

## Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** VA-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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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

In the chart below for the period from May 1, 2020 to April 30, 2021:

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

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

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

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

**(limit 2,000 characters)**

1. 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. Homeward makes regular presentations via a virtual platform to local and state human services agencies/leaders and groups such as local REALTORS and affordable housing developers. 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. For example, Homeward participated in the City of Richmond's Homelessness Advisory Council through which a publicly-shared report was developed that included an invitation for community members to join the CoC.

2. Homeward maintains a dedicated CoC website 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 and Young Adult Workgroup, Seasonal Shelter Task Force) include a required number of persons currently experiencing or with lived experience of homelessness represented in the membership composition. All participants in these engagements are invited to join the CoC.

4. Invited local NAACP, Latino Empowerment Center, and Center for Independent Living (disability equity analysis & planning) to review CoC's racial equity analysis and participate in planning future equity analyses and action planning.

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1.-2. The CoC has no dues and holds quarterly meetings in locations accessible (through a virtual platform since March 2020) to a membership of 30+ homeless service providers, related human service providers, local, state and federal agencies and formerly homeless individuals. Homeward, the Collaborative Applicant, maintains a CoC email list of 368 agencies and individuals, a dedicated CoC website, endhomelessnessva.org and makes presentations in all eight CoC localities to groups such as human services providers, law enforcement, the faith community and social services departments. The CoC solicits opinions from members through online surveys, public input sessions and requesting public comment on documents posted on the CoC website. Recent examples include soliciting input on 2021-22 funding priorities for federal and state funding, updates to our governance bodies, and 2021 performance measures. The CoC also conducts input sessions with consumers soliciting opinions on services, funding and other issues. The CoC consults with the Workforce Development Board, local funders and United Way.

3. Information obtained through these forums, surveys and meetings is provided to relevant CoC Committees and the Board to inform the development of funding priorities, policies and programs. 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 Funded.	
	NOFO Section VII.B.1.a.(4)	

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

**(limit 2,000 characters)**

1. Availability of FY21 HUD CoC funding was announced on August 18, 2021 through a CoC newsletter, an email to the Case Manager's List-serve (with more than 650 members), and was posted on the CoC's website <https://endhomelessnessrva.org>. On September 1, 2021 the CoC announced through the newsletter and listserv that project applications were open.

2-3 Through newsletters and listservs, new applicants were invited to apply for funding and to contact the Continuum of Care 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, application forms, scoring forms, a timeline for the grant process and a description of the grant ranking and review process. Through these announcements, the CoC included invitations to three "FY21 NOFO Overview" webinars, two "How to Apply" webinars, and five online open office hours Q&A sessions. Links to recordings of these webinars were shared through newsletter and listserv, and direct emails to interested organizations that have not previously received CoC Program funding.

4. 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 Collaborative Applicant 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. Homeward advertised and conducted multiple FY21 CoC Program information session webinars. All webinars included an overview of the Ranking process and the CoC's threshold requirements.

5. The CoC uses many conventions from Section 508 requirements including using naming conventions and limiting images of text. Links in documents are underlined for accessibility. Homeward uses virtual platforms to improve accessibility.

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The CoC coordinates allocation of Richmond, Henrico County and Virginia ESG funding for programs in the CoC region. The CoC Ranking Committee reviewed preliminary funding and recommendations provided by Richmond in January 2021 and Henrico County in April 2021. At the request of the funding localities, in July 2020, the CoC developed a Regional Pandemic Resource Allocation Strategy to guide allocation of ESG-CV funding in the region. 2. The CoC Ranking Committee reviews and evaluates grantee performance based on the 2021 adopted performance measures at their regular meetings as well as during the grant ranking process. 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. Virginia Homeless Solutions Program funding includes nonentitlement ESG funding. Allocations for this funding are recommended by the Ranking Committee following the same process. 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 provides PIT data and content for updates to the Consolidated Plans in Richmond, Henrico, and Chesterfield. Homeward works with local government staff on these updates and attends public meetings hosted by these localities.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	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.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes

5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

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

(limit 2,000 characters)

1. The Richmond Public Schools McKinney-Vento liaison has provided a formal letter of support laying out the partnership with the CoC. McKinney-Vento liaisons from 8 LEA's (school districts) are integrated into CoC planning by participating in CoC quarterly meetings and planning and input sessions on child and family initiatives. 2. The McKinney-Vento staff participate in CES to ensure households with homeless students are connected to resources. Additionally, our community brings together McKinney-Vento liaisons from all 8 localities twice a year for updates and problem solving. 3. CoC leadership participated with LEAs in an assessment of the CoC's competitiveness for YHDP funding. These planning sessions met weekly for 6 weeks and laid the groundwork for the CoC's YHDP application, as well as the ongoing Youth and Young Adult Workgroup. The primary role of the workgroup is to charter and establish an YAB. LEA representatives have been invited to be members of the workgroup.

4. 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. The CoC has issued HMIS license to MV liaisons.

5. CoC leadership is on joint committees including the City of Richmond Homeless Advisory Council and Human Services Cabinet. RPS meets with shelter and housing agencies so clients know school registration process.

6. Richmond, Chesterfield, Henrico public schools have partnerships with family and youth providers for prevention. They also work with a CoC provider on eviction diversion work for families with schoolchildren.

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

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

**(limit 2,000 characters)**

The CoC annually provides training to McKinney-Vento staff on coordinated entry, shelter and rapid rehousing service providers regarding their obligation, under McKinney-Vento, to inform families of educational and related opportunities available to their children and to ensure that school aged children are enrolled in school with appropriate supportive services. Each family seeking is informed of their McKinney-Vento liaison and encouraged to connect. Once in shelter, staff make direct referrals to the liaison. The CoC provides technical assistance to McKinney-Vento liaisons to troubleshoot housing emergencies for specific households and ensures that all service providers receive updated information on McKinney-Vento. McKinney-Vento liaisons participate in coordinated entry and provide services to children in shelters, ensuring service coordination across systems.

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

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

**(limit 2,000 characters)**

1. At least annually, the YWCA provides cross training 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 DVSA agencies in the COC, and made available to any organization who requests it as part of each agency's community outreach efforts. In order to ensure seamless access to resources and also facilitate cross-training, DVSA staff and leadership in the region actively participate in a number of GRCoC committees & workgroups (including the GRCoC Board.)

2. The YWCA also provides annual training for Homeless Connection Line 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. 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 DVSA network. This minimizes the number of calls the survivor needs to make and reduces the likelihood of re-traumatization.

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

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

**(limit 2,000 characters)**

The EmpowerNet Regional Hotline, which is administered by the YWCA Richmond, is the largest Access Point for survivors of domestic violence, intimate partner violence, stalking, human trafficking and/or sexual assault in the GRCoC. The EmpowerNet Hotline documents requests from survivors on behalf of all of the DVSA providers in the Greater Richmond region in Apricot Social Solutions, an approved comparable database. 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 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 in Apricot Social Solutions. In addition to maintaining their own internal comparable data platforms, all DVSA service providers in the GRCoC document additional de-identified information in VADATA, which is an approved, statewide comparable database managed by the Virginia Action Alliance. HUD data elements are incorporated in the basic VADATA assessment forms and have corresponding housing reports that pull information specific to state and federal reporting. As a result, aggregate, de-identified data is exchanged with the GRCoC on such data points as the number of crisis calls received, the number of households seeking emergency assistance, the number of individuals experiencing different types of violence, the number of exits to safe destinations as well as the specific services provided

by DVSA providers.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

**(limit 2,000 characters)**

1. The CoC's designated Access Point for survivors, EmpowerNet Hotline, provides immediate, 24/7 access to crisis counseling and support, safety planning, hospital accompaniment, and emergency housing 365 days a year. Safety planning and imminent danger assessments are a routine part of the assessment process, and staff are trained to ask for safe methods of contacting the survivor. Survivors interested in receiving ongoing services, including housing, are connected directly to community resources at one of our partner agencies, without having to repeat the intake process over again.

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. This year, the CoC provided system-wide training on CES protocols that included how to access crisis support, emergency housing, rapid rehousing, and supportive services through EmpowerNet.

2. EmpowerNet Regional Collaborative is a fully coordinated network of the 6 leading DVSA providers in the region. They closely 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 DVSA partners in the Greater Richmond Region and are equipped to facilitate relocation out of state if needed to ensure safety.

3. Through EmpowerNet, survivors have the option to obtain emergency housing in secure, confidential locations throughout the region. Survivors may also 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 is also coordinating referrals for survivors through a single point of contact (with a signed release) rather than via the Coordinated Entry Case Conferencing process.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Richmond Redevelopment and Housing Authority	20%		
Virginia Housing	5%	Yes-HCV	No

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

Describe in the field below:

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

**(limit 2,000 characters)**

Both PHAs in our area have limited homeless admission preferences. The Director of the HCV program 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 homeless admissions preference for public housing. Homeward staff have 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.

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 Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

N/A

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
---	-----

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

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
----	--

2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

- 1.The CoC and Richmond Redevelopment and Housing Authority submitted a mainstream voucher application and a Family Unification Program application together.
- 2.The mainstream voucher application was approved. Our community was not awarded the Family Unification Project.
- 3.Our community received 153 mainstream vouchers. To date, 94 households have been leased through MSVs and an additional 38 have been issued through the CoC's Coordinated Entry System

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

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

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

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

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

PHA
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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	15
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	15
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

**(limit 2,000 characters)**

Each year, the CoC establishes MoUs with all agencies that participate in Coordinated Entry to outline roles and responsibilities of homeless service providers in the CoC. By signing this document, agencies agree to adhere to established program standards and Coordinated Entry System Policies and

Procedures, all of which require a Housing First approach and prohibit preconditions to service. Additionally, Homeward, the CoC's Coordinated Entry System Coordinator, regularly conducts data-informed analyses of the CES and its providers in order to assess performance and identify areas of improvement for relevant committee(s) and/or the CoC Board. In order to enhance the CoC's monitoring capacity, in 2020 the CoC board voted to change the Quality Improvement Leadership workgroup into a permanent standing committee. Lastly, if and when the CoC is informed of a provider reportedly requiring preconditions to service, 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.

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

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

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

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

**(limit 2,000 characters)**

1. 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 and the state. The Outreach Team meets bi-weekly for scheduling and case conferencing and communicates daily to coordinate services. The team maintains a list 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 allows 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. Once a client is identified, the outreach workers conduct ongoing, progressive engagement, meeting basic needs and introducing the concept of housing as soon as possible. A language telephone line and bilingual staff are available throughout the region. A form on the CoC website allows the public to request a welfare check for someone sleeping outdoors.

1C-11.	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	450	499

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

**You must select a response for elements 1 through 3 in question 1C-13.**

1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	
	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:	
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;	
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;	
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and	
4.	providing assistance with the effective use of Medicaid and other benefits.	

**(limit 2,000 characters)**

1.-2. The CoC provides training and information through monthly newsletters on mainstream benefits and mainstream benefits. Providers participate in the Case Managers' List-serve (with 680 providers.) This forum allows the peer exchange of information and resources with an emphasis on public benefits, and substance abuse programs. Mainstream resource providers participated in a series of 14 virtual resource fairs, put on by the CoC. At these sessions, mainstream resource providers updated participants on availability of and access to their services/programs. The sessions were held bi-weekly from Dec 2020-March 2021. The CoC also invited mainstream resource providers to share similar updates at bi-weekly Community Partner Updates. The CoC has SOAR workers and student interns from 12 private and public agencies to assist participants access social security benefits. Annually, Homeward invites mainstream resource providers to participate in the Best Practices Conference. In 2021, 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. 3. 4. 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 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.

1C-14.	Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	
	Describe in the field below how your CoC's coordinated entry system:	

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

**(limit 2,000 characters)**

1. Our CoC has 3 Access Points: Homeless Connection Line (HCL), the Empowernet Hotline (DV), 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 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. Coordinated Outreach workers respond to consumer or community stakeholder requests for assistance in all 8 localities. 2. Homeward publicizes the availability of outreach services on its website and in communications with stakeholders. 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. Coordinated Outreach proactively seeks clients experiencing unsheltered homelessness who may not reach out to services.

3.- 4. Emergency shelter is prioritized for clients with the longest time homeless. Information for shelter is taken directly from Access Points' HMIS entries. Two CES Care Navigators receive a report of daily openings from shelters and match clients according to length of homelessness, ensuring that shelter openings are immediately filled. RRH and PSH are also prioritized by length of homelessness (the CoC retired its use of the VI-SDAT and is solely using length of homelessness to prioritize households while it explores potential replacement assessment tools). Households are quickly connected to openings in RRH and PSH programs through Care Navigation who receive notification of program openings. These referrals are coordinated with more than 15 agencies.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

The CoC has provided and providers have participated in implicit bias and racial equity trainings to promote using an equity lens in service provision. Providers regularly review project data to analyze equity in access and outcomes. Several providers have successfully solicited funding to develop anti-racist organizational and program policies, as well as develop internal racial equity committees. Additionally, since the onset of the COVID-19 pandemic, the CoC has prioritized partnering with Black-led and Black-serving organizations that have not traditionally participated in coordinated homeless services, but have strong ties to the communities most affected by homelessness. This strategy was developed in order to better reach and serve communities of color. Recently, the CoC board approved a funding strategy that will allow for the development of a strategic plan that will include racial equity planning.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	400	197
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	40	0
3.	Participate on CoC committees, subcommittees, or workgroups.	3	0
4.	Included in the decisionmaking processes related to addressing homelessness.	0	0
5.	Included in the development or revision of your CoC's local competition rating factors.	20	0

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

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

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

6.	Other:(limit 500 characters)	

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

**(limit 2,000 characters)**

1. When the national state of emergency was declared on March 13, Richmond also contained the largest encampment in the state. Homeward and CoC providers partnered to offer hotel rooms to everyone in the encampment. The CoC quickly expanded outreach and the offer of hotel rooms to older adults, people with medical conditions, and households with minor children experiencing unsheltered homelessness. In April 2020, the CoC board approved a COVID-response addendum to its CES policies and procedures. This included guiding principles for the pandemic response and detailed changes and additions to prioritization for emergency shelter and emergency shelter alternatives. The prioritization for non-congregate shelter (NCS) included people age 65+, those with existing medical conditions, households with minor children. Additionally, NCS was provided for anyone experiencing homelessness that was symptomatic of COVID, had received a positive COVID test, or was awaiting a COVID test result.

2.-3 Early in the pandemic, CoC shelter providers stood up a high-risk shelter and a family expansion shelter in a vacant Boys and Girls club and a hostel, respectively. These programs, in addition to hundreds of hotel rooms provided by Homeward, allowed congregate shelters to socially distance and reduce their participant census to about 50%. The hotel rooms also provided congregate shelter and transitional housing providers isolation and quarantine units for their symptomatic and COVID-positive participants.

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

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

**(limit 2,000 characters)**

The CoC has connected with HUD TA providers to work towards developing standard operating procedures for infection control measures at congregate shelters. This process will include a training on infection control measures/how to use ESG-CV to expand shelter capacity long-term (renovation/expansion). A planning charrette to review SOP components and elicit feedback on SOPs and bring back recommendations to group. The final product will be a collaboratively-developed, documented public health emergency policy and procedure manual that works for providers and serves clients safely.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

1. In preparation of the second round of CARES Act funding, and in order align the needs of service providers with the pandemic funding priorities set by the board, the CoC Ranking Committee conducted a survey of funding needs and service activities with CoC service providers. The results from the survey and additional program and system data were used by the Collaborative Applicant to develop funding and action recommendations that were approved by the CoC board. The endorsed recommendations were shared with entitlement and non-entitlement ESG-CV recipients. The entitlement jurisdictions agreed to fund the recommendations put forth by the CoC. The recommendations prioritized the continuation and expansion of non-congregate shelter as the primary means to mitigate the risk of exposure to and transmission of COVID for people experiencing homelessness. 2. These recommendations also prioritized funding for housing search staff and rapid exit dollars to assist households in quickly resolving their homelessness. 3. The CoC worked with a locality that funded an eviction diversion program with ESG-CV to develop a temporary CES policy addendum that allowed referrals to the program to come through a CES Access Point. 4.-5. Each of the ESG-CV project proposals that were submitted included budget line items for healthcare and sanitary supplies.

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

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

**(limit 2,000 characters)**

1-2. The CoC's pandemic response was co-led by the Collaborative Applicant and the Chief Medical Officer and other leadership from Daily Planet Health Services (DPHS), a Healthcare for the Homeless grantee and Federally Qualified Health Center. DPHS provided real-time guidance on infection mitigation strategies for CoC agencies and offered individualized recommendations for congregate CoC facilities. The CoC worked with area health systems to develop a non-congregate shelter (NCS) referral protocol for patients experiencing homelessness who were being discharged from a hospital after being treated for COVID-19. The primary point of contact for the referral and medical follow up was the Chief Medical Officer from DPHS. Hospital staff worked directly with DPHS to identify and refer patients experiencing homelessness who needed isolation and quarantine options. The patients are transported by the hospital to the NCS site where they receive an isolation and quarantine unit, meals, healthcare follow up, and access to additional services. DPHS supported NCS staff in managing the isolation program. DPHS also stood up a dedicated testing site in spring 2020 dedicated to the FQHC patients, people experiencing homelessness, and homeless services staff. Rigorous and accessible testing allowed the CoC to reduce the spread of COVID and to respond quickly to potential outbreaks in congregate settings. DPHS interfaced with local and state public health officials to provide up-to-date information and resources to CoC partners and shared this information during bi-weekly and monthly CoC updates hosted by the Collaborative Applicant. DPHS coordinated with public health officials to lead vaccine clinics at the non-congregate and other shelter sites in early 2021 and offered vaccinations to homeless service agency staff members in the CoC

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

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

**(limit 2,000 characters)**

1.-3. The CoC used weekly, then bi-weekly Community Partner Updates to communicate the rapidly changing landscape that informed our coordinated pandemic response. Homeward led a total of 32 of these webinars during the first year of the pandemic. Through these webinars, CoC providers heard updates from public health officials, the Chief Medical Officer of our region's Healthcare for the Homeless Provider (this provider led the CoC's testing and vaccine implementation programs), and mainstream resource providers. The CoC also regularly issued newsletters containing similar updates and coordinated targeted information sessions on pandemic-related policy and resource updates with CoC providers.

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

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

**(limit 2,000 characters)**

Homeless shelters and staff were prioritized by the state of Virginia, in part due to close coordination on other public health issues- -such as a Hep A outbreak. Daily Planet Health Services (DPHS), the regional FQHP and Healthcare for the Homeless provider, with state and local public health offices to rollout a vaccination program for eligible participants of our homeless service system. Eligibility phases were communicated to CoC provider through webinars and direct emails. CoC shelter providers engaged program participants about interest in vaccines, and DPHS coordinated to have onsite vaccine clinics at shelters, including non-congregate shelter (NCS) sites. The CoC's Coordinated Outreach Access Point is led by a DPHS staff, and a system of referrals for eligible participants was implemented. Additionally, DPHS Chief Medical Officer and Homeward staff went door-to-door at NCS sites to engage program participants and encourage vaccination. These combined efforts led to 60% of July 2021 PIT count survey participants reporting being fully vaccinated. An additional 17% reported plans to get vaccinated.

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

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

**(limit 2,000 characters)**

The data that we collected helped inform strategic decisions about regional services and ensure that our network was poised to respond to this public health crisis. For example, we tracked the percentage of hospital accompaniment requests that our Hotline received at different times of day in order to develop an appropriate staffing pattern during the pandemic.

Despite the overwhelming impact of the pandemic, agencies found creative ways to continue to deliver the same level of service to survivors who rely on our partners for critical services. As more people were forced to stay at home, survivors were confined in close proximity to their abusers, making it more difficult to safely and confidentially access critical resources. So at the start of the pandemic, calls to the EmpowerNet Hotline dropped significantly. Our agencies quickly pivoted operations so that we could continue to safely provide critical services, including an alternate means of obtaining emergency assistance via our new text feature. Over the last few months, as restrictions have lifted and the region has begun to return to normal, we have been seeing a steady increase Hotline calls, and anticipate this to continue as individuals

can seek help safely. There has also been a significant level of coordination between all Access Points, as survivors with more complicated needs access resources across service systems.

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

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

**(limit 2,000 characters)**

In response to the public health and economic crisis caused by the COVID-19 outbreak, temporary changes to the Coordinated Entry Policies and Procedures were needed to ensure that the CoC's coordinated entry process remained flexible and responsive to new information. These additions and clarifications were informed by collaborative planning, input from GRCoC service providers, input from people experiencing homelessness provided in communications with Coordinated Entry System staff, and new resources made available to address the crisis (ESG-CV, CDBG-CV, FEMA, and Virginia Homeless Solutions Program funding.) The CoC added resources to provide immediate access to safe, indoor accommodations for those at risk of exposure to or transmission of COVID-19.

Prioritization for emergency shelter and emergency shelter alternatives were updated to be based on the following criteria:

- Existing prioritization for unsheltered households based on the length of homelessness.
- Risk factors for exposure to COVID-19 including
- Age of 65 years old or older
- Significant underlying health conditions
- Households with minor children

The CoC also worked to secure funding to expand Access, both through additional Outreach staff and additional Homeless Connection Line (HCL) staff—the additional HCL staff also allowed for the CoC's primary Access Point to extend hours and days of operation to 7 days a week and evenings.

In early 2021, the CoC temporarily suspended prioritization for RRH for both singles and families. This was due to a significant increase in first-time homeless households, and large CARES Act RRH awards. The CoC also worked to adopt CES policies and procedures to incorporate newly CARES Act-funded agencies and programs into its crisis response system.

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/01/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/01/2021

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	No
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process—Addressing Severity of Needs and Vulnerabilities.	
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## NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

**(limit 2,000 characters)**

1.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.

2.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 Review and Ranking Process.

## NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1.-2.: During the local funding process of the FY21 CoC competition, Homeward staff conducted two consumer input sessions at the non-congregate shelter on the topic of public funding for homeless services in the region. Staff provided an overview of the Greater Richmond Continuum of Care (GRCoC), Homeward as the designated lead agency, and HUD as the single largest funding source for coordinated homeless services in Greater Richmond. The two sessions engaged a total of 20 participants. 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. This report was reviewed with the Ranking committee prior to their review, scoring, and ranking of project applications.

3. The CoC's FY21 supplemental project applications included question asking how applicants are evaluating and addressing racial inequities in program outcomes. This information was incorporated in the Ranking committee's consideration for project ranking.

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

Describe in the field below:

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

**(limit 2,000 characters)**

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
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1E-5.	Projects Rejected/Reduced—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/29/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/29/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/08/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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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 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

1. We work closely with DV providers through their collaborative and with the administrator of the DV comparable database. The administrator of the DV comparable database is a participating member of the HMIS committee and receives information about updates to HUD data standards so that she can make sure that the DV database is programmed appropriately. Homeward offers support and technical assistance to ensure that the DV providers who receive HUD funding (including funding that flows through the state and entitlement communities) are collecting the required information. 2. For system performance, we provide details on data needs for the Continuum of Care, along with technical assistance to help the providers participate in community reporting needs. We also obtain performance information from DV providers (through the submission of de-identified client-level data) to participate in project ranking activities, as well as a community outcomes report that is required by our state housing organization.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	639	54	563	96.24%
2. Safe Haven (SH) beds	41	0	37	90.24%
3. Transitional Housing (TH) beds	95	14	81	100.00%
4. Rapid Re-Housing (RRH) beds	402	18	384	100.00%
5. Permanent Supportive Housing	972	0	393	40.43%
6. Other Permanent Housing (OPH)	152	0	152	100.00%

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

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

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

(limit 2,000 characters)

1. We have less than 85% bed coverage in the PSH category due to two projects - 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. Over the past year, we have made significant progress in this area. In January of 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 these changes, we streamlined the data entry

forms to facilitate complete data entry without placing an undue burden on VA staff. We also identified the specific issues that we would need to address in order to design a process that adequately met HUD's requirements (e.g., intakes on children - whom the VA does not consider its clients; annual assessments; transfer of information about entries and exits). Though the VA has communicated its willingness to help in this endeavor, the pandemic created a competing priority. 2. Funding received to address HMIS capacity will give us additional staff support to assist the VA in updating HMIS. Homeward is prepared to do as much data entry as possible to assist in raising this metric. We will also continue to advocate with our partners on the impact of not using HMIS for state-funded PSH projects.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

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

(limit 2,000 characters)

N/A

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	No
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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

<b>Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?</b>	Yes
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<b>2B-2.</b>	<b>Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.</b>	
	<b>NOFO Section VII.B.4.b.</b>	

<b>Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?</b>	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

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

(limit 2,000 characters)

1. 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 CoC implemented a strategy to address first time homelessness and households at risk of homelessness by creating a shelter diversion phone line in 2017 providing mediation and problem solving to anyone within 3 days of homelessness or already homeless. This phone based system, expanded in 2018 and renamed the Homeless Connection Line (HCL), is now one of the 3 Access Points to the CoC's CES. The CES, through the Empowernet hotline (DV), the HCL and Coordinated Outreach, 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 CoC is also participating in regional efforts to reduce evictions through a coordinated effort with a pilot eviction diversion program and enhanced legal assistance for those facing evictions. 3. The CoC director provides subject matter expertise and administrative support for the strategy.

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

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

**(limit 2,000 characters)**

1. To reduce the length of time households remain homeless, the CES prioritizes and refers households to shelter and housing interventions, based on 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. The CoC director provides subject matter expertise and administrative support for the strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

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

**(limit 2,000 characters)**

1. 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 2 diversion trainings for Access Point providers, Housing First for all providers, completing RRH and PSH applications and obtaining documentation needed to secure housing. Homeward has 3 times contracted OrgCode to provide housing-based case

management trainings to over 20 provider staff members. 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. 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.

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

**(limit 2,000 characters)**

1. 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 through case conferencing 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. The CoC director provides subject matter expertise and administrative support for the strategy.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

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

**(limit 2,000 characters)**

1. The CoC has ongoing efforts to increase program participants' income through employment to ensure housing stability. Quality Improvement Leadership is the key committee in these efforts. A primary strategy is to connect with local workforce providers. 2. The CoC hosted several mainstream resource "service fairs" is year. Employers participated in these sessions and provided training to case managers on increasing employment. The CoC and Workforce system have shared board connections. The CoC partners with the Workforce board to provider cross trainings for homeless services/workforce services. The Case Managers' listserv is used to post job openings and other employment resources. 3. The CoC director provides subject matter expertise and administrative support for the strategy.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

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

**(limit 2,000 characters)**

1. CoC & ESG funded RRH providers have employment navigators assisting with connections to mainstream employers. Several case managers have connections to employers and share job openings with clients and with their peers. Case managers participate in local workgroups with workforce professionals to develop relationships with employment & workforce providers and to stay up-to-date on resources. Homeless Connection Line staff provide employment resources to callers who identify income as a need. 2. The staff of the American Jobs Center regularly posts workshops and job fairs, and other opportunities on the Case Managers' List-serve (with 680 subscribers.) The CoC works closely with the HVRP provider for veteran employment. Homeward staff have provided in-service training on homeless services and the CoC to workforce partners.

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

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and

- |    |  |
|----|--|
| 3. | provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income. |
|----|--|

**(limit 2,000 characters)**

1. The CoC Board and a number of committees have ongoing efforts to increase program participants' income through non-employment support to ensure housing stability. These committees include the SOAR Workgroup and the Coordinated Outreach Team. 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.
2. The CoC's primary strategy to increase access to non-employment cash has been to increase the number of SOAR-trained staff. The CoC partners with the state mental health agency to provide supports, trainings, and data collection on SOAR. A secondary strategy has been to enroll clients in Medicaid expansion. This is not cash assistance but access to healthcare reduces other financial burdens. All providers help households to apply for mainstream benefits such as SNAP. The CoC has also recently established a Service Coordination partnership with the Area Agency on Aging that connects older adults experiencing homelessness with non-employment cash income sources.
3. The CoC director provides subject matter expertise and administrative support for the strategy.

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Home Connect 2	PSH	13	Healthcare

### **3A-3. List of Projects.**

**1. What is the name of the new project?** Home Connect 2

**2. Select the new project type:** PSH

**3. Enter the rank number of the project on  
your CoC's Priority Listing:** 13

**4. Select the type of leverage:** Healthcare

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

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

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

(limit 2,000 characters)

n/a

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

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

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

(limit 2,000 characters)

n/a

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

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

Project Type		
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH/RRH Component	Yes

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

1.	Enter the number of survivors that need housing or services:	3,000
2.	Enter the number of survivors your CoC is currently serving:	293
3.	Unmet Need:	2,707

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

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
----	--

2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

**(limit 2,000 characters)**

1. This number is based on the number of callers to the Empowernet DV hotline. 2. Data comes from VAData (statewide comparable database managed by the Virginia Action Alliance) and Social Solutions Apricot, (comparable database managed by the YWCA for the regional DV hotline). 3. To increase access to SDV services and have additional programs that meet the trauma-informed needs on survivors.

4A-3.	New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.	
	NOFO Section II.B.11.(c)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	YWCA
2. Project Name	FY21 YWCA DV Bonus SSO-CE

4A-3a.	New SSO-CE Project–Addressing Coordinated Entry Inadequacy.	
	NOFO Section II.B.11.(c)	

Describe in the field below:

1.	how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1. above.

**(limit 2,000 characters)**

The EmpowerNet Hotline operates 24/7, 365 days a year. The GRCoC proactively markets the Empowenet Hotline, helps individuals understand how to access resources and removes barriers to accessing services, especially for people who are least likely to access it on their own (i.e., survivors of domestic violence). The EmpowerNet Regional Hotline utilizes a standardized, trauma-informed assessment tool known as the Imminent Danger Safety Assessment Decision Tree to determine the most appropriate intervention for survivors of intimate partner violence with no other safe place to go. Emergency housing resources are offered to survivors who may need to flee from a partner harming them, stabilize during the aftermath of a sexual assault, or escape an assailant or trafficker. Staff assess whether there was a recent, life-threatening incident that occurred, and is likely to recur, causing the survivor to flee for their safety and leaving them with no safe alternatives to stay. Through a conversation with the survivor, the Regional Hotline considers whether there was an occurrence in the last two weeks of either a) an act of physical or sexual abuse or b) a threat of physical, sexual or emotional violence that fits into a pattern and history of abuse and, that if carried out would cause the client to be in danger. Each call to the Regional Hotline is taken on a case-by-case basis to determine the most

appropriate resources to offer each caller. Staff take a client-centered approach and do not assume that the caller is seeking shelter even when facing immediate danger. Survivors may not want to leave their current housing for the uncertainty of entering another temporary housing situation. Safety planning around how to stay as safe as possible in their current living situation is essential, but staff also provide information about other housing resources, including relocation assistance, to help the survivor identify options for a long-term safe housing plan.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

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

Applicant Name
Virginia Homes fo...

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

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

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

1.	Applicant Name	Virginia Homes for Boys and Girls
2.	Rate of Housing Placement of DV Survivors–Percentage	50.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	100.00%

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

Describe in the field below:

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

**(limit 1,000 characters)**

1.2.Housing placement was generated by the Collaborative Applicant by using HMIS on the Pride Place project. 50% of participants exited to permanent housing. The Housing Retention rate remains high because this is a new program limiting the scope of retention analysis.

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

Describe in the field below how the project applicant:

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

**(limit 2,000 characters)**

1. VHBG serves youth and young adults experiencing category 4 homelessness and strives to be as inclusive as possible in offering transitional housing through our Pride Place program. Pride Place has a target turnaround time from referral

to enrollment is five days.2. The project applicant has signed a CES MoU with the CoC and has agreed, if funded, to work with the CoC to develop prioritization criteria. VHBG also works through the coordinated entry process to ensure the participants are able to access needs they cannot fulfill and services they do provide elsewhere. Upon entry into the program, participants are introduced to Nationz (a Richmond-based nonprofit that inspires healthier lifestyle choices and equips the community with the necessary tools to assist in decisions that increase wellness with a focus on serving transgender individuals), the Richmond Youth Hub (which connects youth to essential services; supports; and social, recreational and educational programs), and St. Joseph's Villa for outreach resources. 3. To better understand the needs of the LGBTQ+ community and ensure the program is inclusive and affirming, VHBG staff works closely with LGBTQ youth-serving organizations such as Side by Side, Nationz, and Virginia Center for Inclusive Communities. Staff encourages the young adults served to apply for SNAP, DSS, and disability benefits if eligible and help them through the process.4. Approximately 15-20% of Pride Place participants were in foster care, VHBG helps those who qualify obtain Foster Youth to Independence On Demand Vouchers, which can help cover 70% of rent for three years. VHBG aims to set each participant up for success after they leave the program and an essential part of success is employment or other form of steady income as well as housing-focused case management. Staff offers as much support around this topic as the participants will allow. Aid in resume preparation, preparing for interviews, and help them target open positions that match their skills and talents.

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

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

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

**(limit 5,000 characters)**

1. The CoC will work with the project applicant, if funded, to provide safety planning training. During the intake process, safety plans are created with a focus on creating boundaries that limit future opportunities for violence. Pride Place works with Safe Harbor, another DV organization, and encourages participants to connect with available resources they offer as needed. 2. The Pride Place at VHBG in-take process takes place in a commons building which has ample private office and meeting rooms to ensure private conversation. 3. VHBG considers all residents as individuals, and follows standardized individualized intake procedures for each member of a couple to ensure the program is the best for them. 4. Safety issues are discussed at length during the intake and orientation processes. Questions related to triggers and safety

concerns regarding their current living situation and as they think about Pride Place are addressed. Staff works with the participants to mitigate situations where the participants may feel unsafe, allowing them to thrive. It is important to note that our residents live on our campus which is closed to the public and routinely monitored for safety issues. In addition, staff is available 24/7 to assist if any issues should arise. 5. All buildings on campus are maintained by VHBG's maintenance staff of three employees. These staff members perform proactive maintenance and work hard to immediately address any building issues that may arise. Staff also works with residents to help them learn how to maintain communal living spaces such as kitchens, living rooms and bathrooms. We provide cleaning products and tools to make this process as easy as possible for them. 6. Pride Place is on the campus of VHBG which is a known location, but the Pride Place transitional housing is only available to the LGBTQ+ youth and young adults.

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

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

**(limit 2,000 characters)**

In FY21, Virginia Home for Boys and Girls (VHBG) served as a subrecipient on an ESG-CV grant issued through the City of Richmond to Side by Side for our Pride Place at VHBG program. While staffing changes prevented Side by Side from fulfilling all of their responsibilities as outlined in the MOU, VHBG has successfully assumed all responsibilities and managed the Pride Place program, offering emergency housing to young adults who identify as LGBTQ+ in the Richmond metro area.

VHBG has built a robust network of referral agencies for our homelessness services. VHBG strives to be as inclusive as possible in offering transitional housing through our Pride Place program given our location and our target turnaround time from referral to enrollment is five days. The Pride Place at VHBG program utilizes standardized application and screening processes which represent best practices learned from a long history of client intake. Finally, we use evidence based practices for client engagement and prioritize trauma informed care.

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

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;

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

**(limit 5,000 characters)**

1. Participants are charged with deciding what they want permanent housing to look like and to define steps to get there. Case managers check in with participants weekly and offer support in areas they may be struggling with. 2. VHBG strives to be as inclusive as possible in offering transitional housing through our Pride Place program and the target turnaround time from referral to enrollment is five days. The admissions criteria is based on a housing first approach to ensure that everyone can secure transitional housing regardless of other barriers or challenges they are experiencing. In addition, VHBG offers program participants a wide array of wrap-around service to promote stable housing and an improved quality of life. While it is strongly encouraged that the young adults enrolled in Pride Place program to participate in these offerings, it is not required. Further, the program seeks to embed in participants the tools and determination necessary to prevent a reoccurring episode of homelessness in the future. 3. VHBG worked with Side by Side (a local nonprofit dedicated to creating supportive communities where Virginia's LGBTQ+ youth can flourish) to meet this rapidly growing need, and opened two homes on VHBG's campus specifically for LGBTQ+ young adults in June 2020. Uniquely positioned to meet this need, VHBG has a welcoming, accessible campus, strong wraparound supports and a commitment to providing trauma-informed care. 4. In addition to utilizing HMIS, the Pride Place at VHBG program utilizes standardized application and screening processes which represent best practices learned from our long history of client intake. Participants and staff use a standard template for defining goals and monitoring progress toward those goals. Participant satisfaction in the program is measured by a standardized client satisfaction survey so that trends can be captured and modifications made as needed. 5. To better understand the needs of the LGBTQ+ community and ensure the program is inclusive and affirming, VHBG staff has worked closely with organizations such as Side by Side, Nationz, and Virginia Center for Inclusive Communities. Since launching the Pride Place at VHBG program fourteen months ago, VHBG has worked to refine their programming to meet the needs of clients. 6.-7. VHBG offers program participants a wide array of wrap-around service to promote stable housing and an improved quality of life. In February of 2018, VHBG launched the Independent Living Arrangement (ILA) program, which supports young adults who are aging out of foster care in achieving success as independent adults by offering housing and support services to qualifying males and females ages 17-21. VHBG's ILA is licensed by the Department of Social Services and works hard to ensure that VHBG is meeting and exceeding licensing standards. VHBG is uniquely positioned to offer this service due to our physical infrastructure on our 30+ acre therapeutic campus and the wrap-around services we provide. ILA offers housing in furnished homes, stipends for food and savings, case management services, coaching on independent living skills, and support with day-to-day activities.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
FY2021 CoC Application		Page 54
		11/11/2021

## NOFO Section II.B.11.

Describe in the field below:

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

(limit 5,000 characters)

1. VHBG worked with Side by Side (a local nonprofit dedicated to creating supportive communities where Virginia's LGBTQ+ youth can flourish) to meet this rapidly growing need, and opened two homes on VHBG's campus specifically for LGBTQ+ young adults in June 2020. Uniquely positioned to meet this need, VHBG has a welcoming, accessible campus, strong wraparound supports and a commitment to providing trauma-informed care. As the buildings were already constructed for independent living situations and this collaboration formed before the pandemic, VHBG was able to move quickly in launching Pride

Place at VHBG. Since its launch, VHBG has provided safe, transitional housing on VHBG's campus for 25 young adults who identify as LGBTQ+ between the ages of 18 and 25 who are experiencing homelessness or housing instability. While each

Pride Place participant has an individual need for length of stay, the average stay is currently 112 days. 2. Since its launch, VHBG has provide safe, transitional housing on VHBG's campus. The well-equipped homes provide private bedrooms, and communal living and kitchen space. Pride Place participants also have access to VHBG's Independent Living Arrangement (ILA) Commons, a communal gathering space that includes a computer room, exercise room, relaxation room, and recreational equipment. In addition, Pride Place participants have access to a wide array of trauma-informed, individualized wrap-around services on our campus including independent living skills coaching, counseling, and 24/7 support. To aid youth in achieving financial independence which will allow for stable housing, VHBG helps them graduate from high school, enroll in college, and find a job. In addition, our staff helps participants apply for benefits such as SNAP, DSS, and SSDI.

## 4A-4f. Trauma-Informed, Victim-Centered Approaches–New Project Implementation.

## NOFO Section II.B.11.

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

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;

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

**(limit 5,000 characters)**

1. Knowing that relationships are the first step to overcoming the effects of trauma, each Pride Place participant works directly with a case manager who provides support and encouragement. Our staff guides these young adults on their path to independence through effective relationship building, supervision, coaching, counseling, and service planning. Each participant works to define their goals for stable housing and steps they wish to take to achieve their goals.

2. VHBG aims to build a youth advisory council for the program so that participants have an active say in how the program is managed. This is an important improvement to the program and will provide invaluable feedback needed to refine policies and procedures.

3. VHBG helps individuals across Virginia with emotional and behavioral health concerns by facilitating the healing process using relationship-based, trauma-informed, cognitive-behavioral approach. This approach is grounded in evidence-based practices which are modified to suit the needs of the individuals served in their unique environments. In all programs, VHBG uses a trauma-informed approach in alignment with the Substance Abuse and Mental Health Services Administration's (SAMHSA's) concept of a trauma-informed organization. This framework follows four key assumptions in providing trauma-informed care: realization, recognition, response, and resisting re-traumatization. Additionally, admissions criteria is based on a housing first approach to ensure that everyone can secure transitional housing regardless of other barriers or challenges they are experiencing.

4. Upon enrollment in the Pride Place at VHBG program, residents are charged with deciding what they want permanent housing to look like and to define steps along the way to get there. Case managers then check in with the participants weekly to see where they are in the process and offer support in areas they may be struggling with.

5. To better understand the needs of the LGBTQ+ community and ensure the program is inclusive and affirming, VHBG staff has worked closely with organizations such as Side by Side, Nationz, and Virginia Center for Inclusive Communities. Since launching the Pride Place at VHBG program fourteen months ago, VHBG has worked to refine their programming to meet the needs of clients.

6.-7. VHBG offers program participants a wide array of wrap-around service to promote stable housing and an improved quality of life. In February of 2018, VHBG launched the Independent Living Arrangement (ILA) program, which supports young adults who are aging out of foster care in achieving success as independent adults by offering housing and support services to qualifying males and females ages 17-21. VHBG's ILA is licensed by the Department of Social Services and works hard to ensure that VHBG is meeting and exceeding licensing standards. VHBG is uniquely positioned to offer this service due to our physical infrastructure on our 30+ acre therapeutic campus and the wrap-around services we provide. ILA offers housing in furnished homes, stipends for food and savings, case management services, coaching on independent living skills, and support with day-to-day activities.

## 4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	GRCoC CE Assessme...	10/16/2021
1C-7. PHA Homeless Preference	No	ACOP Homeless Pre...	10/16/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	10/16/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	10/16/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Public Posting Re...	11/04/2021
1E-5a. Public Posting—Projects Accepted	Yes	Public Posting Ac...	11/04/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes	Public Posting Final	11/08/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** GRCoC CE Assessment tool

## **Attachment Details**

**Document Description:** ACOP Homeless Preference

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Local Competition Announcement

## **Attachment Details**

**Document Description:** Project Review and Selection Process

## **Attachment Details**

**Document Description:** Public Posting Rejected

## **Attachment Details**

**Document Description:** Public Posting Accepted

## **Attachment Details**

**Document Description:** Public Posting Final

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/12/2021
1B. Inclusive Structure	11/10/2021
1C. Coordination	11/10/2021
1C. Coordination continued	Please Complete
1D. Addressing COVID-19	11/08/2021
1E. Project Review/Ranking	11/08/2021
2A. HMIS Implementation	11/08/2021
2B. Point-in-Time (PIT) Count	10/20/2021
2C. System Performance	11/08/2021
3A. Housing/Healthcare Bonus Points	11/04/2021
3B. Rehabilitation/New Construction Costs	10/20/2021
FY2021 CoC Application	Page 60
	11/11/2021

<b>3C. Serving Homeless Under Other Federal Statutes</b>	10/20/2021
<b>4A. DV Bonus Application</b>	11/10/2021
<b>4B. Attachments Screen</b>	11/08/2021
<b>Submission Summary</b>	No Input Required

# HUD Entry Assessment (for all other programs) Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: ☐ Female ☐ Male ☐ Trans MTF male to female ☐ Trans FTM female to male  
☐ Client Doesn't Know ☐ Client Refused ☐ Data not collected  
☐ Gender Non-conforming

Primary Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐  
Native Hawaiian or Other Pacific Islander ☐ White ☐ Gender Non-conforming ☐ Client  
Doesn't Know ☐ Client Refused ☐ Data not collected

Secondary Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐  
Native Hawaiian or Other Pacific Islander ☐ White ☐ Client Doesn't Know  
☐ Client Refused ☐ Data not collected

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Client Doesn't Know  
☐ Client Refused ☐ Data not collected

Military Veteran? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data not collected

**Pick only 1 option that applies appropriately to client's entry**

**(Client is entering from 1. homelessness, 2. Institutional, 3. Transitional/Permanent housing)**

## Option 1 – Entering Program from Homeless Situation

**Residence prior to Entry: Check Only One**

☐ Emergency shelter (to include hotel paid voucher) ☐ Place not meant for habitation  
☐ Safe Haven ☐ Interim Housing

**Length of stay in previous place: Check only one**

☐ 1 night or less ☐ 90 days or more, but less than 1 year  
☐ 2 nights to 6 nights ☐ 1 year or longer  
☐ 1 week or more, but less than 1 month ☐ Client Doesn't Know  
☐ 1 month or more, but less than 90 days ☐ Client Refused  
☐ Data not collected

**Approximate date homelessness started: \_\_\_\_\_ (mm/dd/yyyy)**

**Regardless of where they stayed last night, Number of times the client has on streets, ES or SH past 3 years: Check only one**

☐ 1 time ☐ 3 times ☐ Client Doesn't Know ☐ Data not collected  
☐ 2 time ☐ 4 or more times ☐ Client Refused

**Total number of month's client has been on street, ES, or SH 3 years: Check only one**

☐ 1 month, this is the first month ☐ 5 ☐ 9 ☐ more than 12 months  
☐ 2 ☐ 6 ☐ 10 ☐ Client Doesn't Know

- |                            |                            |                             |   |
|----------------------------|----------------------------|-----------------------------|---|
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> Client Refused     |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> Data not collected |

## Option 2 - Entering Program from Institutional Situation

### Residence Prior to Entry: Check Only One

- |   |   |
|---|---|
| <input type="checkbox"/> Foster Care/group home           | <input type="checkbox"/> Hospital or non-psychiatric facility     |
| <input type="checkbox"/> Jail/Prison or Juvenile Facility | <input type="checkbox"/> Long term care facility/nursing home     |
| <input type="checkbox"/> Psychiatric hospital             | <input type="checkbox"/> Substance abuse treatment facility/detox |

### Length of stay: Check only one

- |   |  |
|---|--|
| <input type="checkbox"/> 1 night or less                        | <input type="checkbox"/> 90 days or more, but less than 1 year |
| <input type="checkbox"/> 2 nights to 6 nights                   | <input type="checkbox"/> 1 year or longer                      |
| <input type="checkbox"/> 1 week or more, but less than 1 month  | <input type="checkbox"/> Client Doesn't Know                   |
| <input type="checkbox"/> 1 month or more, but less than 90 days | <input type="checkbox"/> Client Refused                        |
| <input type="checkbox"/> Data not collected                     |  |

On the night before did you stay on street, ES, or SH? ☐ Yes ☐ No

## Option 3- Residence prior to Entry: Transitional & Permanent Situation

### Residence prior to Entry: Check Only One

- |   |   |
|---|---|
| <input type="checkbox"/> Hotel/Motel paid without ES voucher              | <input type="checkbox"/> Owned with No Subsidy                              |
| <input type="checkbox"/> Owned with Subsidy                               | <input type="checkbox"/> Perm. Housing other than RRH for Formerly Homeless |
| <input type="checkbox"/> Rental with No Subsidy                           | <input type="checkbox"/> Rental with VASH Subsidy                           |
| <input type="checkbox"/> Rental with GPD TIP Subsidy                      | <input type="checkbox"/> Rental with Other Subsidy include RRH              |
| <input type="checkbox"/> Residential/halfway house w/no homeless criteria | <input type="checkbox"/> Living w/ Family                                   |
| <input type="checkbox"/> Living w/Friends                                 | <input type="checkbox"/> Transitional housing for homeless persons          |
| <input type="checkbox"/> Client Doesn't Know                              | <input type="checkbox"/> Client Refused                                     |
| <input type="checkbox"/> Data not collected                               |   |

### Length of stay: Check only one

- |   |  |
|---|--|
| <input type="checkbox"/> 1 night or less                        | <input type="checkbox"/> 90 days or more, but less than 1 year |
| <input type="checkbox"/> 2 nights to 6 nights                   | <input type="checkbox"/> 1 year or longer                      |
| <input type="checkbox"/> 1 week or more, but less than 1 month  | <input type="checkbox"/> Client Doesn't Know                   |
| <input type="checkbox"/> 1 month or more, but less than 90 days | <input type="checkbox"/> Client Refused                        |
| <input type="checkbox"/> Data not collected                     |  |

On the night before did you stay on street, ES, or SH? ☐ Yes ☐ No

### Relationship to Head of Household: Check only one

- |  |  |
|--|--|
| <input type="checkbox"/> Self (Head of household)              | <input type="checkbox"/> Head of Household's other relation member |
| <input type="checkbox"/> Head of household's child             | <input type="checkbox"/> Other: Non-relation member                |
| <input type="checkbox"/> Head of household's spouse or partner | <input type="checkbox"/> Data not collected                        |

### Client Location (this is the CoC where the client is staying prior to entry): Check only one

- |  |  |
|--|--|
| <input type="checkbox"/> VA-500 - Richmond         | <input type="checkbox"/> VA - 513 Western CoC    |
| <input type="checkbox"/> VA-521 - Balance of State | <input type="checkbox"/> VA-514 - Fredericksburg |

Receiving Income from any source? ☐ Yes

☐ No

Must complete all questions

Income Source	Yes	No	Data not collected	Incomplete
Alimony or Other Spousal Support \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earned Income \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Assistance \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement from a Former Job \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Disability Insurance \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Income Social Security \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSDI \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Insurance \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Non-Service connected disability pension \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Service connected disability compensation \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving any Non-cash benefits: ☐ Yes

☐ No

Must complete all questions

Non-Cash source	Yes	No	Data no collected	Incomplete
Other Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other TANF-funded service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNAP – Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Insurance: ☐ Yes

☐ No

Must complete all questions

Health Insurance Type	Yes	No	Data not collected	Incomplete
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vet. Admin. Medical service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COBRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disabling Condition? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data not collected

**Must complete all questions**

Disability Type	Yes	No	Data not collected	Incomplete
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol & Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Domestic Violence Victim/Survivor?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused  
☐ Data not collected

**Extent of Domestic violence: Check only one**

☐ Within past 3 months ☐ 3 to 6 months ☐ Client Doesn't Know  
☐ From 6 to 12 months ☐ More than a year ago ☐ Client Refused  
☐ Data not collected

**If yes, are you currently fleeing?** ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused  
☐ Data not collected

**Zip Code:** \_\_\_\_\_

**Locality of Last Residence: Only Check One**

Accomack	Essex	Loudoun	Prince Edward
Albermarle	Fairfax City	Louisa	Prince George
Alexandria City	Falls Church City	Lunenburg	Prince William
Alleghany	Fauquier	Floyd	Pulaski
Amelia	Floyd	Lynchburg City	Radford City
Amherst	Fluvanna	Madison	Rappahannock
Appomattox	Franklin	Manassas	Richmond City
Augusta	Franklin City	Manassas City	Richmond county
Bath	Frederick	Manassas Park City	Rockbridge
Bland	Fredericksburg City	Martinsville City	Rockingham
Botetourt	Galax	Mathews	Russell
Bristol City	Giles	Mecklenburg	Salem City
Brunswick	Gloucester	Middlesex	Scott
Buchanan	Goochland	Montgomery	Shenandoah
Buckingham	Grayson	Nelson	Smyth
Buena Vista City	Greene	New Kent	Southampton

Charles City	Greensville	Newport News	Spotsylvania
Charlotte	Halifax	Newport News City	Stafford
Chesapeake City	Hampton City	Norfolk City	Staunton City
Chesterfield	Hanover	Northampton	Suffolk City
Clarke	Harrisonburg City	Northumberland	Surry
Clifton Forge	Henrico	Norton	Sussex
Colonial Heights City	Henry	Norton City	Tazewell
Covington	Highland	Nottoway	Virginia Beach City
Covington City	Hopewell City	Orange	Warren
Craig	Isle of Wright	Page	Washington
Culpeper	James City	Patrick	Waynesboro City
Cumberland	King and Queen	Petersburg City	Westmoreland
Danville City	King William	Poquoson	Williamsburg City
Dickenson	Lancaster	Poquoson City	Winchester City
Dinwiddie	Lee	Portsmouth City	Wise
Emporia City	Lexington City	Powhatan	Wythe

**List Other State:** \_\_\_\_\_

**Employed:** ☐ Yes ☐ No

**Client Telephone number:** \_\_\_\_\_

## Emergency Contact

**Contact's Name:** \_\_\_\_\_

**Contact's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Second Phone:** \_\_\_\_\_

**Relationship to client:** \_\_\_\_\_

disposition of property between members of the assisted family in a divorce or separation decree, PHA is bound by the court's determination of which family members continue to receive assistance.

When a family on the waiting list breaks up into two otherwise eligible families, only one of the new families may retain the original application date. Other former family members may make a new application with a new application date if the waiting list is open.

## ***2. Split Households Prior to Eligibility***

When a family on the waiting list splits into two otherwise eligible families due to divorce or legal separation, and the new families both claim the same placement on the waiting list, and there is no court determination, the RRHA will make the decision taking into consideration the following factors:

- a. The interest of any minor children, including custody arrangements
- b. The interest of any ill, elderly, or disabled family members
- c. Any possible risks to family members as a result of domestic violence or criminal activity;
- d. Recommendations of Social Service Agencies, and;
- e. Which family member applied as Head of Household.

## ***J. Special Programs***

RRHA may operate special PH programs. If the referrals for the special program have been provided by HUD, admission will be guided by the requirements of the special program. Special admission families will be subjected to the same terms, standards, and procedures that apply to other RRHA applicants. They are not required to be on the program waiting list nor qualify for any special preference. RRHA will maintain separate records of these admissions by codes in the automated system.

Examples of such programs include:

### **Domestic Violence**

- YWCA – Richmond
- Safe Harbor

### **Homelessness**

- Homeward/Richmond Behavior Health Authority
- LeadSafe Richmond
- American Red Cross
- City of Richmond Inspection
- Ordway
- Family Reunification

## **1. Domestic Violence**

- a. An applicant has come into the office to complete VAWA form (HUD 50066)
- b. Applicant currently resides at the shelter
  - i. Applicant is in good status with the shelter
  - ii. The shelter will respond in writing and send via fax. If an applicant has left the shelter and/or is not in good status, then the applicant will no longer qualify for the domestic violence preference and the preference will be withdrawn.
- c. All VAWA forms (HUD form 50066) must be accompanied by proof of domestic violence documentation or police intervention i.e. restraining/protection order and or police report. a) All applicants must be a Richmond City Resident.
- d. Out of city applicants must establish city residency in one of the approved domestic violence shelter for 30 days. Some forms of documentation include:
  - i. Driver's license
  - ii. Application on file for Social Services for at least 30 days
  - iii. Application on file at RRHA for 30 days
  - iv. Receiving Assistance for DSS for at least 30 days
- e. Applicants in violation of any RRHA program rules and regulations will not be eligible for housing under the domestic violence preference.
- f. Only referrals from the approved domestic violence shelters will be accepted under the domestic violence preference.
  - i. YWCA – Richmond
  - ii. Safe Harbor

## **2. Homelessness Preference – Families residing in Family Shelters**

- a. RRHA is able to collaborate with RBHA and Homeward to provide housing to homeless persons under the “Local Preferences” provision of the ACOP. RRHA agrees to determine the eligibility of persons referred under this Memorandum of Understanding for occupancy in public housing in accordance with the ACOP. RRHA shall determine eligibility for continued occupancy and lease renewal according to the terms of the ACOP and its lease agreement (the “Lease Agreement”). RRHA shall not be required to amend the ACOP in order to provide public housing to persons under the MOU.
- b. Families referred to RRHA for public housing under the terms of the MOU shall meet all eligibility requirements under the ACOP for public housing with the Homeless Preference.

- c. Richmond Behavioral Health Authority and/or Homeward shall certify that the homeless family previously (i) resided in the City of Richmond prior to becoming homeless, (ii) resided in a recognized partner shelter (the
- d. "Shelter"), and (iii) met all the requirements of the Shelter prior to referral to
- e. RRHA. Once RBHA and/or Homeward have made the certifications required herein, the family shall be referred to RRHA for housing. A family referred to RRHA under the terms of the MOU shall hereinafter be referred to as the "Referred Family".
- f. Based on the availability of rental units, RRHA agrees to make available up to 150 rental units during the term of the MOU.
- g. RRHA shall have the right to offer a Referred Family a unit in any of its public housing communities which RRHA determines, in its sole and absolute discretion, to be suitable for the Referred Family. If a Referred Family declines to accept an offered unit, RRHA shall be free to offer the unit for rental to any other prospective tenant and the Referred Family shall be removed from the referral list.
- h. RRHA shall have the right to lease an available unit to another prospective tenant in the event (i) no referrals are under consideration at the time a unit becomes available; (ii) a Referred Family has refused an offered unit; or (iii) the unit is vacant for more than 7 days after an offer has been made.
- i. Prior to referring a homeless family to RRHA under the MOU, RBHA shall ensure that the prospective referral has paid any amounts owed to RRHA under any previous lease.
- j. Prior to making a referral to RRHA, RBHA shall conduct a need assessment to determine the housing and social needs of each potential referral.
- k. RBHA shall, for a period of 6 months after the Referred Family has executed the Lease Agreement, provide follow-up housing and supportive services, including, but not limited to, substance abuse and employment counseling, mental health and housing planning assistance.
- l. Prior to referring a homeless family to RRHA for housing, RBHA shall certify to RRHA, in a form reasonably acceptable to RRHA, that each Referred Family is eligible to be a referral under the terms of the MOU.
- m. Homeward shall record the success of Referred Families in maintaining stable housing and prepare a report on a quarterly basis for the information of the parties to the MOU.
- n. The MOU shall terminate on the earlier of following to occur:
  - i. 2 years after the latest execution date of the MOU by the parties, or
  - ii. upon the signing of 150 lease agreements by persons referred to RRHA under the MOU.
- o. Any party to the MOU shall have the right to terminate this agreement,

without penalty, upon written notice to the other parties, provided, however, that

- i. RBHA shall continue to provide services to Referred Families as required in paragraph 9 above; and
  - ii. RRHA shall not evict any Referred Family solely because the MOU has been terminated.
- p. After an applicant is referred and eligibility is determined, RRHA will contact the shelter for final verification:
- i. Applicant currently resides at the shelter
  - ii. Applicant is in good status with the shelter
- q. The shelter will respond in writing and send via fax. If an applicant has left the shelter and/or is not in good status then the applicant will no longer qualify for the homelessness preference and the application will be withdrawn.
- r. All referrals must be submitted on shelter letterhead
- s. All applicants referred must be a Richmond city resident for 30 days.
- t. Out of city applicants must establish city residency in one of the approved homeless shelters for 30 days prior to referral. Some forms of documentation include:
- i. Driver's license
  - ii. Receiving Assistance for DSS for at least 30 days
- u. Applicants in violation of any RRHA program rules and regulations will not be eligible for housing under the homeless preference.
- v. Only referrals from the approved homeless shelters will be accepted under the homeless preference.

Applicants must pay all outstanding balances in full and provide evidence of participation in Social Service or other appropriate counseling service programs, before an application will be accepted for housing.

### ***3. Family Reunification***

RRHA may collaborate with HUD, state and private agencies to establish policies and/or processes and implement specific strategies aimed at strengthening families by reuniting families where one parental figure may have been absent.

### ***K. Wait List/Housing Guidelines for Referred Families from Community Revitalization Property Initiatives***

1. RRHA shall grant preference to families Involuntary displaced due to a real estate acquisition by Richmond Redevelopment and Housing Authority using public or private funds in a project including the taking of private property by

## GRCoC Coordinated Grant Ranking and Review Process

### Funding Priorities and Project and System Performance

Description & Purpose	Review	Approval	Public Input/Comment/ Posting
<b>Funding Priorities</b> for coordinated funding to meet client needs and to maximize available funding.	Annually	GRCoC Board	Gaps analysis; public comment period; posted on website & emailed to list-serve.
<b>Project and System Performance Measures</b> establish performance targets.	Annual review by Performance and Ranking Committees.	GRCoC Board	Public comment period; posted on website & emailed to list-serve.
<b>GRCoC Committees</b> provide comments on grantee performance and compliance.	Reviewed by Ranking Committee twice a year prior to state/federal funding processes.		
<b>Project Performance Review</b> - measures progress in meeting targets.	Funded projects receive monthly reports.		
	Project performance reviewed quarterly by Collaborative Applicant for technical issues or capacity-building needs.		
	Project performance reviewed quarterly by Performance Committee.		
	Grantees receive performance summary twice a year showing progress in meeting performance targets.		

Adopted by the GRCoC Board on 07.28.17

Revised: 02.08.18, 05.30.18, 08.31.18

### Application Ranking Process and related documents

<b>Description &amp; Purpose</b>	<b>Draft</b>	<b>Approval</b>	<b>Public Input/Comment/ Posting</b>
<b>Notice of Funding Availability (NOFA)</b> released.	Funder priorities are incorporated into ranking process as needed.	GRCoC Board (If changes are needed to approved Funding Priorities).	NOFA and funding priorities are posted on website and emailed to list-serve.
<b>Grant Timeline:</b> schedule of activities/deadlines related to grant preparation/submission.	Drafted by Collaborative Applicant; Reviewed by Ranking Committee.	GRCoC Board	Timeline is posted on website and emailed to list-serve.
<b>Supplemental Project Application:</b> in addition to the application required by the funder (HUD or state), applicant completes supplemental application with questions related to GRCoC Funding Priorities, performance and compliance.	Drafted by Collaborative Applicant. Reviewed by Ranking Committee; Supplemental applications are completed by applicants, submitted to Collaborative Applicant and reviewed by the Ranking Committee.	Ranking Committee	Applications are posted on website, emailed to list-serve, and shared with interested applicants.
<b>Scoring Form:</b> forms used by Ranking Committee to review and score each renewal and new application. Renewal application score based on performance measures. New application score based on applicant capacity, experience & program design.	Drafted by Collaborative Applicant. Reviewed by Ranking Committee. Ranking Committee reviews submitted supplemental/HUD project applications and meets to score/rank each application using the approved scoring forms.	Ranking Committee	Scoring Forms are posted on website, emailed to list-serve, and shared with interested applicants.
<b>Resource Allocation Strategy:</b> Ranking Committee technical document used to develop recommendations meeting funding priorities & funder criteria. Ensures grants are ranked to maximize available funding.	Drafted by Collaborative Applicant based on NOFA instructions and regulatory issues. Reviewed by Ranking Committee.	Ranking Committee working document for internal review and discussion only.	

Adopted by the GRCoC Board on 07.28.17

Revised: 02.08.18, 05.30.18, 08.31.18

### **Application Scoring/Ranking Process (detailed)**

Overall Process for All Applications, renewal and new:
<ul style="list-style-type: none"> <li>● <b>All applications</b> are reviewed for compliance with threshold requirements by the Collaborative Applicant. Applications that do not meet the requirements will be rejected <b>with a written notice to the applicant providing the basis for rejection.</b></li> <li>● All applications are scored and initially ranked based on their numeric score.</li> <li>● The application ranking may be adjusted to maximize funding and to meet GRCoC Funding Priorities and funder criteria.</li> <li>● All applicants are provided with their score and notified of the ranking and funding recommendations; denied applicants are provided with justification for Ranking Committee decisions.</li> <li>● Appeals Process initiated, as needed. The Appeals Committee determines if the appeal meets the threshold requirements and will hear an appeal for all eligible appellants.</li> </ul>
Renewal Application Scoring:
<ul style="list-style-type: none"> <li>● Each application is scored individually by Ranking Committee members based on performance data, information in the supplemental project application, grant spending records, GRCoC Committees input and the independent expert opinion of the committee member.</li> <li>● Scores are averaged to obtain a single score for each application.</li> </ul>
New Application Scoring:
<ul style="list-style-type: none"> <li>● Each application is scored individually by Ranking Committee members based on applicant capacity, experience and program as described in the supplemental project application.</li> <li>● Scores are averaged to obtain a single score for each application.</li> </ul>
Domestic Violence Application Scoring (Renewal and New)
<ul style="list-style-type: none"> <li>● Each application is scored individually by Ranking Committee members based on performance data (renewal applications) or based on applicant capacity, experience and program as described in the supplemental project application. (new applications)</li> <li>● Scoring may be adjusted, at the discretion of the Ranking Committee, to reflect barriers specific to domestic violence or trafficking victims for the following performance measures: Returns to Homelessness and Increased Income-employment.</li> </ul>

**Grant Submission Process**

<b>Description &amp; Purpose</b>	<b>Review</b>	<b>Approvals</b>	<b>Public Input/ Comment/Posting</b>
<b>Consolidated Application:</b> 1) Narrative describing system; 2) project applications; 3) project priority list which shows ranking/funding recommendations.	Narrative drafted by Collaborative Applicant; Project applications prepared by applicants; Project priority list developed by Ranking Committee.	GRCoC Board approves project priority list at least 15 days before HUD deadline.	Public comment period; posted on website and emailed to list-serve.
<b>Consolidated Application submitted.</b>	Ranking Committee reviews public comments and recommends changes.	GRCoC Board- approval of complete Consolidated Application for submission.	Application submitted to funder; posted on website and emailed to list-serve.
<b>Grant Adjustment:</b> Funder may require grant adjustment after approval.	Ranking Committee recommends funding adjustments.	GRCoC Board	Revised grant information posted on website & emailed to list-serve.

Adopted by the GRCoC Board on 07.28.17

Revised: 02.08.18, 05.30.18, 08.31.18

Indicator or Measure	Desired Outcome(s)	2019 Baseline*	2021-22 Target	Points Available	Scoring	Data Source
All Projects (VHSP, CoC, ESG)						
A.1 Monitoring Findings	Complies with funder requirements	n/a	Meets all outcomes	2	No findings/adequate remedial plan=2pts No/inadequate plan=1pt.	Application
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	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 (FY19 HUD CoC only)	Grants fully expended in one year	98.5%	100%	7	90% or greater=7pts. 80-89.9% spent=4 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: 25% RRH: 0% PSH: 0%		Not scored 2019	CoC APR
A.4b Timeliness	Increase percent of entries made within 10 days of client intake	ES: 97% RRH:64% PSH:77%	90%		Not scored 2019	CoC APR
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	10%		Not scored 2019	CoC APR
A.5 Accept referrals from Coordinated Entry						
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%	70%	2	70% or greater=2 pts. 50%-70%=1 pts. Less than 70%=0 pts.	CoC APR + 2017 HIC
ES.2 Bed Utilization (Individuals)	Average daily occupancy rate - ensure availability and maximizes emergency shelter resources	92%	75%	2	75% or greater=2 pts. 50%-70%=1 pts. Less than 75%=0 pts.	CoC APR + 2017 HIC

Indicator or Measure	Desired Outcome(s)	2019 Baseline*	2021-22 Target	Points Available	Scoring	Data Source
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	40 days (mean)	2	40 days or less=2 pts. 30-40 days=1 pts. Greater than 40 days=0 pts.	CoC APR
ES.4 Permanent Housing Placement (Families)	Increase percent of exits to permanent housing	79.6%	90%	5	90% or greater=5 pts. 80%-89.9%=3 pts. Less than 80%=0 pts.	CoC APR
ES.5 Permanent Housing Placement (Individuals)	Increase percent of exits to permanent housing	52.4%	30%	5	30% or greater=5 pts. 25%-29.9%=3 pts Less than 25%=0 pts.	CoC APR
ES.6 Increased Income – employment	Increase in employment income	4%	10%	1	10% or greater=1 pt. Less than 10% = 0 pts.	CoC APR
ES.7 Increased Income - other sources	Increase in income from other non-employment sources	2%	10%	1	10% or greater=1 pt. Less than 10% = 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	2	N/A	Application Narrative
Rapid Rehousing (ESG, VHSP, CoC)						
RRH.1 Rapid Exit to Permanent Housing	Decrease time between RRH project entry and permanent housing placement	45 days	45 days	2	45 days or less=2 pts. Greater than 45 days=0 pts.	CoC APR
RRH.2 Rapid Exit from Rapid Rehousing	Decrease time households remain in RRH project				New metric. Will not be scored until 2022.	
RRH.3 Rapid Rehousing Success	Increase in percent of RRH clients remaining in permanent housing at RRH project exit	87%	80%	2	80% or greater=2 pts. Less than 80%=0 pts.	CoC APR
RRH.4 Returns to Homelessness within 1 Year of Exit to Permanent Destination	Decrease in percent of returns to emergency shelter	17%	17%	2	17% or less=2 pts. Greater than 12%=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 meets/ exceeds application target	2	Number served meets or exceeds application target=2pts. Number served is less than application target=0 pts.	Past year HUD & VHSP apps. APR

Indicator or Measure	Desired Outcome(s)	2019 Baseline*	2021-22 Target	Points Available	Scoring	Data Source
RRH.6 Cost Effectiveness	Average cost per exit meets or is below target	\$4,769	\$5,000	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%	10%	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%	10%	1	10% or greater=1 pt. Less than 10% = 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	2	N/A	Application Narrative
Permanent Supportive Housing (CoC)						
PSH.1 Entries as Chronically Homeless	Resources targeted to chronically homeless in CY 2017	68%	100%	3	100% or greater=3 pts. 81%-99.9%=2 pts. 60%-80.9%=1 pt. Less than 60%=0 pts.	VHSP Qtrly. Report (entry exit details tab)
PSH.2 Beds dedicated to Chronically Homeless	Beds dedicated to chronically homeless are maximized	75% (not updated; need current numbers)	80% of beds dedicated CH	3	80% or greater=3 pts. 60%-79.9%=1 pt. Less 60%=0 pts.	2020 HIC
PSH.3 Bed Utilization	Average daily occupancy rate meets or exceeds target	92%	95%	2	95%=2 pts. Less than 94.9%=0 pts.	CoC APR + 2020 HIC
PSH.4 Housing Stability	Percent of participants remaining in PSH, exited to permanent housing or deceased	97%	90%	3	90% or greater=3 pts. 80%-89.9%=2pts. Below 80%=0 pts.	CoC APR
PSH.5 Cost Effectiveness	Average cost per household served meets or is below target	\$11,500	\$17,500	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%	10%	1	10% or greater=1 pt. Less than 10 %=0 pts.	CoC APR

Indicator or Measure	Desired Outcome(s)	2019 Baseline*	2021 Target	Points Available	Scoring	Data Source
PSH.7 Increased Income - other sources (measured at latest status)	Increase or maintain income from other non-employment sources	63%	65%	1	65% or greater=1 pt. Less than 65%=0 pts.	CoC APR

\* Baseline Data: January–December 2019. CY19 data is used due to the effect of the COVID-19 pandemic on project outcomes during CY20.

Approved by the GRCoC Board 8/27/2021

- 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  
2021 Community Priorities for  
Coordinated Funding**

**Background:** Each year, the Greater Richmond Continuum of Care (GRCoC) establishes local priorities for allocating federal and state funds that provide approximately six million dollars for programs working to end homelessness in the region. The U.S Department of Housing and Urban Development and the Virginia Department of Housing and Community Development make this funding available to communities annually, through a data-driven, coordinated process known as the Continuum of Care. The Continuum of Care funding process provides limited funding for specific types of programs and sets up expectations of strategic resource allocation, system coordination and system-level performance. The GRCoC Board recognizes that many more programs contribute significantly to the work of addressing homelessness in our community and that the federal and state funding resources allocated through the GRCoC are not sufficient to meet the needs in the community.

GRCoC funding priorities for the HUD Continuum of Care (CoC) and Virginia Homeless Solutions Program (VHSP) funding processes reflect local needs and are based on priorities established in the federal HEARTH Act and the Virginia Homeless Solutions Program guidelines. Funding is allocated to communities based on past performance and factors outlined in each Notice of Funding Availability. Each community may submit only one application for funding which includes individual project applications. These priorities may also inform applications for Emergency Solutions Grant programs in entitlement communities.

In response to the public health and economic crisis for people experiencing homelessness posed by COVID-19, GRCoC amended its 2020 funding priorities to coordinate additional federal and state funding opportunities (ESG-CV, CDBG-CV, FEMA, Emergency Rental Assistance, and Virginia COVID Homelessness Emergency Response Program) in order to meet the increased demand and evolving needs for homeless services during the public health and economic crisis.

For the 2021-22 coordinated grant funding process, the GRCoC does not anticipate significant new funding from the funding programs identified above. These funding priorities have been aligned with specific actions and are presented together here to guide the grant ranking process and funding allocation. Key objectives underlying the priorities for coordinated funding include ensuring that projects are competitive for funding, meet local needs, and maximize impact. These priorities reflect our shared goals to reduce the number of households experiencing unsheltered homelessness or staying in homeless programs and to reduce the length of their homelessness.

**REDUCING HOMELESSNESS OVERALL**

- Expand the capacity of existing homeless service providers by adding capacity and staffing to existing providers increases the number of exits to stable housing.
- Focus coordinated funding resources on permanent housing and housing-focused emergency shelters. Maximize resources available for housing-focused case

management across shelter and permanent housing programs.

- Maintain expanded outreach services to meet the increased in individuals and families experiencing unsheltered homelessness. The GRCoC's Coordinated Outreach Access Point supports unsheltered households through proactive engagement and connections to emergency shelter, housing, and/or critical services, and providing urgent, non-facility-based care.
- Leverage all available resources to increase permanent supportive housing serving people experiencing chronic homelessness.
- Support and enhance the multi-agency, collaborative Homeless Connection Line (HCL). Additional funding would enable the GRCoC to maintain the evening and weekend hours of its primary Access Point.
- Increase the education and engagement of potential landlords to connect people experiencing homelessness to stable housing.
- Target community partnerships and funding opportunities to address the needs of older adults, and people with disabilities and/or medical frailties who are experiencing homelessness.
- Continue to seek additional funding through other resources to expand services and resources to prevent, reduce, and end homelessness.

## **PRIORITY PROGRAMS FOR STATE AND FEDERAL COORDINATED FUNDING**

### **Permanent Supportive Housing (PSH)**

- Increase staffing and support in key areas to maximize use of housing resources, target the most vulnerable, and continue to maximize the number of households experiencing chronic homelessness served in these programs.
- Develop public-private partnerships to leverage state funding for Permanent Supportive Housing.
- Consolidate projects where possible to maximize resources and streamline management.
- Support the implementation of Move On initiatives to create additional system capacity to serve those experiencing chronic homelessness.
- Reallocate funding from lower performing to high performing projects. Use best practices in PSH to address chronic homelessness.
- Apply for PSH Bonus grants, if available.
- New applicants for PSH will be accepted. Applications that maximize direct client services and follow industry and locally-determined standards and best practices will be prioritized.

### **Rapid Rehousing**

- Focus on single adults to include couples without children and households with adult dependents.
- Maintain support for high performing projects. Reallocate funding from lower performing to high performing projects.
- New applicants for RRH will be accepted. Applications that maximize direct client services and follow industry standards and locally-determined standards and best practices will be prioritized.

**Housing-focused Emergency Shelter**

- Maximize funding for year-round, housing-focused emergency shelters fully participating in Coordinated Entry.
- Provide self-resolution funding, as available, for year round shelters.
- Support the planned expansion of existing year-round shelters with case management using a Housing First approach.
- Work to expand case management, housing search staff, and operational capacity of all shelters. Focus on increasing the number of households of all subpopulations served and exiting to permanent housing. Reduce the length of stay in shelters.
- New housing-focused emergency shelter applicants and applications will be accepted in the 2022 VHSP process. Applications that maximize direct client services and follow industry and locally-determined standards and best practices will be prioritized.

**Coordinated Entry:****Homeless Connection Line**

- Support the Homeless Connection Line and engage community partners to increase the efficiency and effectiveness of the Homeless Connection Line through staffing and hours.

**Empowernet Hotline**

- Applications for Domestic Violence bonus funding, which may include coordinated entry funding for the DV system, may be accepted and ranked in Tier 2.

**Coordinated Outreach**

- Continue to enhance the connections between street outreach programs and system and community resources.
- New applicants and applications for outreach will be accepted in the 2021 HUD CoC process and 2021 VHSP process. Applications that maximize direct client services and follow industry and locally-determined standards and best practices will be prioritized.

**System and Service Coordination**

- Support programs and staffing to facilitate coordinated services including prioritization, referrals, and case conferencing.
- Facilitate high data quality in HMIS or the comparable database used by domestic violence/ sexual assault providers.
- Promote resources, partnerships, and programming to develop landlord engagement/retention/mitigation strategies.

## **GRCoC Resource Allocation Strategy for the FY21 HUD CoC Funding Competition**

**Background:** The U.S. Department of Housing and Urban Development (HUD) makes funding to end homelessness available to communities through a data-driven, coordinated process known as the Continuum of Care (CoC). The CoC program provides funding for specified types of projects and sets expectations of system coordination and system-level performance. This is the single largest source of funding for targeted homeless assistance programs and the level of funding is insufficient to address all urgent community needs.

Localities across the country and within Virginia have organized into CoC's to develop community-based solutions, to develop local policies to comply with federal and state requirements, and to apply for HUD CoC funding. A CoC is a community-based group with representation from a cross-section of providers, community entities, mainstream resources, and individuals from one or more localities. The Greater Richmond CoC (GRCoC) serves 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. Homeward, the Collaborative Applicant for the Greater Richmond region, is the lead agency for GRCoC coordinated grant processes and manages the Homeless Management Information System (HMIS).

Guidelines for funding are determined each year in accordance with the federal HEARTH Act and the priorities set forth in the Notice of Funding Opportunity (NOFO). Funding is allocated to the GRCoC based on past performance and factors outlined in the funding competition. Each CoC can submit one consolidated application which includes information about the CoC and the individual projects that have been ranked and recommended for funding.

The GRCoC establishes funding priorities each year which reflect local needs and are based on priorities established in the federal HEARTH Act. This Resource Allocation Strategy is a more detailed guide, based on GRCoC funding priorities and staff analysis of funder requirements, that ensures funding requests are allocated to maximize the amount of funding awarded.

*The goal of this guide is to inform local decision-making processes to maximize available funding to address homelessness in Greater Richmond. Homeward staff develop this strategy document for consideration of the Ranking Committee and GRCoC Board based on HUD guidance and regulations and technical assistance provided by the HUD SNAPS office and the National Alliance to End Homelessness.*

### **FY21 Funding Available**

On August 18, HUD released a NOFO making \$2.656 billion in FY 2021 Continuum of Care Program (CoC) competitive funding available to homeless services organizations across the country. The GRCoC's Annual Renewal Demand (ARD), the amount of currently funded programs, is \$4,943,293.

The NOFO also includes Domestic Violence (DV) and CoC bonuses. The GRCoC's DV bonus is up to \$916,132 and its CoC bonus is up to \$305,377. Applications for bonus funds can consist of new or expansion of renewal projects. Expansion projects must increase the number of units, persons served, or services provided through a renewal project that increases the number of people served.

Applications for new projects can only be submitted through the bonuses or reallocation.

### **Specific Funding Considerations:**

#### **1. Focus on meeting increased needs from the pandemic, increasing exits to permanent housing, and reducing lengths of stay**

Where possible, new funding should be allocated to increase resources for permanent housing (RRH and PSH) for single adults while ensuring that the needs of households with children are met. Applications for expanding existing high performing permanent housing programs or to add capacity to the system should be solicited and prioritized above other new applications for other program types or subpopulations.

#### **2. Consider Reallocation Opportunities**

HUD places a priority on reallocating funding from lower to higher performing projects. In FY21, new projects can be created through reallocation.

*To stay competitive, reallocations should be considered; however, reallocations should always increase the system's capacity to exit more households to permanent housing.*

#### **3. Maintain System Functions: Planning, Coordinated Entry, and HMIS**

The CoC funding and planning process requires significant planning and organizing capacity. Funding for CoC planning facilitates a robust collective impact approach to ending homelessness in Greater Richmond. The data collection and analysis required for participation in this funding program are also significant. Funding the HMIS grant at Homeward allows participating agencies to comply with federal regulations. Homeward currently raises approximately \$500,000 from other sources to support these and related functions. Coordinated entry is a federal requirement and continued funding will support this function. Other than for DV Bonus, new Coordinated Entry applications should not be prioritized above projects that increase resources for permanent housing.

#### **4. CoC and Domestic Violence (DV) Bonus Funding**

New and expansion projects may be funded through a CoC rapid rehousing/Joint TH-RRH, Supportive Services Only-Coordinated Entry, or HMIS bonus, a domestic violence rapid rehousing/Joint TH-RRH, Supportive Services Only-Coordinated Entry, bonus or available reallocated funds. Expansion projects must be submitted as a new project that increases number of units, persons served, or services provided through a renewal project that increases the number of people served.

#### **5. Grantee Performance Considerations**

To protect renewal funding while maximizing all bonus funding, bonus funding applications should be placed in Tier 2. HUD establishes each CoC's Tier 1 and Tier 2 amounts. For FY21, Tier 1 is equal to 100% of the CoC's Annual Renewal Demand (ARD). Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available for bonus projects.

**From:** [Kelly King Horne](#)  
**To:** [Allison Bogdanovic](#); [Felecia Motteler](#)  
**Cc:** [Michael Rogers](#)  
**Subject:** GRCoC FY21 HUD CoC Application Notification  
**Date:** Friday, October 29, 2021 2:04:28 PM  
**Attachments:** [GRCoC FY21 HUD CoC Priority Listing ESNAPS.pdf](#)

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Allison and Felecia,

This email is to notify you that the GRCoC Board met on 10/29/21 and voted to approve the Project Priority Listing attached. The attached document shows the overall ranking for the application(s) submitted by Homeward in our role as Collaborative Applicant. The Board and Ranking Committee decisions are based on the adopted 2021-22 GRCoC Priorities for Funding and Action and HUD priorities which provide guidance on the application ranking and prioritization for the FY21 HUD CoC funding competition. All GRCoC adopted documents are available on the GRCoC website: [endhomelessnessrva.org/funding/hud-coc-funding](http://endhomelessnessrva.org/funding/hud-coc-funding)

One application for bonus funding was not approved for ranking. Your other applications have been accepted and ranked, as submitted, for inclusion on the CoC Project Priority List which will be submitted to HUD before November 16, 2021 as part of the GRCoC Consolidated Application for CoC funding.

Thank you for the work that you do to make homelessness rare, brief, and one-time.

Kelly

Kelly King Horne  
Executive Director  
Homeward

**From:** [Kelly King Horne](#)  
**To:** [katie.chlan@rbha.org](mailto:katie.chlan@rbha.org)  
**Cc:** [Michael Rogers](#)  
**Subject:** GRCoC FY21 Application Notification  
**Date:** Friday, October 29, 2021 1:56:32 PM  
**Attachments:** [GRCoC FY21 HUD CoC Priority Listing ESNAPS.pdf](#)

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Katie,

This email is to notify you that the GRCoC Board met on 10/29/21 and voted to approve the Project Priority Listing attached. The attached document shows the overall ranking for the application(s) submitted by Homeward in our role as Collaborative Applicant. The Board and Ranking Committee decisions are based on the adopted 2021-22 GRCoC Priorities for Funding and Action and HUD priorities which provide guidance on the application ranking and prioritization for the FY21 HUD CoC funding competition. All GRCoC adopted documents are available on the GRCoC website: [endhomelessnessrva.org/funding/hud-coc-funding](http://endhomelessnessrva.org/funding/hud-coc-funding)

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Thank you for the work that you do to make homelessness rare, brief, and one-time.

Kelly

Kelly King Horne  
Executive Director  
Homeward

**From:** [Kelly King Horne](#)  
**To:** [rwilson@homeagainrichmond.org](mailto:rwilson@homeagainrichmond.org)  
**Cc:** [Michael Rogers](#)  
**Subject:** GRCoC FY21 HUD CoC Application Notification  
**Date:** Friday, October 29, 2021 1:57:48 PM  
**Attachments:** [GRCoC FY21 HUD CoC Priority Listing ESNAPS.pdf](#)

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Randy,

This email is to notify you that the GRCoC Board met on 10/29/21 and voted to approve the Project Priority Listing attached. The attached document shows the overall ranking for the application(s) submitted by Homeward in our role as Collaborative Applicant. The Board and Ranking Committee decisions are based on the adopted 2021-22 GRCoC Priorities for Funding and Action and HUD priorities which provide guidance on the application ranking and prioritization for the FY21 HUD CoC funding competition. All GRCoC adopted documents are available on the GRCoC website: [endhomelessnessrva.org/funding/hud-coc-funding](http://endhomelessnessrva.org/funding/hud-coc-funding)

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Kelly

Kelly King Horne  
Executive Director  
Homeward

**From:** [Kelly King Horne](#)  
**To:** [Beth Vann-Turnbull](#)  
**Cc:** [Michael Rogers](#)  
**Subject:** GRCoC FY21 HUD CoC Application Notification  
**Date:** Friday, October 29, 2021 1:58:34 PM  
**Attachments:** [GRCoC FY21 HUD CoC Priority Listing ESNAPS.pdf](#)

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Beth,

This email is to notify you that the GRCoC Board met on 10/29/21 and voted to approve the Project Priority Listing attached. The attached document shows the overall ranking for the application(s) submitted by Homeward in our role as Collaborative Applicant. The Board and Ranking Committee decisions are based on the adopted 2021-22 GRCoC Priorities for Funding and Action and HUD priorities which provide guidance on the application ranking and prioritization for the FY21 HUD CoC funding competition. All GRCoC adopted documents are available on the GRCoC website: [endhomelessnessrva.org/funding/hud-coc-funding](http://endhomelessnessrva.org/funding/hud-coc-funding)

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Kelly

Kelly King Horne  
Executive Director  
Homeward

**From:** [Kelly King Horne](#)  
**To:** [Holmes, Erica](#)  
**Cc:** [Michael Rogers](#)  
**Subject:** GRCoC FY21 HUD CoC Application Notification  
**Date:** Friday, October 29, 2021 1:59:01 PM  
**Attachments:** [GRCoC FY21 HUD CoC Priority Listing ESNAPS.pdf](#)

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Erica,

This email is to notify you that the GRCoC Board met on 10/29/21 and voted to approve the Project Priority Listing attached. The attached document shows the overall ranking for the application(s) submitted by Homeward in our role as Collaborative Applicant. The Board and Ranking Committee decisions are based on the adopted 2021-22 GRCoC Priorities for Funding and Action and HUD priorities which provide guidance on the application ranking and prioritization for the FY21 HUD CoC funding competition. All GRCoC adopted documents are available on the GRCoC website: [endhomelessnessrva.org/funding/hud-coc-funding](http://endhomelessnessrva.org/funding/hud-coc-funding)

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Kelly

Kelly King Horne  
Executive Director  
Homeward

**From:** [Kelly King Horne](#)  
**To:** [Linda Tisiere](#)  
**Cc:** [Christine Elwell](#); [Michael Rogers](#)  
**Subject:** GRCoC FY21 HUD CoC Application Notification  
**Date:** Friday, October 29, 2021 1:59:35 PM  
**Attachments:** [GRCoC FY21 HUD CoC Priority Listing ESNAPS.pdf](#)

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Linda,

This email is to notify you that the GRCoC Board met on 10/29/21 and voted to approve the Project Priority Listing attached. The attached document shows the overall ranking for the application(s) submitted by Homeward in our role as Collaborative Applicant. The Board and Ranking Committee decisions are based on the adopted 2021-22 GRCoC Priorities for Funding and Action and HUD priorities which provide guidance on the application ranking and prioritization for the FY21 HUD CoC funding competition. All GRCoC adopted documents are available on the GRCoC website: [endhomelessnessrva.org/funding/hud-coc-funding](http://endhomelessnessrva.org/funding/hud-coc-funding)

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Kelly

Kelly King Horne  
Executive Director  
Homeward

**From:** [Kelly King Horne](#)  
**To:** [Karen Swansey](#)  
**Cc:** [Michael Rogers](#)  
**Subject:** GRCoC FY21 HUD CoC Application Notification  
**Date:** Friday, October 29, 2021 2:00:15 PM  
**Attachments:** [GRCoC FY21 HUD CoC Priority Listing ESNAPS.pdf](#)

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Karen,

This email is to notify you that the GRCoC Board met on 10/29/21 and voted to approve the Project Priority Listing attached. The attached document shows the overall ranking for the application(s) submitted by Homeward in our role as Collaborative Applicant. The Board and Ranking Committee decisions are based on the adopted 2021-22 GRCoC Priorities for Funding and Action and HUD priorities which provide guidance on the application ranking and prioritization for the FY21 HUD CoC funding competition. All GRCoC adopted documents are available on the GRCoC website: [endhomelessnessrva.org/funding/hud-coc-funding](http://endhomelessnessrva.org/funding/hud-coc-funding)

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Kelly

Kelly King Horne  
Executive Director  
Homeward

**From:** [Kelly King Horne](#)  
**To:** [Allison Bogdanovic](#); [Felecia Motteler](#)  
**Cc:** [Michael Rogers](#)  
**Subject:** GRCoC FY21 HUD CoC Application Notification  
**Date:** Friday, October 29, 2021 2:04:28 PM  
**Attachments:** [GRCoC FY21 HUD CoC Priority Listing ESNAPS.pdf](#)

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Allison and Felecia,

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One application for bonus funding was not approved for ranking. Your other applications have been accepted and ranked, as submitted, for inclusion on the CoC Project Priority List which will be submitted to HUD before November 16, 2021 as part of the GRCoC Consolidated Application for CoC funding.

Thank you for the work that you do to make homelessness rare, brief, and one-time.

Kelly

Kelly King Horne  
Executive Director  
Homeward

**From:** [Kelly King Horne](#)  
**To:** [Melanie McDonald](#); [Frances Marie Pugh](#); [Faith Kallman](#)  
**Cc:** [Michael Rogers](#)  
**Subject:** GRCoC FY21 HUD CoC Application Notification  
**Date:** Friday, October 29, 2021 2:00:58 PM  
**Attachments:** [GRCoC FY21 HUD CoC Priority Listing ESNAPS.pdf](#)

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Melanie, Frances Marie, and Faith,

This email is to notify you that the GRCoC Board met on 10/29/21 and voted to approve the Project Priority Listing attached. The attached document shows the overall ranking for the application(s) submitted by Homeward in our role as Collaborative Applicant. The Board and Ranking Committee decisions are based on the adopted 2021-22 GRCoC Priorities for Funding and Action and HUD priorities which provide guidance on the application ranking and prioritization for the FY21 HUD CoC funding competition. All GRCoC adopted documents are available on the GRCoC website: [endhomelessnessrva.org/funding/hud-coc-funding](http://endhomelessnessrva.org/funding/hud-coc-funding)

Your application(s) have been accepted and ranked, as submitted, for inclusion on the CoC Project Priority List which will be submitted to HUD before November 16, 2021 as part of the GRCoC Consolidated Application for CoC funding.

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Kelly

Kelly King Horne  
Executive Director  
Homeward