergency Grant Solutions funding. For clients of the Project who receive Medicaid, SJV is responsible for completing all applicable Releases of Information (ROI) in order to protect client confidentiality.

If through the ROI process it is determined that the client's MCO is UHC, UHC and SJV develop a care coordination plan through case conferencing.

Eligibility for the Project is based on CoC Program fair housing requirements and current coordinated entry processes and will not be restricted by any partnering agency.

Notice

Any notice required or permitted to be given under the MOU shall be in writing and shall be deemed to have been sufficiently given if provided by email to the person designated by each party to receive notice by email. The parties may change the individual identified to receive notice or any of the contact information by giving the other parties notice of such change in accordance with this provision. The parties agree that, should the designated person cease to be the appropriate representative, such party shall appoint a new contact and notify the other party within five business days of change.

Term and Termination

This agreement shall become effective when all parties have signed it. The date of this agreement will be the date this agreement is signed by the last party to sign it (as indicated by the date associated with that party's signature). This MOU shall continue in effect unless modified in writing or terminated.

Amendments

The parties shall amend this MOU only by written instrument dated and signed by duly authorized representatives of all parties.

Governing Law

This MOU is governed by the laws of the Commonwealth of Virginia and of the United States.

Each party is signing this agreement on the date stated beneath that party's signature.

UHC Representative Signature and Date

9/9/2024

Tameeka Smith C.E.O UHC VA Community & State

St. Joseph’s Villa Representative Signature and Date

9/9/2024

Appendix

Authorization for Release of Health Information
Please keep a copy of this form for your records.
Member's personal information
Full Name_____
Member/Subscriber ID _____ Date of Birth_____
Address_____
City_____ State _____ ZIP Code _____

Who May Receive and Disclose My Information:
I authorize United HealthCare Services Inc., and its affiliates to receive from and/or disclose to any Continuum of Care (COC) organization and any medical provider or other organization participating in the COC, my or my dependent's individually identifiable health information (Health Information).
I understand and agree that:

- This authorization is voluntary;
- The Health Information this authorization relates to may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information;
- Neither my dependent nor I may not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits if I do not sign this form;
- The Health Information this authorization relates to may be subject to re-disclosure by the recipient, and if the recipient is not a health plan or health care provider, the information may no longer be protected by the federal privacy regulations;
- This authorization will expire one year from the date I sign the authorization. I may revoke this authorization at any time by notifying UnitedHealthcare in writing; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

Type of Information to be Disclosed and Purpose of Disclosure:

☐I authorize disclosure and receipt of all my Health Information including information relating to medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information; **or**

☐I authorize only the disclosure of the following information:

_____
(Type of Information)

Purpose of Disclosure/Receipt:

☐My Health Information is being disclosed at my request or at the request of my personal representative; **or**

☐My Health Information is being disclosed for the following purpose:

_____
(Explain Purpose)

****

_____ _____
Signature of Member Date

_____ _____
Witness Signature *(For Illinois Residents Only)* Date

Please note: If you are a guardian or court appointed representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Guardian or Representative:

_____ _____
Name Phone Number

_____ _____ ___ _____
Street Address City State Zip Code

_____ _____
Signature of Guardian or Representative Date

(*For California and Georgia residents only*) I understand that I may see and copy the information described on this form if I ask for it, and that I may receive a copy of this form after I sign it.

PLEASE MAINTAIN A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN IT TO:

va_housingadvocate@uhc.com