

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: VA-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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	

In the chart below for the period from May 1, 2021 to April 30, 2022:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	No	Yes
19.	Organizations led by and serving people with disabilities	No	No	No
20.	Other homeless subpopulation advocates	Yes	No	No
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Nonexistent	No	No
24.	State Sexual Assault Coalition	Nonexistent	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	No	No
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	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-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

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

(limit 2,500 characters)

1)Homeward maintains a CoC email list of 368 agencies and individuals which is used to issue invitations to quarterly CoC meetings as well as provide monthly updates on CoC activities including funding opportunities. This newsletter has a permanent invitation for new members to join. Homeward makes regular presentations via a virtual platform to local and state human services agencies/leaders. Attendees are invited to join the CoC. When requested, Homeward staff will meet with individuals or agencies interested in homelessness to provide more information on CoC activities and membership. Homeward will actively solicit new members who are important community stakeholders.

2)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. Starting in 2020, all CoC meetings have been held through a virtual format with accompanying presentation slides. Links in documents are underlined for accessibility.

3)Throughout the year, Homeward coordinates task forces, workgroups, and community input/education sessions that are focused on homelessness and homeless services in our region. Many of these engagements are targeted to persons currently experiencing or with lived experience of homelessness; while some (e.g., Youth Action Board, CoC Strategic Plan Steering Committee, Severe Service Needs Plan Lived Experience Approval Committee) include a required number of persons currently experiencing or with lived experience of homelessness represented in the membership composition. Participants in these engagements with lived experience also accurately represent the racial/ethnic/sexual orientation/gender identity of the CoC's service population including persons of color, persons with disabilities, and those who identify as LGBTQ. The CoC Strategic Plan Steering Committee, which commenced in summer 2022, has chosen "advancing diversity, equity, and inclusion" as a leading value of the strategic plan. The Committee, which is 1/3 people with lived experience guides the plan development process and will endorse the drafted strategic plan.

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

(limit 2,500 characters)

1.-2. Homeward, the Collaborative Applicant, maintains a peer exchange homeless and human services list-serve with more than 750 members including healthcare providers, congregations, reentry programs, and supportive service organizations. This list-serve and the dedicated CoC email list are used to provide information and to advertise opportunities to provide input. Homeward hosts a dedicated CoC website, endhomelessnessrva.org and makes presentations in all eight CoC localities to groups such as human services providers, law enforcement, hospital staff, affordable housing developers, the faith community, and social services departments. 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 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 or CoC leadership. Recent examples include focus groups with area shelter residents, focus groups with homeless service providers and community stakeholders (including those with lived experience) as part of the CoC's funding allocation plan, the strategic plan development, and the development of a Severe Service Needs Plan. Providers participated in an input session to review and revise project and system performance measures. 3. Information obtained through these focus groups, surveys, and meetings is provided to relevant CoC Committees and the Board to inform the development of strategies, formal plans, funding priorities, outcome measurements, policies, and programs. Input received from community partners may be assigned to a committee to explore, integrated into CoC policies and processes, or used to solicit funding. The CoC pilots new ideas and monitors the impact of these pilots through committees and the Collaborative Applicant.

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

(limit 2,500 characters)

1) Availability of FY22 HUD CoC funding was announced on 8/5/22 through a CoC newsletter and was posted on the CoC's website <https://endhomelessnessrva.org>. On 8/12/22 the CoC announced in the newsletter (350 subscribers) that project applications were open. The CoC announced on the website and CoC newsletter that applications were open to groups not previously funded. This was also documented in the publicly available new project application posted on the CoC website. Homeward staff hosted virtual information sessions for new and renewing applicants and offered individual support for new or potential applicants. 2) The Collaborative Applicant (CA) Executive Director hosted a webinar for community members in May 2022 which provided an overview of public funding for homelessness, the application process, and how to learn more. Through the CoC newsletter and through public presentations on homelessness conducted throughout the year, new applicants were invited to apply for funding and to contact the CoC Director for assistance. The email notifications also directed applicants to the CoC website where detailed funding information was available including the NOFO, threshold requirements, detailed instructions, new application forms, scoring forms, a timeline for the process, and a description of the ranking and review process. Through these announcements, the CoC included invitations to an "FY22 NOFO Overview" webinar, a "How to Apply" webinar, and 3 online open office hours Q&A sessions. 3) In the adopted Ranking and Review Process, project applications must be aligned with funder eligibility and meet established threshold requirements to be considered for inclusion in the consolidated application. The CA advertised and conducted FY22 CoC Program information session webinars. All webinars included an overview of the Ranking process and the CoC's threshold requirements. The CA reviews all applications for compliance with threshold requirements. Applications that do not meet the requirements are rejected with written notice to the applicant providing the basis for rejection. The Ranking Committee reviewed eligible applications and determined to submit all applications to HUD. 4) The CoC follows WCAG 2.0 requirements on our website including making text more readable and understandable. Links in documents are underlined for accessibility. Homeward uses virtual platforms to improve accessibility and often posts recordings of webinars as an alternative.

1C. Coordination and Engagement

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

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

In the chart below:

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

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

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

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

(limit 2,500 characters)

1. The CoC coordinates the allocation of Richmond, Henrico County, and Virginia ESG and ESG-CV funding for programs in the CoC region through board-endorsed funding and action priorities, allocation strategies, and other planning documents. The CoC Ranking Committee reviewed preliminary funding and recommendations provided by Richmond in May 2022 and Henrico County in March 2022. ESG Recipient staff participate on the Ranking Committee to ensure consultation and alignment. The CA provides data to all ESG Recipients regularly and on request and hosted a webinar and one-on-one meetings for ESG Recipients to review this data in detail. 2. The CoC Ranking Committee reviews and evaluates grantee performance based on the 2022 adopted performance measures at their regular meetings as well as during the grant ranking process. HMIS data is used to develop the performance metrics for evaluation. ESG recipient staff sit on the CoC Board and Ranking Committees which meet on a regular basis, ensuring that local homelessness performance and related information is communicated to ESG Recipients & subrecipients. Virginia Homeless Solutions Program funding includes non-entitlement ESG funding. Allocations for this funding are recommended by the Ranking Committee following the same process. CoC members participate in state consultation sessions for this funding. Homeward HMIS staff provide quarterly reporting and analysis to ESG Recipients and respond to data and reporting requests. 3-4. Point-in-time and Housing Inventory Count data are emailed directly to local government staff who are responsible for Consolidated Plan updates. Homeward offers webinars on the data and makes this data available on the Homeward website for independent research. Homeward provides PIT data and narrative content for updates to the Consolidated Plans in Richmond, Henrico, and Chesterfield. Homeward works with local government staff on these updates, providing data and narrative on efforts to address homelessness, and attends public meetings hosted by these localities. The Annual Gaps Analysis, published in 7/22, provides additional analysis for Consolidated Plan Jurisdictions and is posted publicly on Homeward's website. Homeward also offered webinars on the Gaps Analysis which includes PIT and HIC data.

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

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

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

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

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

1.	Youth Education Provider	No
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 VII.B.1.d.	

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

(limit 2,500 characters)

Richmond Public Schools (RPS) participates in the service coordination of the GRCoC 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 (SI) 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 is on joint committees including the City of Richmond Homeless Advisory Council and Human Services Cabinet.

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

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

(limit 2,500 characters)

The GRCoC's written program standards include a requirement that prevention, emergency shelter, and rapid re-housing providers make connections to mainstream resources for program participants. The GRCoC coordinated entry policies and procedures repeats these requirements for all program types and lists connections to mainstream resources as a process goal of the Coordinated Entry System. Further, connections to relevant mainstream resources is a part of the assessment process required in the GRCoC policies and procedures approved by the board most recently in May 2019. Each school year, designated staff from all shelter and rapid rehousing providers serving families receive training on the referral process for McKinney-Vento protections from City of Richmond, Henrico County, and Chesterfield County - the three largest LEAs. Staff determine the age of children and the schools that school-aged children attend during intake. These intake processes provide the direct services staff with the information needed to refer families to the appropriate school division for McKinney-Vento protections. Staff then follow the school system guidelines to connect students with McKinney-Vento protections and help to coordinate transportation for students in CoC programs. Staff also agree to notify the school division of changes in the addresses of students enrolled in our programs throughout the school year.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
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 Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

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

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

(limit 2,500 characters)

1. The CoC's System Policy and Process (SPP) Committee uses provider input and expertise to review and update Coordinated Entry policies and processes and program standards as required by HUD and DHCD and based on needs within GRCoC. A member of Empowernet, a regional collaborative of organizations providing housing and services to survivors of domestic violence, dating violence, sexual assault, stalking, and human trafficking (SDV) 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. There is also an Empowernet representative on the CoC board of directors. A member of the Action Alliance, the statewide SDV advocacy organization serves on the HMIS Policy Committee which oversees the HMIS implementation and other data collection issues. The YWCA and Hanover Safe Place, SDV agencies, participate in the Quality Improvement Leadership Committee which reviews program delivery and makes recommendations to SPP and to the Board. SDV providers which receive ESG funding (YWCA and Hanover Safe Place) participate in the review of written program standards. 2. SDV providers 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 including the Shared Housing trainings offered in 3/22 and the 6/22 Housing-focused case management. The CA offers sessions on trauma-informed care at their annual Best Practices Conference, attended by more than 150 GRCoC members.

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

(limit 2,500 characters)

1)At least annually, the YWCA provides cross training for 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 Coordinated Entry System. Customized in-depth training on best practices, safety planning, crisis intervention and trauma-informed care is provided by all 6 SDV 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, SDV 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 SDV network. This minimizes the number of calls the survivor needs to make and reduces the likelihood of re-traumatization. In 2021, SDV services and best practices were covered during monthly virtual Community Partner Updates.

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

(limit 2,500 characters)

1 The GRCoC reviews a number of de-aggregated data sources to understand the needs of survivors. Coordinated entry providers including coordinated outreach and the HCL solicit information on domestic and sexual violence and stalking as part of client-centered engagement diversion and triage conversations. This data is entered into HMIS with the permission of the individual engaged in the conversation. Our largest source of de-aggregated data on survivors is VADData, the statewide comparable database led by the Action Alliance, the statewide SDV organization. HUD data elements are incorporated in the basic VADData assessment forms and have corresponding housing reports that pull in order to comply with reporting requirements and to inform CoC policies and programs. A member of Action Alliance participates in the HMIS Policy committee which oversees data standards and reporting requirements for federal funding including ESG and CoC. This committee also provides guidance and resources on training on data quality for all data sources used in the CoC including HMIS and VADData.

2 This comparable database is used to collect aggregate data on survivors, their circumstances, types of services needs and requests, resources provided, and outcomes achieved. All Empowernet hotline callers complete an electronic crisis assessment with staff to develop a safety plan, identify immediate needs, and determine the survivor's interest in receiving follow-up services (shelter, housing, and supportive services), all of which is documented by the SDV providers. When a survivor seeks assistance from the Homeless Connection Line or a coordinated outreach provider, this information is recorded in HMIS with their permission. When an individual indicates a potentially lethal situation or is actively fleeing sexual or domestic violence, these CES staff make an immediate referral to the Empowernet regional hotline. GRCoC committees including the Quality Improvement Leadership (QIL) Committee which includes 2 SDV providers use de-aggregated data on household composition, race and ethnicity, age, and disability status to understand the need for services in the CoC. This review informs project performance measures and funding priorities and is used to develop CoC trainings and policies. QIL uses this specialized information to make recommendations to the Board and other committees. An example is the allocation of Emergency Vouchers to SDV agencies and other prioritization policies.

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

(limit 2,500 characters)

The GRCoC 's Coordinated Entry System Policies and Procedures require all providers to ensure the safety of program participants and this is also included in written program standards. The GRCoC has emergency transfer processes among shelter and housing providers with coordination support from the regional Empowernet SDV collaborative. The GRCoC board will consider a written formal emergency transfer plan for the CoC as a whole later in 2022. GRCoC agencies have agency-level emergency transfer plans which are communicated by case managers as part of the housing planning process. These plans allow tenants in housing programs and shelter residents who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation but may be dependent on available resources and units. These requests are kept confidential. All GRCoC agencies agree to immediately notify the Empowernet hotline if a client indicates they are in imminent danger or actively fleeing (or attempting to flee) SDV. The 6 SDV agencies that make up the Empowernet network coordinate emergency transfers and supportive services requests with CoC shelter and housing providers. EmpowerNet can safely shelter a survivor with any one of our 6 SDV partners in the Greater Richmond Region and are equipped to facilitate relocation out of state if needed to ensure safety.

nbsp;

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

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

(limit 2,500 characters)

The GRCoC 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 separate and confidential coordinated entry process where personally identifiable information is not disclosed. With the addition of new 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-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry includes:

1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1. In order to provide for safety and client choice, the GRCoC has multiple Access Points for the CES. The CoC's designated Access Point for survivors, EmpowerNet Hotline, provides access to crisis counseling and support, safety planning, and emergency housing. The Homeless Connection Line and Coordinated Outreach Access Points and other CES partners incorporate safety planning and informal, client-centered safety assessments in triage and referral conversations. Safety planning is a routine and required part of the GRCoC assessment process as defined in the CES policy manual, and staff are trained to ask for safe methods of contacting the survivor and to ensure that the engagement with the Access Point does not compromise the household's safety. Couples are screened separately. Staff receive training on the needs of survivors and to avoid victim-blaming. If a survivor indicates a need for a lethality assessment, they are connected to trained professionals at the Empowernet hotline to receive this.

2. Staff at all CoC Access Points are fully trained on resources in each network so that survivors in need of housing or other supports have the choice of accessing services based on their preferences. Survivors interested in receiving ongoing services, including housing, are connected directly to community resources at a partner agency, without having to repeat the intake process. The CoC provides system-wide training on CES protocols including how to access crisis support, emergency housing, rapid rehousing, and supportive services through EmpowerNet. All CoC providers who participate in CES develop housing stabilization plans with program participants. These housing stabilization plans are trauma-informed and can be changed as needed by the survivor.

3. All people seeking assistance with an Access Point including survivors and those attempting to flee are informed that providing information is voluntary and will be kept confidential. All CoC providers including Coordinated Entry staff are trained to secure a verbal release of information which guarantees confidentiality. The GRCoC has privacy and security protocols to obtain program participants' consent for collection, use, storage, and sharing of their information, and to protect information that is stored or shared outside of HMIS. Training on confidentiality, privacy, and security is required. The HMIS Policy Committee ensures agencies are taking necessary precautions to protect client information.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
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)?	No

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

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

(limit 2,500 characters)

1, 2) The CoC regularly incorporates stakeholder feedback into its updating of all policies, including anti-discrimination policies. Training is provided on the CoC policy as part of the annual review and revision process. During the local FY22 CoC competition the CoC updated the local renewal project application forms to request each applicant to describe how their organization is addressing the needs of LGBTQ+ individuals (gender-affirming shelter, gender-affirming services, access to sexual healthcare, equal access to housing regardless of sexual orientation or gender identity) participating in this project. The CoC will use the information provided to facilitate anti-discrimination trainings and other technical assistance supports to service providers. Using information gathered through this process, the CoC will update anti-discrimination policies and program standards to best serve LGBTQ+ individuals and families. 3) 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 Policy and process; informal complaints or criticisms revealed during the committee meetings addressing policies, program performance, or ranking; and a review of data to determine if there is evidence of providers not adhering to the anti-discrimination policy. 4) Non-compliance could result in a reduction of points in a scoring process for funding, a referral to the funder for monitoring, or the mutual agreement to receive additional training for staff. The GRCoC Arbitration Policy defines how CoC partners come together to address issues that arise in the process of coordinating efforts, services, and resources. No agency seeking to address homelessness in the Greater Richmond community is under any obligation to change its program delivery. However, alignment with the policies, processes, and practices developed collaboratively by the GRCoC are taken into consideration if an agency chooses to access specific funding sources that are accountable to the GRCoC's community-determined priorities and policies including anti-discrimination. Issues related to possible or alleged violations of local, state, or federal ordinance or law and threats to personal safety are not covered by this policy and would be referred to the appropriate authority.

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

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

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
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 VII.B.1.g.	
	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1) Both PHAs in our area have limited homeless admission preferences. The Former Director of the HCV program (now, Senior VP of Affordable Housing) at the Richmond Redevelopment and Housing Authority (RRHA) serves on the CoC Board. She and her staff 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 for public housing. Homeward staff has worked with Virginia Housing staff on applications for additional vouchers that would include a homeless admission preference. Virginia Housing works with 5 agencies to administer the Housing Choice Voucher program. 3 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. The Collaborative Applicant is working with RRHA on their Administrative plan to adopt 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.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	
	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	

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

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

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 VII.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 VII.B.1.g.	

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

1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

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

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

Name of PHA: Richmond Redevelopment and Housing Authority

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

Name of PHA: Virginia Housing Development Authority

1D. Coordination and Engagement Cont'd

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	8
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	8
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

Describe in the field below:

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

(limit 2,500 characters)

1-2) Each year, the CoC establishes MoUs with all agencies that participate in Coordinated Entry. By signing this document, agencies agree to adhere to established program standards and CES Policies and Procedures, all of which require a Housing First approach and prohibit preconditions to service. For the FY22, the CoC updated its application to ask for additional relevant details about each applicant's Housing First policies, beyond just providing services without preconditions. The application reads: "Describe in detail how Housing First is incorporated in the program policies and procedures (e.g., program policy handbook, staff onboarding) of this project. In addition to services without preconditions (allow entry regardless of a program participant's income, current or past substance use, history of victimization, etc.), Housing First principles include helping program participants move quickly into permanent housing reducing the length of time people experience homelessness. Additionally, projects should engage landlords and property owners to identify housing units available for rapid rehousing and permanent supportive housing participants, remove barriers to entry, and adopt client-centered service methods" The Ranking Committee reviews the applications for evidence that these factors are included in the project application. 3) Homeward, the CoC's CES Coordinator, regularly reviews CES data in order to assess performance and identify areas of improvement. Weekly case conferencing led by CES staff surfaces issues with individuals receiving assistance in different programs. This allows for an informal assessment of rapid placement and stabilization practices and results. HMIS lead staff provide review data quality and project measurements quarterly. Data is compared among similar program types in order to determine if agencies are implementing a robust Housing First approach. HMIS Lead staff meet with each provider annually to review project performance data and to discuss deficiencies and opportunities for improvement. Providers receive a written summary of these meetings. Significant findings are referred to the relevant CoC committee or board. If the CoC is informed of a provider reportedly requiring preconditions to service or not prioritizing rapid placement, Homeward works with the System Policy and Process Committee to develop a response which may include a training, a policy statement or reporting to Ranking or funding agencies.

1D-3.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,500 characters)

.The Coordinated Outreach Team is led by a Daily Planet Health Services Outreach Manager and is staffed by different agencies funded through CoC, PATH, the VA, localities, the state, and private funding. The Outreach Team meets bi-weekly for scheduling and case conferencing and communicates daily to coordinate services. The team maintains a list of and visits known locations. Outreach services include meeting clients where they are located, completing HMIS intakes, ensuring physical needs are met, conducting safety planning and providing case management such as assisting with documentation, and referring to mainstream resources. Coordinated Outreach serves as an Access Point. In addition to screening and assessment, the outreach team works to locate clients who have been matched for shelter or housing placement and to assist clients in accessing the placement. Coordinated Outreach also responds to an online notification form posted on several regional websites including the CoC website to allow the public to request a welfare check for someone sleeping outdoors. 2. The Outreach Team conducts outreach in all 8 jurisdictions, covering 100% of the CoC's geography. 3. In communities with the largest homeless populations, Richmond and Chesterfield, and Henrico counties, outreach is conducted at least weekly, often daily. In the smaller jurisdictions, such as Powhatan and Hanover counties, outreach workers partner with local agencies and respond to requests for outreach assistance within 1-2 days. 4. Working with partners such as law enforcement and DSS departments, the Outreach Team seeks clients who may not reach out to services by visiting encampments, meal programs, libraries and other service providers. A language telephone line and bilingual staff are available throughout the region. Members of the outreach team proactively engage with community organizations serving underserved populations such as youth, LGBTQ+ individuals, and persons with disabilities including behavioral health. Once a client is identified, the outreach workers conduct ongoing, progressive engagement, meeting basic needs and building trust. Outreach workers share community service and housing resources with all eligible persons without regard to protected classes.

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

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

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

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

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	384	275

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

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

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

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1.-2. The CoC provides training and information through monthly newsletters on mainstream benefits and resources. Mainstream benefits and healthcare providers including SUD and mental health treatment participate in the Case Managers' List-serve (with 750 subscribers.) This forum allows for the peer exchange of information and resources with an emphasis on public benefits, mainstream resources, and substance abuse programs. Annually, Homeward invites mainstream resource providers to participate in the Best Practices Conference. In 2022, the conference included sessions on workforce development for people exiting homelessness and serving people experiencing homelessness in active addiction. Leadership from local departments of social services, community services board and a substance use recovery program are on the CoC Board. Mainstream providers serve as "Connection Points" as part of our CES and receive training and information to assist clients in accessing homeless services and mainstream benefits. Homeward publishes a Street Sheet listing mainstream resources including benefits and substance use programs. The CoC partners with the state Medicaid agency (DMAS), private insurers, and an FQHC to enroll clients in health insurance. As a result of a data matching project with DMAS, DMAS volunteers have gone to the shelters in the CoC to enroll clients. Case managers assist participants to access mainstream and federal benefits through the automated Virginia Common Help system and by assisting with transportation and making appointments. Representatives from the Social Services Administration and Virginia Disability Determination Services provide education at CoC virtual meetings to service providers on current processes and procedures. The CoC is currently working with MCOs to facilitate connections to MCO members who are participants in the CoC's CES.

3. The CoC has SOAR workers and a member of the Coordinated Outreach team is the designated CoC SOAR point of contact for the CoC. Information on SOAR certification is circulated at least annually. Certification information is provided upon request by the Collaborative Applicant. Information on SOAR is maintained on the CoC website.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	
<div style="border: 1px solid black; padding: 5px;"> Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering. </div>		

(limit 2,500 characters)

The GRCoC offered non-congregate shelter during the pandemic, funded with crisis response funding. This program model reduced the spread of infectious diseases and encouraged people experiencing unsheltered homelessness to seek emergency shelter. The Collaborative applicant has explored opportunities to expand this model but has not yet identified funding or an appropriately zoned and priced site. Two emergency shelters, including one SDV shelter, use a non-congregate model currently. Housing Families First used a large private grant to increase the capacity of their non-congregate model where each household has its own room with a bathroom by adding 2 additional rooms. In 2021, the CoC worked with HUD Technical Assistance providers to develop an infectious disease shelter protocol. The protocol developed helped shelter providers think through how to offer non-congregate shelter space onsite in congregate facilities. By isolating in place, shelters have navigated infectious disease mitigation strategies that can sustain implementation after CARES Act funding is expired.

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

(limit 2,500 characters)

(limit 2,500 characters)

1) In response to the ongoing pandemic, Homeward, 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.

2) The CoC worked with HUD TA to develop a communication and program protocol to mitigate infectious diseases:

- 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.

- 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.

- When there is a high rate of transmission in the county, weekly onsite, facility-wide testing is a best practice. Richmond should set a regular testing schedule for both high transmission (surge) and low transmission (non-surge) times. Initial metrics were set.

- A comprehensive vaccine strategy should complement the ongoing virus mitigation strategies in place in the community. Daily Planet Health Services, an FQHC, proactively offers vaccines to eligible and targeted populations.

- 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.

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

(limit 2,500 characters)

1-2) Homeward 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 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:

- Number of HVAC units and what parts of the building they serve.
- Where staff members sit and how staff enter and exit the building.
- How meals are served and where individuals eat.
- Where individuals enter and exit the building.
- Where individuals sleep, use the restroom, and any shared spaces.
- 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.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	

Describe in the field below how your CoC's coordinated entry system:
--

1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1. Our CoC has 3 Access Points: Homeless Connection Line (HCL), the Empowernet Hotline (SDV), and Coordinated Outreach. Each Access Point is accessible in the entire CoC region and serves all clients at imminent risk of homelessness, literally homeless, or fleeing DV. The HCL and Empowernet Hotline are phone-based and remove transportation barriers across the 8 jurisdictions CoC. HCL data tracks the locality of callers and 100% of the geography is represented. Coordinated Outreach workers respond to consumer or community stakeholder requests for assistance in all 8 localities. 2. In 2021, the GRCoC System Policy and Process Committee endorsed suspending the administering of the Vulnerability Index - Service Prioritization Decision Assistance (VI-SPDAT) Tool. During the height of the pandemic, our community experienced such a sharp spike in people presenting for homeless services, that many clients did not have a current or accurate VI-SPDAT score in HMIS. This created an inequitable advantage for prioritization and referral to limited resources. To remain committed to serving the most vulnerable, the GRCoC developed a local vulnerability assessment tool and process. The assessment is administered at Access Points, and considers vulnerabilities such as unsheltered status, age, co- and tri-morbidities, as well as acuity (key questions taken from the VI-SPDAT) in order to develop urgency priority by-name lists. The local assessment tool is still being piloted and tested for disparities – namely, testing if subpopulations by age and race are equitably connected to emergency shelter or other resources. The tool will be collaboratively updated to address any discovered disparities. 3. The CoC regularly assesses its CE system. In 2022, Homeward hired OrgCode to do a comprehensive evaluation of all components of the CE, case conferencing, CE policy development, as well as on post-pandemic updating of the CE policy and process manual. This process included focus groups of people with lived experience and a charrette and several input sessions with service providers.

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

(limit 2,500 characters)

1)Homeward publicizes the availability of outreach services on its website and in communications with stakeholders. Coordinated Outreach proactively seeks clients experiencing unsheltered homelessness who may not reach out to services. The HCL and Empowernet are phone-based which removes transportation and mobility barriers for households in our multi-jurisdictional CoC. Access Points use TTY and translation services to ensure language and forms of communication do not pose barriers. Access Points are advertised through partner agencies including mainstream service providers and faith-based organizations. Homeward proactively engages community organizations serving people who have not historically engaged in the CoC with an emphasis on organizations cultivating trusted relationships outside of a service system. Engaging diverse community partners on CES increases the likelihood for individuals to reach out for assistance or to follow up on an outreach contact.

2)Emergency shelter is prioritized based on locally-developed urgency priorities identified during intake assessment, including unsheltered status, acuity, disabling conditions, and age. Information for shelter is taken directly from Access Points' HMIS entries. RRH and PSH are also prioritized by length of homelessness, and the standardized assessment is used in conjunction with case conferencing to triage households for housing interventions.

3)CES staff receive a report of daily openings from shelters and match clients according to length of homelessness, ensuring that shelter openings are immediately filled. Households are quickly connected to openings in RRH and PSH programs through CES Navigation who receive notification of program openings. These referrals are coordinated with more than 15 agencies. Staff input during case conferencing can supplement available HMIS data to ensure that those most in need of assistance are served.

4)Access to a working phone can present a barrier to connecting to phone-based resources. The CoC partners with organizations in 5 of the 8 localities of the CoC to host a "Connection Point" so that households can receive accurate information and use a phone to call the HCL. Evaluations of CES annually review the questions being asked during the process and the CoC works to streamline the process based on feedback from program participants and system level data.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/15/2022

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

Describe in the field below:

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

(limit 2,500 characters)

1) The analysis follows the racial disparities tool developed by the National Alliance to End Homelessness. Using data from the Greater Richmond Partnership, a business attraction and retention collaborative, the analysis establishes racial demographics in the general public of the Richmond region. Data on demographics in homelessness is drawn from the Homeward Community Information System (HCIS), the regional implementation of the federally-required Homeless Management Information System. The analysis evaluates the race and ethnicity distribution of people who had contact with Coordinated Entry (CE) and Street Outreach in the CoC between 7/1/2021 – 6/30/2022. It also evaluates who stays in emergency shelter, who receives RRH, who exits to permanent housing, and who returns to homelessness. Data were disaggregated by race and shared with the Quality Improvement Leadership team for review and discussion. QIL members reviewed the data for disproportionate impacts or outcomes.

2) Overall, there is great disparity in who experiences homelessness in our CoC. CoC services and outcomes were generally proportionate within the system compared to who experiences homelessness in our system. Of the general public, 28% identify as Black. In the CE, 71% identify as Black; 70% of shelter stayers identify as Black; 73% who get into permanent housing identify as Black – so, referrals to interventions and exits to housing match the inflow demographic data. 79% of people who exited CE, SO, ES, TH, SH, and RRH projects between 7/1/2020 – 6/30/2021 to permanent exit destinations and returned to homelessness (as evidenced by a later entry into CE, SO, ES, TH, and SH projects) within one year identified as Black.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes

10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

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. Since before the COVID-19 pandemic the Richmond CoC has worked to advocate for other systems of care to be more housing-focused in their service delivery and planning. The CoC will expand on a recent pilot with an RRH provider and Richmond Public Schools to host a "House Hunters" meeting weekly to help households seeking assistance to navigate their housing search. Additional pilots with local child welfare systems and healthcare partners will equip these systems to address the disproportionate inflow of African-Americans into the homeless system. Given that Black people are drastically overrepresented in the homeless population, our CoC's providers are updating their policies, board representation, and staff onboarding and training to better serve the population seeking homeless services.

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

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

(limit 2,500 characters)

The Quality Improvement Leadership Committee (QIL) is responsible of identifying, addressing, and tracking progress on reducing disparities in the provision of homeless assistance. QIL reviews the racial disparities and disproportionality by project type at least annually and notes changes over time. The largest disparity in our CoC is the disproportionate inflow of African-Americans into homelessness so the CoC's strategies include educating other systems about resources and inviting staff from these systems to participate in training on diversion practices and housing navigation.

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

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

(limit 2,500 characters)

The 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.

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.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	47	27
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	1	1
3.	Participate on CoC committees, subcommittees, or workgroups.	1	3
4.	Included in the decisionmaking processes related to addressing homelessness.	1	4
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

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

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

(limit 2,500 characters)

Part of the CoC's development of a Youth Action Board (YAB) includes a policy that reserves one seat on the CoC Ranking Committee for one member of the YAB. The YAB makes the decision about which member will sit on the Ranking Committee. This allows for youth, and currently, LGBTQ+ representation on Ranking, but it also provides a professional development opportunity for the YAB member.

The CoC is also working on strategic planning. This process is led by a steering committee, which is comprised of 1/3 of people with lived experience of homelessness. This not only provides critical expertise of people with lived experience, but gives them exposure to a broad professional network of CoC board members working in the fields of local government, philanthropy, and affordable housing.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	
	Describe in the field below how your CoC:	
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and	
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness	

(limit 2,500 characters)

1) During the last 12 months, the GRCoC has had five focus groups comprised of people currently experiencing or with lived experience of homelessness. The purpose of the focus groups was to learn about homeless service needs directly from people who have experienced homelessness in our region, and to use this input to determine if current CoC and ESG-funded assistance are meeting community need. 2) The most common input on unmet service needs were rental assistance and more one-on-one housing navigation. In response, the CoC is partnering with the largest area Public Housing Authority to apply for Stability Vouchers. Additionally, the CoC is submitting a Supplemental CoC NOFO application that includes a project for centralized housing navigation for unsheltered households.

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

(limit 2,500 characters)

1)The CoC 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.

2)The CoC recently began a local government committee to engage non-elected 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 GRCoC'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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/12/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	No

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 VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	35
2.	How many renewal projects did your CoC submit?	11
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 VII.B.2.d.	

Describe in the field below:

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

(limit 2,500 characters)

1-2) The HMIS Lead, Homeward, uses data directly from CoC APRs to collect and analyze the rate of exits to homelessness for each renewal project, as well as the average length of time it takes to house people. For the latter point in RRH project, the CoC averages the length of time from Coordinated Entry match to successful move in for all households served. 3. All CoC and ESG funded projects take referrals from Coordinated Entry. Our CoC prioritizes all services based on need and vulnerabilities. The adopted CES Policies and Procedures specify that all projects take referrals from the CES which prioritizes resources based on need and vulnerability. The CoC uses a combination of basic assessment information from HMIS and length of homelessness to assess and prioritize clients based on vulnerabilities. All service providers create or update HMIS entries. The specific severity of needs and vulnerability considered are: longest history of homelessness and most severe service needs (e.g. chronic homelessness, history of victimization, severity of health and behavioral health challenges, frequent interactions with shelter, hospital emergency room, jail, psychiatric facilities or difficult to engage.) Given that all funded projects use this approach, the specific severity of needs and vulnerabilities is an integral component of the review and ranking process. 4. As all projects only take referrals from the CoC CES, which prioritizes resources based on need and vulnerability, all funded projects serve the highest need and most vulnerable populations. This effort is monitored through a review of client APR data and is reflected in the scoring forms. Projects serving the most chronically homeless received priority for FY21 funding and were ranked higher to underscore the importance of serving this population. RRH projects are also matched with clients who are prioritized based on need and vulnerabilities.

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

(limit 2,500 characters)

1.-2.: During the last 12 months, Homeward staff conducted several consumer input sessions at the area shelters which included questions about funding for homeless services in the region. Demographic information was collected that revealed participants were representative of the larger population experiencing homelessness in the region. In order to determine the effectiveness of funding priorities in meeting community need, staff asked participants about how they got connected to services, what would help most with resolving their homelessness, what barriers they faced in seeking housing, and what would help them retain housing. The results of this engagement were summarized in a report by staff. 3. The CoC's FY22 supplemental project applications included question asking how applicants are evaluating and addressing racial inequities in program outcomes. 4. This year, the CoC did not score or rank based on the applicant input on racial equity planning, but communicated that it will do so in subsequent years. This gives applicants time to analyze and develop strategies to address racial disparities.

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

(limit 2,500 characters)

1. The GRCoC reallocates funds granted through federal & state coordinated grant processes, as needed, to more effectively resolve homelessness, help households achieve stable housing & improve CoC performance. Reallocation is based on the adopted GRCoC Funding Priorities, federal & state strategic goals & project performance. CoC program funds may be reallocated by a voluntary process or through the coordinated grant process. GRCoC grantees may self-nominate to voluntarily return CoC funds at any time by providing a written proposal to the collaborative applicant. The GRCoC Ranking Committee reviews the proposal and makes a recommendation to the GRCoC Board. During the coordinated grant application process, the Ranking Committee may recommend that it is necessary to reallocate funds from a project, in part or in whole, to another project based on the factors described above. 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 will also be provided a copy of the Appeals process. 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. 2.-4. The CoC did not use this process to reallocate funding this year. Every local rapid re-housing project saw decreases in performance due to the pandemic, but since all projects faced similar challenges, individual RRH providers do not currently have the programmatic capacity to take on expansions to their projects through reallocation. 5. The reallocation process is shared via email and website.

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

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

1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	No
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/10/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	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.	
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You must enter a date in question 1E-5c.

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	
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You must enter a date in question 1E-5d.

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/05/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

We are closely aligned with our DV partners. The Data Systems Director for the comparable database serves on the HMIS committee, so they are informed about changes to the data standards and involved in discussion of those impacts. We serve as a resource for comparable database staff when they work with their vendor to make updates to their system, answering questions and offering resources when they are available. We have invited them to attend conferences related to HMIS data (e.g., NHSDC), and they will likely attend the fall conference with HMIS lead staff.

Yes, our CoC is compliant with the 2022 HMIS Data Standards.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	449	18	414	96.06%
2. Safe Haven (SH) beds	47	0	47	100.00%
3. Transitional Housing (TH) beds	35	4	31	100.00%
4. Rapid Re-Housing (RRH) beds	275	4	271	100.00%
5. Permanent Supportive Housing	882	0	330	37.41%
6. Other Permanent Housing (OPH)	95	0	95	100.00%

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

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

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

(limit 2,500 characters)

1. We have less than 85% bed coverage in the PSH category due to two Projects which do not follow HUD guidelines on HMIS - a 93-bed state PSH project led by the behavioral health authority, and 346 VASH beds administered by the VA. In order to get to 85%, we need to focus on the VASH beds as we have done for more than 6 years. Over the past two years, we made limited progress in this area by working with our VA partners. We reviewed the release of information needed and assessed the amount of data entry and client outreach that would be needed to achieve our goal. We streamlined the data entry forms to facilitate the completion of this project. In January 2019, we obtained a list of the VASH clients that needed to be entered into HMIS, and Homeward was able to get 50% of the clients entered in the system prior to the start of the pandemic. The pandemic and staff turnover at the VA has stalled the completion of this project. When new staff are in place, the HMIS Lead will once again reach out to the VA to pursue this project. HUD guidance to these partners would help in facilitating this effort. 2. If HUD and the VA provide additional guidance or incentivize the inclusion of HUD-VASH beds in HMIS, then Homeward will work with the local VA staff to identify the resources and staffing needed to complete the needed data entry and to develop a plan to maintain this bed coverage.

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

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

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

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

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

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

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/05/2022
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2B-3.	PIT Count—Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

During the planning process for the 2022 Winter Point-In-Time count, the CoC engaged relevant community stakeholders to ensure that homeless youth were accurately counted during community counting efforts. Two separate Youth PIT planning sessions were hosted, one for youth-serving providers and one youth with lived experience of homelessness. Youth-serving providers engaged in the GRCoC Youth and Young Adult work group were asked to provide guidance on locations where homeless youth typically congregate or access services and provided guidance on best practices for engaging youth who may be wary of coordinated homeless services. Youth with lived experience provided additional guidance on locations to find youth experiencing homelessness in the community, as well as guidance on youth-specific questions to maximize data collection efforts. Youth Liaisons then developed questions with support from the research and evaluation team at Homeward. On the day of the count, Youth volunteers were centrally located at the CoC's Youth Hub, while youth outreach workers traveled around localities to engage with youth; youth volunteers conducted surveys and compensated youth with food, monetary gift certificates, and in-kind resources.

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

(limit 2,500 characters)

In 2021, our CoC decided to incorporate efforts to prevent potential COVID exposure to volunteers, service providers, and people experiencing homelessness by making changes to both the sheltered and unsheltered PIT count methodology. Though significant, we don't believe that these changes greatly affected the CoC's PIT count results.

For the sheltered count, we typically work with service providers to survey clients staying in shelter. We did not ask service providers to conduct surveys with clients to reduce potential exposure to COVID in 2021. In 2022, service providers went back to conducting surveys with clients. The survey provides valuable information to our community, but it is not intended to provide a count of people (e.g., it is voluntary, only adults are surveyed). (For people staying in shelters that participate in HMIS, we run reports and ask service providers to verify numbers and characteristics of people served on the night of the PIT. For those in shelters that do not participate in HMIS, service providers complete a form that provides the information that HUD requires us to submit. This did not change between 2021 and 2022.) The substantial decrease in the number of sheltered people counted (from 736 to 612) is explained by the reduction in COVID-related shelter resources from 2021 to 2022.

For the unsheltered count, we normally use surveys and locality information to count people and collect details required for PIT submission. In 2021, we conducted an "observation only" count. We maintained much of our typical methodology, with outreach workers going out in the evenings/early mornings to engage with people staying in unsheltered conditions. Though the count was observation only, outreach workers would typically speak to people and were aware of their housing conditions or able to ask. We didn't collect the usual information submitted to HUD, but there is no reason to believe that the observation only count was wildly inaccurate in 2021. In 2022, we went back to surveying people as we normally do and using these surveys (and worker knowledge to some extent) to count people. We don't believe that the 12% reduction (just 13 people) in the number of people who were unsheltered from 2021 to 2022 represents a reliable change.

Overall, we don't believe that methodology changes affected PIT count results.

2C. System Performance

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

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

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

(limit 2,500 characters)

1. Using HMIS and PIT data to identify risk factors, 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. The latter represents someone's likely descent into homelessness without other options. 2. The Homeless Connection Line (HCL), created in 2017 as a shelter diversion program, provides broader and more frequent coverage reaching those at greatest risk of homelessness as well as those least likely to seek assistance. Homeward has also secured public and private funding to provide flexible financial assistance at the Homeless Connection Line in order to provide very targeted and small scale prevention resources. The HCL partners with a new Housing Resource Line (HRL) 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. 3. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

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

(limit 2,500 characters)

1. To reduce the length of time households remain homeless, the CES prioritizes and refers households to shelter and housing interventions, based on vulnerabilities and length of homelessness. The CoC has also obtained public and private funding for a Rapid Exit program which includes financial assistance and case management to assist both sheltered and unsheltered clients exit to stable housing. The program focuses on clients who have not been prioritized for RRH, PSH (but does not exclude clients who have been matched to EHV). Case management and this flexible funding are likely to reduce length of stay. All CoC-funded and ESG-funded providers have adopted a Housing First approach. 2. 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 has organized 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. 3. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

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

(limit 2,500 characters)

1. To increase the rate at which clients exit to permanent housing, the CoC conducts case conferencing for households needing more support. Homeward has obtained public and private funding for a shelter Rapid Exit program which includes financial assistance and case management to assist clients in emergency shelters to exit to stable housing. The program is restricted to clients who have not been prioritized for RRH or PSH. The CoC is also focused on increasing provider capacity through training on diversion, Housing First for shelters, completing RRH and PSH applications and obtaining documentation needed to secure housing. The CoC housing specialists continue to work to increase the number of participating landlords to ensure an adequate supply of permanent housing options for all clients. The CoC also regularly convenes meetings of ES and RRH providers to review data and progress on community goals which include increasing permanent housing placements and housing stability. Lastly, the CoC participated in the Shared Housing Institute. One provider is currently piloting a shared housing assessment and matching process in their RRH program. The pilot is intended to increase access to shared housing units because multiple bedrooms are generally less expensive per person than one bedrooms. Through this increased access, participants will remain homeless for less time. 2. 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. VSH and RBHA are both working to identify resources for households ready to move on from PSH while maintaining housing stability. 3. As formalized in an MOU describing the role of the Coordinated Entry System Coordinator, Homeward, and the COC Board are responsible for this strategy.

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

In the field below:

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

(limit 2,500 characters)

1. Returns to homelessness are tracked in HMIS and specially developed reports pull this data for households who have returned to homeless after receiving RRH and PSH placements. Our person-centered CES processes keep this information current. By reviewing this data, the CoC has been able to identify some characteristics common to households that return to homelessness. 2. Through diversion conversations, the CoC can identify households who may require additional case management and other support to maintain housing stability. For both shelter and permanent housing referrals, the likelihood of households returning to homeless as a result of previous episodes of homelessness and/or higher needs, is considered in the prioritization. This information is provided to shelter and housing providers so that the case managers can address this in the housing and service plans developed with the households. Once a household enters shelter or permanent housing, the need for greater assistance to maintain stable housing is further assessed through the housing barrier assessment. The housing plan developed for each household, with the assistance of case managers, will focus on addressing any barriers to housing stability such as substance use, mental health issues or lack of education. 3. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

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

(limit 2,500 characters)

1 & 2. The CoC strategy to increase program participants' income through employment has two main components: increasing awareness and usage of Workforce Development Board (WDB) and other workforce and employment programs and reducing barriers to access to these programs by cross-posting information and cross-training workforce and homeless services staff. The Director of the Workforce Development Board (WDB) is on the CoC board. The Director of Homeward serves on the WDB board.

The WDB's strategic plan includes increasing connections with homeless and human service providers. Staff of the WDB provide regular resource, training, and job fair updates on the Case Manager's List-serve with 750 subscribers and participate in most formal training events offered by the CoC. The Collaborative Applicant provides cross-training for CoC partner staff on WDB services and lists these resources on CoC materials and on Homeward's Street Sheet. The WDB job centers are designated as "Connection Points" to facilitate the coordination of workforce and homeless services systems so that program participants can gain reliable information on available resources. The CoC also has a focused approach to address the workforce needs of youth and young adults and partners with the WDB youth employment programs to make referrals and provide information on WDB resources to youth-serving organizations. 3. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

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

(limit 2,500 characters)

1. The CoC Board and a number of committees have ongoing efforts to increase program participants' income through non-employment support to ensure housing stability. One strategy is to increase the number of SOAR-trained workers to assist clients access mainstream benefits. The SOAR team lead from RBHA provides individualized supports for other case managers and is available for questions and guidance. The Collaborative Applicant is soliciting funding for additional SOAR workers in the CoC. The COC board and committees include representatives from TANF agencies. 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 non-employment cash income for older adults experiencing homelessness. The Collaborative Applicant facilitates connections with the Social Security Administration so that CoC providers have updated information on processes to support client applications. During the pandemic, the CoC worked to ensure that households experiencing homelessness were aware of stimulus and child tax payments. The CoC shared information in the CoC newsletter on these topics.

2. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

3A. Coordination with Housing and Healthcare

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

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,500 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) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

(limit 2,500 characters)

4A. DV Bonus Project Applicants

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

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

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name		
This list contains no items		

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Deadline	Yes	GRCoC FY22 local ...	09/23/2022
1E-2. Local Competition Scoring Tool	Yes	Project Review an...	09/23/2022
1E-2a. Scored Renewal Project Application	Yes	VSH PSH	09/23/2022
1E-5. Notification of Projects Rejected-Reduced	Yes		
1E-5a. Notification of Projects Accepted	Yes	Notification acce...	09/23/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Scores on p...	09/23/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		

3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: GRCoC FY22 local competition due date posting

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: VSH PSH

Attachment Details

Document Description: Combined applicant notification

Attachment Details

Document Description: Notification accepted

Attachment Details

Document Description: Final Scores on projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/20/2022
1B. Inclusive Structure	09/26/2022
1C. Coordination and Engagement	09/26/2022
1D. Coordination and Engagement Cont'd	09/26/2022
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/26/2022
2B. Point-in-Time (PIT) Count	09/24/2022
2C. System Performance	09/26/2022
3A. Coordination with Housing and Healthcare	09/24/2022
3B. Rehabilitation/New Construction Costs	09/24/2022
3C. Serving Homeless Under Other Federal Statutes	09/24/2022

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4A. DV Bonus Project Applicants	09/24/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

FY2022 HUD CoC NOFO

General Resources:

1. Homeward is hosting HUD CoC How to apply webinar on Tue 8/16/2022 11am-12am [via zoom](#). No registration required.
2. Homeward is hosting HUD CoC office hours on F 8/19, T 8/23, W 8/24 from 9am-10am [via zoom](#). No registration required.

August 12, 2022 -- FY22 HUD CoC competition documents

- [Timeline and Process](#)
- [New Project Application Form](#)
- [Renewal Project Application Form](#)
- [New Project Application Scoring Form](#)

August 5, 2022 -- HUD Releases CoC NOFO

On Monday, August 1st the U.S. Department of Housing and Urban Development (HUD) released the Notice of Funding Opportunity (NOFO) making \$2.8 billion in FY 2022 Continuum of Care Program (CoC) competitive funding available to homeless services organizations across the country.

The regular NOFO cycle is generally 90 days – which is normally a compressed process. This year, the annual CoC application is due to HUD on September 30, so we have 2/3 the time. The CoC Program guidelines require CoCs to have a local project application due date that is no less than 30 days before the federal deadline. Therefore, applicants need to submit project applications to the CoC no later than August 31.

Homeward staff are working diligently to update the project application forms, scoring forms, etc. for the NOFO. We plan to publicly release the Supplemental and regular CoC project applications no later than Monday, August 15.

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	2023 Target	Points Available	Scoring	Data Source
All Projects (VHSP, CoC, ESG)								
A.1 Monitoring Findings	Complies with funder requirements	N/A	n/a	Meets all outcomes	Meets all outcomes	4	No findings=4 Adequate remedial plan=2pts Inadequate plan/No plan=0pt	Application & public funder consultation.
A.2 Grant Spending Rate for full year of operation	Grant funds are requested from funder at least every 90 days from date funds are available	N/A	n/a	Quarterly Drawdown	Quarterly Drawdown	5	Draws within 90 days=5 pts. Draws at greater than 90 days=0 pts.	VHSP & eLOCCS reports
A.3 Total Grant Expenditure for last full year of operation (FY20 HUD CoC only)	Grants fully expended in one year	0.985		100%	100%	5	90% or greater=5pts. 80-89.9% spent=3 pts. Less than 80% =0 pts.	eLOCCS reports
A.4a Destination Error Rate	Reduce percent of client exits to unknown/don't know/refused destinations	ES: 35% RRH: 4% PSH: 11%	ES: 47% (includes night by night shelters) RRH: 1% PSH: 0%	ES: 45% RRH: 1% PSH: 1%	ES: 40% RRH: 1% PSH: 1%	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
A.4b Timeliness	Increase percent of entries made within 10 days of client entry	ES: 97% RRH: 64% PSH: 77%	ES: 79% RRH: 45% PSH: 86%	ES: 85% RRH: 55% PSH: 95%	ES: 90% RRH: 65% PSH: 99%	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
A.4c Element with Highest Error Rate %	Reduce most frequent data entry error for selected element	ES: 35% destination RRH: 92% income & sources at annual assessment PSH: 46% income & sources at annual assessment	ES: 47% destination RRH: 52% income and sources at annual assessment PSH: 23% income and sources at annual assessment	ES: 45% RRH: 40% PSH: 15%	ES: 40% RRH: 35% PSH: 10%	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
A.5 Accept referrals from Coordinated Entry				N/A	N/A	0	Not previously scored. Not scoring in 2022.	

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	2023 Target	Points Available	Scoring	Data Source
Emergency Shelter (ESG, VHSP) – excludes night by night shelters								
ES.1 Bed Utilization (Families)	Average daily occupancy rate- ensure availability and maximizes use of emergency shelter resources	84%	68%	70%	80%	2	70% or greater=2 pts. 50%-70%=1 pts. Less than 70%=0 pts.	CoC APR + 2021 HIC (note that this number only includes traditional congregate shelter due to the nature of NCS, which is considered full at any capacity since there are no
ES.2 Bed Utilization (Individuals)	Average daily occupancy rate - ensure availability and maximizes emergency shelter resources	92%	80%	80%	85%	2	80% or greater=2 pts. 50%-80%=1 pts. Less than 50%=0 pts.	CoC APR + 2021 HIC (note that this number only includes traditional congregate shelter due to the nature of NCS, which is considered full at any capacity since there are no reserved beds; adjusted CARITAS beds to reflect expanded capacity)
ES.3 Length of Stay in Shelter (leavers and stayers)	Decrease in time spent in emergency shelter (mean/median)	L:36/32 S:30/25	L: 52/37, S: 75/57	45 days (mean)	42	2	45 days or less=2 pts. 46-60 days=1 pts. Greater than 60 days=0 pts.	CoC APR
ES.4 Permanent Housing Placement (Families)	Increase percent of exits to permanent housing	79.60%	39.0%	55%	65%	5	55% or greater=5 pts. 40%-55%=3 pts. Less than 45%=0 pts.	CoC APR
ES.5 Permanent Housing Placement (Individuals)	Increase percent of exits to permanent housing	52.40%	25.0%	40%	50%	5	40% or greater=5 pts. 25%-39.9%=3 pts Less than 25%=0 pts.	CoC APR
ES.6 Increased Income – employment	Increase in employment income	4%	4%	5%	8%	1	5% or greater=1 pt. Less than 5% = 0 pts.	CoC APR
ES.7 Increased Income - other sources	Increase in income from other non-employment sources	2%	3%	4%	7%	1	4% or greater=1 pt. Less than 4% = 0 pts.	CoC APR
ES.8 Serving households with highest barriers to housing and complex needs	Serving the most vulnerable clients	N/A	N/A	N/A	N/A	0	Not scoring in 2022.	Application Narrative

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	2023 Target	Points Available	Scoring	Data Source
Rapid Rehousing (ESG, VHSP, CoC)								
RRH.1 Rapid Exit to Permanent Housing	Decrease time between RRH project entry and permanent housing placement	45 days	72 days	70 days	60 days	2	70 days or less=2 pts. Greater than 70 days=0 pts.	CoC APR
RRH.2 Rapid Exit from Rapid Rehousing	Decrease time households remain in RRH project	N/A	168 days (average for leavers)	N/A	Will determine measure based on FY22	0	New metric. Will not be scored until 2023. Will work with ranking to adjust the measure.	
RRH.3 Rapid Rehousing Success	Increase in percent of RRH clients remaining in permanent housing at RRH project exit	87%	74%	75%	85%	2	75% or greater=2 pts. Less than 75%=0 pts.	CoC APR
RRH.4 Returns to Homelessness within 1 Year of Exit to Permanent Destination	Decrease in percent of returns to shelter (ES/TH/SH)	17%	7%	7%	5%	2	7% or less=2 pts. Greater than 7%=0 pts.	HMIS Custom Report
RRH.5 Households Served	Number of households served meets or exceeds application target	Number served consistent with application	Number served consistent with application	Number of households served meets or exceeds application	Number of households served meets or exceeds application	2	Number served meets or exceeds application target=2 pts. Number served is less than application target=0 pts.	Past year HUD & VHSP apps. APR
RRH.6 Cost Effectiveness	Average cost per exit meets or is below target	\$ 4,769.00	\$ 4,334.00	\$ 5,000.00	\$ 4,500.00	2	Meets or below target=2 pts. Above target=0 pts.	Past year HUD & VHSP apps. APR
RRH.7 Increased Income - employment (measured at exit)	Increase in employment income	13%	9%	10%	12%	1	10% or greater=1 pt. Less than 10% = 0 pts.	CoC APR
RRH.8 Increased Income – other sources (measured at exit)	Increase in income from other non-employment sources	10%	7%	7%	10%	1	7% or greater=1 pt. Less than 7% = 0 pts.	CoC APR
RRH.9 Serving households with highest barriers to housing and complex needs	Serving the most vulnerable clients	N/A		N/A	N/A	0	Not scored in 2022.	Application Narrative

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	2023 Target	Points Available	Scoring	Data Source
Permanent Supportive Housing (CoC)								
PSH.1 Entries as Chronically Homeless	Resources targeted to chronically homeless in CY 2021	68%	60%	75%	85%	3	75% or greater=3 pts. 65%-74%=2 pts. Less than 65%=0 pts.	CoC APR
PSH.2 Beds dedicated to Chronically Homeless	Beds dedicated to chronically homeless are maximized	75%	25.80%	55% of beds dedicated CH	65% of beds dedicated CH	3	55% or greater=3 pts. 45%-54%=2 pts. Less than 45%=0 pts.	2021 HIC
PSH.3 Bed Utilization	Average daily occupancy rate meets or exceeds target	92%	93%	95%	97%	2	95%=2 pts. Less than 95%=0 pts.	2021 HIC/PIT submission
PSH.4 Housing Stability	Percent of participants remaining in PSH, exited to permanent housing or deceased	97%	97%	98%	99%	3	98% or greater=3 pts. Below 98%=0 pts.	CoC APR
PSH.5 Cost Effectiveness	Average cost per household served meets or is below target	\$ 11,500.00	\$ 17,012.00	\$ 17,000.00	\$ 15,000.00	2	Meets or below target=2 pts. Above target=0 pts.	Application APR
PSH.6 Increased Income - employment (measured at latest status)	Increase or maintain employment income	5%	3%	4%	8%	1	4% or greater=1 pt. Less than 4%=0 pts.	CoC APR
PSH.7 Increased Income - other sources (measured at latest status)	Increase or maintain income from other non-employment sources	63%	74%	74%	74%	1	74% or greater=1 pt. Less than 74%=0 pts.	CoC APR

* Baseline Data: January–December 2021.

Endorsed by the GRCoC Ranking Committee on 07/13/2022.

Approved by the GRCoC Board 7/18/2022.

APR - Annual Performance Report CE - Coordinated Entry

CoC – Continuum of Care (federal funding) ELOCCS – HUD financial records system

ES - Emergency Shelter

ESG – Emergency Solutions Grant (federal funding) HH - Household

HIC - Housing Inventory Count

HMIS - Homeless Management Information System (GRCoC uses term HCIS - Homeless Community Information System) PH - Permanent Housing (Permanent Supportive Housing and Rapid Rehousing)

PSH - Permanent Supportive Housing RRH – Rapid Rehousing

TH - Transitional Housing

VHSP - Virginia Housing Solutions Program (state funding)

**Greater Richmond Continuum of Care
HUD FY22 CoC Competition
Scoring Form for NEW Project Applications**

Applicant Organization Name: _____

Proposed Project Name: _____

Type of Project: ☐ PSH ☐ PSH Dedicated PLUS ☐ RRH ☐ Domestic Violence RRH/ TH-RRH
 ☐ SSO-CE ☐ HMIS

Is this an expansion project? ☐ Yes ☐ No

Renewal project Name: _____

Reviewer's Name (please print): _____

SECTION I: SCORES *(Calculated only for applicants meeting threshold criteria as determined in Section II; enter scores below as indicated in Section III)*

1. PSH Project only:

Applicant Experience: _____ of 10

Project Quality:

Serving Chronically Homeless _____ of 12

Adequate number and size of units _____ of 10

Housing First _____ of 10

Supportive Services:

Connection to Mainstream Benefits _____ of 10

Housing Stability _____ of 14

PSH TOTAL SCORE: _____ of 66

Expansion impact: _____ + 1

New Project from Re-allocation _____ + 1

2. RRH-TH/RRH Project only:

Applicant Experience: _____ of 10

Project Quality:

Adequate size and number of units _____ of 10

Housing First _____ of 10

Support Services:

Connection to Mainstream Benefits _____ of 10

Housing Stability _____ of 14

RRH TOTAL SCORE: _____ of 54**3. SSO-CE Project only:****Applicant Experience:** _____ of 10**Project Quality:**

Accessibility _____ of 4

Marketing/Outreach _____ of 4

Standardized assessment _____ of 2

SSO-CE TOTAL SCORE: _____ of 20**4. HMIS Project only:****Applicant Experience:** _____ of 10**Project Quality:**

Consistency with HCIS _____ of 10

Universal Data Elements

De-duplication _____ of 10

Reporting _____ of 12

HMIS TOTAL SCORE: _____ of 42

SECTION II. Threshold Review:

Purpose: to determine whether applicant meets basic eligibility requirements for funding.

Threshold Review Criteria <i>Projects that do not meet all of the threshold review criteria outlined below will not be further reviewed by the CoC except as noted.</i>	Meets Criteria? Yes or No
Active member of the Greater Richmond CoC as defined in the bylaws: Entity member will be considered a member in good standing, or Entity Active Member, by attending 75% of the general meetings held during the prior calendar year or by attending 75% of the meetings of a specific CoC committee held during the prior calendar year.	
All projects must operate in the GRCoC's covered geography. This includes: Charles City County, Chesterfield County, Goochland County, Hanover County, Henrico County, New Kent County, Powhatan County, the City of Richmond, and the Town of Ashland	
Eligible project types: Permanent Supportive Housing, Rapid Re-housing, Domestic Violence Rapid Rehousing, Joint TH-RRH, SSO-CE, HMIS	
Project applicants must meet eligibility requirements as described in the CoC program interim rule (i.e., only nonprofit organizations, States, local governments, and instrumentalities of State or local governments are eligible to apply) and be able to provide evidence of eligibility (e.g. nonprofit documentation).	
Agree to comply with the following Homeless Management Information System (HMIS) requirements, as laid out in the approved HMIS Policies and Procedures and other HMIS documents (or to comply with requirements for a comparable database for DV services): <ul style="list-style-type: none"> • Meeting or exceeding technical and system requirements • Participation in training for users according to level of access • Complying with the User Policy and Code of Ethics • Execution of signed participation agreements • Complying with the policies and procedures and data quality standards set forth in the Policies and Procedures document not otherwise specified. 	

Project meets threshold eligibility criteria?

- ☐ Yes
☐ No

Comments: _____

SECTION III: SCORED SECTIONS**Experience – All Applicants (10 Points)**

- Applicant and sub recipient(s) prior experience in serving homeless people and in providing housing/services similar to that proposed in the application.
- Applicant and sub recipient prior experience providing services as part of a coordinated system of care.
- Applicant and sub recipient capacity to carry out project activities as evidenced by organizational and management structures and financial accounting system.
- Satisfactory experience/performance with prior HUD grants or other public grants as evidenced by meeting contract deadlines, timely drawdowns, resolution of findings and leveraging other funds.

Score: _____

Comments: _____

_____**Assessment of Project Quality – All Housing Projects (PSH, RRH and TH/RRH)****Project Description (Chronically Homeless, Housing First and Adequate number and size of units; 12, 10 and 10 points)****Extent to which the applicant:**

- ✓ Clearly describes that the type of housing proposed, including the number and configuration of units, will fit the needs of the program participants
- ✓ The project adheres to a housing first model as defined in Section III.B.2.o of the FY22 CoC NOFO
- ✓ (PSH Only) Demonstrates that they will first serve the chronically homeless according to the order of priority established in *Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons*.
- ✓ (PSH Only) Clearly describes the system it currently uses to determine severity of need for the chronically homeless.
- ✓ (TH/RRH Only) Clearly describes how the proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing.

Score: _____

Comments: _____

Supportive Services**Connection to Mainstream Resources (10 Points)**

- ✓ Clearly describes a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply and which meet the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)

Score: _____

Comments: _____

Housing Stability (14 points)**Extent to which the applicant:**

- ✓ Clearly describes type of supportive services that offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source.
- ✓ Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (provides the participant with some type of transportation to access needed services, safety planning, case management, and additional assistance to ensure retention of permanent housing).

Score: _____

Comments: _____

Assessment of Project Quality – SSO-CE**Accessibility (4 points)****Extent to which the applicant:**

- ✓ Describes how the centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking homelessness assistance and how it is accessible for persons with disabilities.

Marketing/Outreach (4 points)**Extent to which the applicant:**

- ✓ Describes the strategy for advertising designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.

Standardized Assessment (2 points)**Extent to which the applicant:**

- ✓ Describes the standardized assessment process

Score: _____

Comments: _____

Assessment of Project Quality – HMIS**Consistency with HCIS (10 Points)**

Extent to which the applicant:

- ✓ Clearly describes how the HMIS funds will be expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.

Universal Data Elements (10 points)**Extent to which the applicant:**

- ✓ Clearly describes how HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.

De-duplication (10 points)**Extent to which the applicant**

- ✓ Clearly describes the ability of the HMIS of the HMIS to un-duplicate client records.

Reporting (12 points)**Extent to which the applicant**

- ✓ Clearly describes the ability of the HMIS to produce all HUD-required reports and provides data as needed for HUD reporting.

Score: _____

Comments: _____

Assessment of Expansion Local Bonus Project Quality PSH, RRH, SSO-CE and TH-RRH**Extent to which the applicant:**

- ✓ Clearly describes how the expansion will increase the number of units, persons served, or services provided through a renewal project that increases the number of people served.
(1 point)

Score: _____

Comments: _____

Assessment of Re-Allocation Local Bonus Project Quality PSH, RRH, SSO-CE and TH-RRH**Extent to which the applicant:**

- ✓ Clearly describes how the new project created from re-allocation will increase the number of units, persons served, or services provided that improves overall project quality from original project (1 point)

Score: _____

Comments: _____

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	CY 2021 Performanc	Pointed Received	Points Available	Scoring	Data Source
All Projects (VHSP, CoC, ESG)									
A.1 Monitoring Findings	Complies with funder requirements	N/A	n/a	Meets all outcomes		4	4	No findings=4 Adequate remedial plan=2pts Inadequate plan/No plan=0pt	Application & public funder consultation.
A.2 Grant Spending Rate for full year of operation	Grant funds are requested from funder at least every 90 days from date funds are available	N/A	n/a	Quarterly Drawdown		5	5	Draws within 90 days=5 pts. Draws at greater than 90 days=0 pts.	VHSP & eLOCCS reports
A.3 Total Grant Expenditure for last full year of operation (FY20 HUD CoC only)	Grants fully expended in one year	0.985		100%		5	5	90% or greater=5pts. 80-89.9% spent=3 pts. Less than 80% =0 pts.	eLOCCS reports
A.4a Destination Error Rate	Reduce percent of client exits to unknown/don't know/refused destinations	ES: 35% RRH: 4% PSH: 11%	ES: 47% (includes night by night shelters) RRH: 1% PSH: 0%	ES: 45% RRH: 1% PSH: 1%	0%	2	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
A.4b Timeliness	Increase percent of entries made within 10 days of client entry	ES: 97% RRH:64% PSH:77%	ES: 79% RRH: 45% PSH: 86%	ES: 85% RRH: 55% PSH: 95%	88%	0	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
A.4c Element with Highest Error Rate %	Reduce most frequent data entry error for selected element	ES: 35% destination RRH: 92% income & sources at annual assessment PSH: 46% income & sources at annual assessment	ES: 47% destination RRH: 52% income and sources at annual assessment PSH: 23% income and sources at annual assessment	ES: 45% RRH: 40% PSH: 15%	6% income and sources at start	2	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	CY 2021 Performanc	Pointed Received	Points Available	Scoring	Data Source
Permanent Supportive Housing (CoC)									
PSH.1 Entries as Chronically Homeless	Resources targeted to chronically homeless in CY 2021	68%	60%	75%	97%	3	3	75% or greater=3 pts. 65%-74%=2 pts. Less than 65%=0 pts.	CoC APR
PSH.2 Beds dedicated to Chronically Homeless	Beds dedicated to chronically homeless are maximized	75%	25.80%	55% of beds dedicated CH	71.40%	3	3	55% or greater=3 pts. 45%-54%=2 pts. Less than 45%=0 pts.	2021 HIC
PSH.3 Bed Utilization	Average daily occupancy rate meets or exceeds target	92%	93%	95%	99%	2	2	95%=2 pts. Less than 95%=0 pts.	2021 HIC/PIT submission
PSH.4 Housing Stability	Percent of participants remaining in PSH, exited to permanent housing or deceased	97%	97%	98%	100%	3	3	98% or greater=3 pts. Below 98%=0 pts.	CoC APR
PSH.5 Cost Effectiveness	Average cost per household served meets or is below target	\$ 11,500.00	\$ 17,012.00	\$ 17,000.00			2	Meets or below target=2 pts. Above target=0 pts.	Application APR
PSH.6 Increased Income - employment (measured at latest status)	Increase or maintain employment income	5%	3%	4%	1%	1	1	4% or greater=1 pt. Less than 4%=0 pts.	CoC APR
PSH.7 Increased Income - other sources (measured at latest status)	Increase or maintain income from other non-employment sources	63%	74%	74%	72%	0	1	74% or greater=1 pt. Less than 74%=0 pts.	CoC APR

Greater Richmond Continuum of Care FY22 HUD CoC Application Ranking on 9.9.22

Rank	Score	Applicant Name	Project Name	Project Type	Component Type	Amount Requested	Amount Ranked	Running Total
1	32/35	Va. Supportive Housing	Home Link 2	PSH	PSH	\$ 591,182.00	\$ 591,182.00	\$591,182.00
2	32/35	Va. Supportive Housing	HomeLink 3	PSH	PSH	\$ 200,481.00	\$ 200,481.00	\$791,663.00
3	28/32	Housing Families First	Building Neighbors	RRH	RRH	\$ 263,955.00	\$ 263,955.00	\$1,055,618.00
4	31/35	HomeAgain (Emergency Shelter Inc)	Permanent Supportive Hsg	PSH	PSH	\$ 388,938.00	\$ 388,938.00	\$1,444,556.00
5	28/35	Va. Supportive Housing	HomeLink 1	PSH	PSH	\$ 2,366,765.00	\$ 2,366,765.00	\$3,811,321.00
6	26/35	Richmond Behavioral Health Authority	Home Connect 1 Program	PSH	PSH	\$ 276,520.00	\$ 276,520.00	\$4,087,841.00
7	27/32	St. Joseph's Villa	Richmond Flagler SJV	RRH	RRH	\$ 327,752.00	\$ 327,752.00	\$4,415,593.00
8	NS	Homeward	Homeward Community Information System	HMIS	HMIS	\$ 50,000.00	\$ 50,000.00	\$4,465,593.00
9	NS	Homeward	Coordinated Entry	SSO-CE	SSO	\$ 149,750.00	\$ 149,750.00	\$4,615,343.00
10	NS	Homeward	Coordinated Entry Expansion	SSO-CE	SSP	\$ 62,475.00	\$ 60,480.00	\$4,675,823.00
11	22/32	HomeAgain (Emergency	HomeAgain RRH	RRH	RRH	\$327,207.00	\$327,207.00	\$5,003,030.00
12								\$5,003,030.00
13								\$5,003,030.00
14								\$5,003,030.00
15								\$5,003,030.00
16								\$5,003,030.00
17								\$5,003,030.00
18								\$5,003,030.00
NR	NS	Homeward	CoC Planning Grant	Planning	Planning			\$5,003,030.00

\$5,005,025.00 \$5,003,030.00

Formula does not include Planning

NR= Not ranked NS= Not scored

Score column is deleted when sent to grantees

Description	Amount
Annual Renewal Demand (ARD)	\$5,003,030
CoC planning (not ranked; not competitive)	\$198,483
Tier 1 (95% of ARD + 100% of newly renewable grants) Grants in Tier 1 are likely to be funded	\$4,752,879
Tier 2 (5% of ARD+ CoC and DV Bonuses). Grants in Tier 2 may not be funded.	\$1,242,568
DV Bonus	\$661,611
CoC Bonus	\$330,806

GRCoC 2022 Project Performance Measures

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A.1 Monitoring Findings	Complies with funder requirements	N/A	n/a	Meets all outcomes		4	4	No findings=4 Adequate remedial plan=2pts Inadequate plan/No plan=0pt	Application & public funder consultation.
A.2 Grant Spending Rate for full year of operation	Grant funds are requested from funder at least every 90 days from date funds are available	N/A	n/a	Quarterly Drawdown		5	5	Draws within 90 days=5 pts. Draws at greater than 90 days=0 pts.	VHSP & eLOCCS reports
A.3 Total Grant Expenditure for last full year of operation (FY20 HUD CoC only)	Grants fully expended in one year	0.985		100%		5	5	90% or greater=5pts. 80-89.9% spent=3 pts. Less than 80% =0 pts.	eLOCCS reports
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GRCoC 2022 Project Performance Measures

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PSH.5 Cost Effectiveness	Average cost per household served meets or is below target	\$ 11,500.00	\$ 17,012.00	\$ 17,000.00			2	Meets or below target=2 pts. Above target=0 pts.	Application APR
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PSH.7 Increased Income - other sources (measured at latest status)	Increase or maintain income from other non-employment sources	63%	74%	74%	72%	0	1	74% or greater=1 pt. Less than 74%=0 pts.	CoC APR

From: [Michael Rogers](#)
To: [Katie Chlan](#)
Cc: [Kramer, Kathleen](#); [Frances Marie Pugh](#)
Subject: GRCoC FY22 HUD CoC Ranking--RBHA
Date: Friday, September 9, 2022 5:58:00 PM
Attachments: [GRCoC-Appeals-Process.pdf](#)
[GRCoC FY22 HUD CoC Ranking Project Priority Listing 9.9.22.pdf](#)
[RBHA HomeConnect score.xlsx](#)

RBHA,

The Greater Richmond Continuum of Care Ranking Committee met on September 9, 2022 to review project applications for FY22 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval. I am also attaching the scoring forms used in this process by the Ranking Committee in accordance with the Board-approved methodology and performance standards.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

- Prove their score is not reflective of the application information provided;
- Describe bias or unfairness in the process, which warrants the appeal; or
- Document a compelling organizational necessity not specifically described in the appeals policy document

The deadline for appeals is September 13 at noon. If you wish to appeal on the grounds stated in the policy, please email Michael Rogers at mrogers@homewardva.org.

Thank you for your commitment to ending homelessness in our region.

Michael Rogers
System and Continuum of Care Director
Homeward
9211 Forest Hill Ave Suite 200-B
Richmond, VA 23235
804-353-3045 ext. 22

From: [Michael Rogers](#)
To: scousin@virginiassupportivehousing.org; abogdanovic@virginiassupportivehousing.org; [Felecia Motteler](#); [Maddi Zingraff](#)
Cc: [Kramer, Kathleen](#); [Frances Marie Pugh](#)
Subject: GRCoC FY22 HUD CoC Ranking--VSH
Date: Friday, September 9, 2022 5:56:00 PM
Attachments: [VSH HF123 score.xlsx](#)
[VSH HomeLink Score1.xlsx](#)
[GRCoC-Appeals-Process.pdf](#)
[GRCoC FY22 HUD CoC Ranking Project Priority Listing 9.9.22.pdf](#)

VSH,

The Greater Richmond Continuum of Care Ranking Committee met on September 9, 2022 to review project applications for FY22 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval. I am also attaching the scoring forms used in this process by the Ranking Committee in accordance with the Board-approved methodology and performance standards.

The VSH HF123 score is for VA0010 (listed as HomeLink 1 on priority listing). Both VA0327 and VA0295 received the same score (VSH HomeLink Score1 document; listed and HomeLink 2 and 3 on priority listing).

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

- Prove their score is not reflective of the application information provided;
- Describe bias or unfairness in the process, which warrants the appeal; or
- Document a compelling organizational necessity not specifically described in the appeals policy document

The deadline for appeals is September 13 at noon. If you wish to appeal on the grounds stated in the policy, please email Michael Rogers at mrogers@homewardva.org.

Thank you for your commitment to ending homelessness in our region.

Michael Rogers
System and Continuum of Care Director
Homeward
9211 Forest Hill Ave Suite 200-B
Richmond, VA 23235
804-353-3045 ext. 22

From: [Michael Rogers](#)
To: [Kelly King Horne](#); [Melanie McDonald](#); [Erika Schmale](#)
Cc: [Kramer, Kathleen](#); [Frances Marie Pugh](#)
Subject: GRCoC FY22 HUD CoC Ranking--Homeward
Date: Friday, September 9, 2022 6:02:00 PM
Attachments: [GRCoC FY22 HUD CoC Ranking Project Priority Listing 9.9.22.pdf](#)
[GRCoC-Appeals-Process.pdf](#)

Homeward,

The Greater Richmond Continuum of Care Ranking Committee met on September 9, 2022 to review project applications for FY22 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

- Prove their score is not reflective of the application information provided;
- Describe bias or unfairness in the process, which warrants the appeal; or
- Document a compelling organizational necessity not specifically described in the appeals policy document

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System and Continuum of Care Director
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9211 Forest Hill Ave Suite 200-B
Richmond, VA 23235
804-353-3045 ext. 22

From: [Michael Rogers](#)
To: mherbert@homeagainrichmond.org; [Dan Reeves](#); [Susan Danzi Hernandez \(shernandez@homeagainrichmond.org\)](mailto:shernandez@homeagainrichmond.org)
Cc: [Kramer, Kathleen](#); [Frances Marie Pugh](#)
Subject: GRCoC FY22 HUD CoC Ranking--HomeAgain
Date: Friday, September 9, 2022 4:44:29 PM
Attachments: [GRCoC-Appeals-Process.pdf](#)
[FY22 HUD CoC Ranking Project Priority Listing.pdf](#)
[HA RRH Score.pdf](#)
[HA PSH Score.pdf](#)

HomeAgain,

The Greater Richmond Continuum of Care Ranking Committee met on September 9, 2022 to review project applications for FY22 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval. I am also attaching the scoring forms used in this process by the Ranking Committee in accordance with the Board-approved methodology and performance standards. HomeAgain staff participated in the development of the performance metrics at the June 21 Quality Improvement Leadership Committee.

The HUD Notice of Funding Opportunity requires CoCs to place 5% of their Annual Renewal Demand (ARD) in Tier 2. The ARD represents the total amount of funding available to a community through this funding opportunity. While projects in Tier 2 are not guaranteed to receive reduced funding and we are not aware of planned cuts to HUD funding programs, they are placed at lower priority in the event of a reduced community award. To fulfill this requirement, the Ranking Committee placed \$250,151.50 of HomeAgain's RRH project in Tier 2. This decision was made based this project's score compared to other housing projects. The RRH project lost the most points in the section that scores performance and compliance with HUD data quality standards (see A.4a-A.4c on HA RRH Score document).

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After your review of this information and the relevant funding and data guidelines for HUD funded RRH programs, please reach out to the HMIS lead staff at Homeward or myself to connect you to additional resources.

Thank you for your commitment to ending homelessness in our region.

Michael Rogers
System and CoC Director
Homeward

From: [Michael Rogers](#)
To: [Sarah Tunner](#); [John Rodgers](#); [Anita Bennett](#)
Cc: [Kramer, Kathleen](#); [Frances Marie Pugh](#)
Subject: GRCoC FY22 HUD CoC Ranking--DPHS
Date: Friday, September 9, 2022 6:06:00 PM
Attachments: [GRCoC FY22 HUD CoC Ranking Project Priority Listing 9.9.22.pdf](#)
[GRCoC-Appeals-Process.pdf](#)

Daily Planet,

The Greater Richmond Continuum of Care Ranking Committee met on September 9, 2022 to review project applications for FY22 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval. I am also attaching the scoring forms used in this process by the Ranking Committee in accordance with the Board-approved methodology and performance standards.

The Daily Planet/Homeward project is "Coordinated Entry Expansion." Coordinated Entry projects are not scored in the same way as housing projects, as CE is a system requirement. Homeward projects have historically been placed at the bottom of Tier 1, not due to performance, but to prioritize housing programs. Projects placed in Tier I (as the CE Expansion project has been) are generally considered to be safe from cuts.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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The deadline for appeals is September 13 at noon. If you wish to appeal on the grounds stated in the policy, please email Michael Rogers at mrogers@homewardva.org.

Thank you for your commitment to ending homelessness in our region.

Michael Rogers
System and Continuum of Care Director
Homeward
9211 Forest Hill Ave Suite 200-B
Richmond, VA 23235
804-353-3045 ext. 22

From: [Michael Rogers](#)
To: [Beth Vann-Turnbull \(beth@housingfamiliesfirst.org\)](#); [Cindy J. Moussavou](#)
Cc: [Kramer, Kathleen](#); [Frances Marie Pugh](#)
Subject: GRCoC Ranking FY22 HUD CoC--HFF
Date: Saturday, September 10, 2022 10:17:00 AM
Attachments: [GRCoC-Appeals-Process.pdf](#)
[GRCoC FY22 HUD CoC Ranking Project Priority Listing 9.9.22.pdf](#)
[HFF RRH score.xlsx](#)

Good morning,

The Greater Richmond Continuum of Care Ranking Committee met on September 9, 2022 to review project applications for FY22 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval. I am also attaching the scoring forms used in this process by the Ranking Committee in accordance with the Board-approved methodology and performance standards.

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Thank you for your commitment to ending homelessness in our region!

Michael Rogers
System and Continuum of Care Director
Homeward
9211 Forest Hill Ave Suite 200-B
Richmond, VA 23235
804-353-3045 ext. 22

From: [Michael Rogers](#)
To: [Holmes, Erica](#); [Schoelles, Katelyn](#)
Cc: [Kramer, Kathleen](#); [Frances Marie Pugh](#)
Subject: GRCoC FY22 HUD CoC Ranking--SJV
Date: Friday, September 9, 2022 6:00:00 PM
Attachments: [SJV RRH score.xlsx](#)
[GRCoC FY22 HUD CoC Ranking Project Priority Listing 9.9.22.pdf](#)
[GRCoC-Appeals-Process.pdf](#)

SJV,

The Greater Richmond Continuum of Care Ranking Committee met on September 9, 2022 to review project applications for FY22 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval. I am also attaching the scoring forms used in this process by the Ranking Committee in accordance with the Board-approved methodology and performance standards.

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Greater Richmond Continuum of Care FY22 HUD CoC Application Ranking on 9.9.22

Rank	Score	Applicant Name	Project Name	Project Type	Component Type	Amount Requested	Amount Ranked	Running Total
1	32/35	Va. Supportive Housing	Home Link 2	PSH	PSH	\$ 591,182.00	\$ 591,182.00	\$591,182.00
2	32/35	Va. Supportive Housing	HomeLink 3	PSH	PSH	\$ 200,481.00	\$ 200,481.00	\$791,663.00
3	28/32	Housing Families First	Building Neighbors	RRH	RRH	\$ 263,955.00	\$ 263,955.00	\$1,055,618.00
4	31/35	HomeAgain (Emergency Shelter Inc)	Permanent Supportive Hsg	PSH	PSH	\$ 388,938.00	\$ 388,938.00	\$1,444,556.00
5	28/35	Va. Supportive Housing	HomeLink 1	PSH	PSH	\$ 2,366,765.00	\$ 2,366,765.00	\$3,811,321.00
6	26/35	Richmond Behavioral Health Authority	Home Connect 1 Program	PSH	PSH	\$ 276,520.00	\$ 276,520.00	\$4,087,841.00
7	27/32	St. Joseph's Villa	Richmond Flagler SJV	RRH	RRH	\$ 327,752.00	\$ 327,752.00	\$4,415,593.00
8	NS	Homeward	Homeward Community Information System	HMIS	HMIS	\$ 50,000.00	\$ 50,000.00	\$4,465,593.00
9	NS	Homeward	Coordinated Entry	SSO-CE	SSO	\$ 149,750.00	\$ 149,750.00	\$4,615,343.00
10	NS	Homeward	Coordinated Entry Expansion	SSO-CE	SSP	\$ 62,475.00	\$ 60,480.00	\$4,675,823.00
11	22/32	HomeAgain (Emergency	HomeAgain RRH	RRH	RRH	\$327,207.00	\$327,207.00	\$5,003,030.00
12								\$5,003,030.00
13								\$5,003,030.00
14								\$5,003,030.00
15								\$5,003,030.00
16								\$5,003,030.00
17								\$5,003,030.00
18								\$5,003,030.00
NR	NS	Homeward	CoC Planning Grant	Planning	Planning			\$5,003,030.00

\$5,005,025.00 \$5,003,030.00

Formula does not include Planning

NR= Not ranked NS= Not scored

Score column is deleted when sent to grantees

Description	Amount
Annual Renewal Demand (ARD)	\$5,003,030
CoC planning (not ranked; not competitive)	\$198,483
Tier 1 (95% of ARD + 100% of newly renewable grants) Grants in Tier 1 are likely to be funded	\$4,752,879
Tier 2 (5% of ARD+ CoC and DV Bonuses). Grants in Tier 2 may not be funded.	\$1,242,568
DV Bonus	\$661,611
CoC Bonus	\$330,806