Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
- Answering Multi-Part Narrative Questions

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

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

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: FL-514 - Ocala/Marion County CoC

1A-2. Collaborative Applicant Name: Ocala/Marion County Joint Office on Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Ocala

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.

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

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

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	No
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	No
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**	Nonexistent	No	No
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	No
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	No
31.	**Youth Advocates**	Yes	Yes	No
32.	**Youth Service Providers**	Yes	Yes	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:
	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)

Marion County Continuum of Care meetings are open to the public and anyone who wishes to participate in the community's commitment to ending homelessness on a regular basis. At these meetings, there is a designated effort to educate attendees on membership and voting membership roles/opportunities, as defined by the organizational charter. COC staff uses public events, public meetings, social media, and email correspondence to recruit and retain members throughout the year to contribute an inclusive perspective to the goal of providing comprehensive assistance to the homeless population. Culturally specific communities are identified locally through representative organizations, and invitation to planning discussion forums are disseminated through these institutions to ensure equal access to resources and equal representation of Black, Latino, Indigenous, LGBTQ, and persons with disabilities. Network familiarization and invitations to participate for homeless and formerly homeless persons is encouraged and offered by street outreach staff, partnered shelter staff, and the current membership with a focused recruitment goal that is guided by continuous verbal reminders each month and reinforced by the focus outlined within the Florida-514 organizational charter.

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)

By design, the Marion County Continuum of Care ensures an all-inclusive perspective on the local strategy to prevent and end homelessness through a charter-mandated Board of Governors comprised of local elected officials from city and County government, leaders in public housing, philanthropic organization executives, legal-aid experts, law enforcement professionals, workforce and labor providers, faith-based leaders, and local healthcare institution directors. Strategic planning perspectives and fund allocation ideas are solicited from this diverse group of community leaders to help steer the direction of COC operations towards successful cohesion and implementation by staff. COC staff captures meeting minutes to communicate local priorities and initiatives to the membership and the public at large. COC members and public meeting attendees communicate local concerns and available resources that lend to preventing and ending homelessness, and that information is also captured through meeting minutes and made available to the public twice a month. These open forum style meetings allow for max participation for the public, and ensure accountability and transparency for COC staff due-outs and community-wide response strategy formulation.

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)

The FY21 NOFO competition was communicated publically through a newspaper ad in the Ocala Star Banner that outlined the local collaborative application timeline, eligible activities and programs, and COC staff contact information via phone/mail/email/fax. All resources pertaining to fund availability and new/renewal project application submission procedures were made available on the County website for reference to. In addition, COC staff provided bi-weekly updates pertaining to procedural milestones met, as communicated publically. COC staff provided two in-depth technical assistance training sessions for all applicant

interested in participating, and those meetings were also advertised publically to ensure maximum exposure to the funding opportunity. FY21 bonus point project opportunities were detailed in accordance with the NOFO guidance/instructions for new Permanent Supportive Housing and DV Rapid Rehousing projects available to interested parties. Rank and review procedures and scoring tools for all applications received were also explained and available for reference within the published timeline and the dedicated web-page in an ADA compliant format overseen by the County public relations office.

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

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

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	**Coordinates with Planning or Operations of Projects**
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	No
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**	Nonexistent
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)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.	Project funded through local Children's Alliance	Yes

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)

The Marion County Continuum of Care worked in very close coordination with the strategic allocation of the County jurisdiction's ESG and ESG-CV entitlement to ensure effective distribution of funds within the local network. COC manager advised the ESG-CV consolidated plan and annual action plan amendments to ensure the utilization of emergency solution grants would provide proportionate and necessary resources to meet the critical needs of the 2020-2021 pandemic economic conditions and its effects on housing and homelessness. County staff and Joint Office staff (HMIS Coordinator) worked in tandem to ensure that all executed contracts reflected data project creation to capture project activity, monitor program successes related to ESG utilization, and properly report to state and federal authorities. The street outreach component of the Joint Office on Homelessness conducted (and maintains) a PIT and HIC count, which reflected sheltered and partial unsheltered count, chronic homeless count, racial/ethnic/gender focused demographics, and household-type information for a clear measurement of the geographic count across Marion County. This count contributed to the County's consolidated plan and shaped the response strategy on an annual basis. In addition, there was a deliberative effort to sync as a continuum through the written standards collaborative re-write, the production of shared standards forms to create consistency across the COC providers, joint monitoring, joint review of applications for funding, strategic allocation of funding resources to ensure continuity of operations and direct client support as well as not duplicating benefits, shared trainings we provided to each provider this year and the joint monitoring. In recognition of local efforts to advance the system forward in support of strategic direction, the COC was awarded an additional allocation of ESG funds on top of the formula allocated under CV.

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	Yes

	not separated.	
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)

Local shelters, street outreach and housing case managers have developed working relationships with school officials to include the homeless liaison. Shelters do not report an actual written policy by which they inform participants of eligibility for education services. Rather they utilize their connections to assist participants to access educational programs. Participants are linked with Adult Education programs and GED prep courses. When participants report issues assessing level of services needed, the case manager may attempt to mediate the issue or refer the participant directly to a school representative for assistance. Case managers with ESG and COC rapid or permanent supportive housing components do a full orientation with participants before entry into the program. This orientation includes discussing educational requirements and options for children in their care, initiating referrals to day care, Head Start and VPK programs for younger children, and going over housing stability plans which includes information on available adult education and training programs. During case management, issues which at times includes school attendance and any issues accessing educational services are discussed. If a parent is reporting that a child is not placed appropriately or not receiving accommodations for which they are entitled, and the parent has attempted to work with the school without success, case managers will refer them to Community Legal Services, which has a Children's Rights unit dedicated to addressing access to education.

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)

Local shelters, street outreach and housing case managers have developed working relationships with school officials to include the homeless liaison.

Shelters utilize their network-forged relationships to assist participants to access educational programs through regular COC-based coordination mechanisms.

Case Managers work together to identify issues related to school issues (attendances, gap in resources, etc.). If a parent is reporting that a child is not placed appropriately or not receiving accommodations for which they are entitled, and the parent has attempted to work with the school without success, case managers will refer them to Community Legal Services, which has a Children's Rights unit dedicated to addressing access to education. These procedures are formalized through Success and Accountability committee charter, and directly refer to coordinated entry and immediate/relevant services for a timely response to mitigate and/or decrease time without educational services. The effort of forged through new COC members like Allen Madden Shay's Group, Arnette House, and Youthbuild for facilitation for the planning of a youth board.

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	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
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)

A representative from the local DV and a Family Violence Prevention Coordinator are voting members and attend COC meetings. Both have presented at the local meetings to all COC members and project staff, and the Director of the CV shelter provides ongoing training in the community and to civic groups on the dynamics of recognizing abuse and effectively working with survivors in coordination with the COC membership. During the lead-agency turnover, the Ocala/Marion County Joint Office on Homelessness funded the internal victim centered and trauma-informed training for funded partners through the Florida Housing Coalition.

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)

Community DV service provider sit on our COC Board of Governors to advise on the aggregation of data as it related to the special needs of survivors of stalking, sexual assault, dating violence, and domestic violence. This Board member attends all of our meetings, and the COC staff attends the DV center's to ensure coordinated entry referrals are made as needed to ensure timely assistance is provided as needed for this special population. COC staff visited the DV centered and supported the coordination the FY21 DV bonus project for Creative Services to enhance assistance across the network with informed strategy led by the center's comparable database report assessment. Data- sharing and partnership was forged this cycle through the coordination of the Success and Accountability committee that the DV center attends to identify gaps related to this population to advise and participate in all remediation planning.

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)

The CoC collaborated with the only local DV shelter provider in the development of Coordinated Entry processes which allowed for the inclusion of victims on the by name list using encrypted data. Assessments are completed on paper, maintained in a locked secured location and only accessible to authorized individuals as needed to secure safe housing. Data on victims actively fleeing or refusing sharing of data due to safety concerns, is not entered into HMIS and is instead maintained either through the local dv providers comparable data system, or in a separate secured format. Local protocols developed in collaboration with victim service providers, shelters, housing providers and the County ESG program prioritize safety, confidentiality and equal access to housing. These processes are captured in written standards, Coordinated Entry, Emergency Transfer Plans and the HMIS Data Security Policy. The local Public Housing Authority has an Emergency Transfer Plan in place to include an MOU with a neighboring PHA to allow relocations. The County has implemented requirements for all ESG subrecipients to include as part of every lease, an agreement that allows for emergency transfer. The Emergency Transfer plans are modeled off examples from HUD. Prioritizing safety while providing housing stability is achieved by using trauma-informed case management approaches that recognize the signs of trauma and employ harm reduction techniques. DV Center's continued participation in coordinated entry and regular case review within Success and Accountability committee meetings empower our network to properly care for and prioritize victim's safety through secured housing. The current DV bonus project has been supported by COC staff to expand our network's ability to rapidly rehouse clients fleeing DV circumstances in order to mitigate prolonged homelessness of single people and/or families.

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?**	
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)?**	
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)?**	

You must select a response for elements 1 through 3 in question 1C-6.

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:

	Enter the Percent of New Admissions into	**Does the PHA have a**	**Does the PHA have a**

Public Housing Agency Name	Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	General or Limited Homeless Preference?	Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Ocala Housing Authority		Yes-Both	Yes

You must enter information for at least 1 row in question 1C-7.

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)

Marion County Continuum of Care coordinates with the local PHA to identify housing voucher candidates within the system. Ocala Housing Authority (OHA) is the only PHA within Florida-514's geographic area, and the organization's CEO holds a position on the COC Board of Governors to provide insight on housing opportunities within their sphere of assistance. All COC partners, case managers, and the Joint Office on Homelessness outreach and referral staff is in regular contact with OHA for applicable client referral and coordination for housing. In addition, as mandated by the U.S. Department of Housing and Urban Development, the FY21 emergency housing vouchers (51 total) are being distributed through the COC coordinated entry process through a cross-organizational Memorandum of Understanding that defines coordination roles between OHA, the City of Ocala and Marion County to house individuals that scored highest on the locally-managed vulnerability index roster to guarantee homeless preference in distribution.

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

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

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

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

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

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

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

(limit 2,000 characters)

As mandated by the U.S. Department of Housing and Urban Development, the FY21 emergency housing vouchers (51 total) are being distributed through the COC coordinated entry process through a cross-organizational Memorandum of Understanding that defines coordination roles between OHA, the City of Ocala and Marion County to house individuals that scored highest on the locally-managed vulnerability index roster to guarantee homeless preference in distribution. The COC Board of Governors Chair is the executive lead of local PHA, allowing for a very strong partnership in this regard for coordination and formal administrative agreements.

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)

Ocala Housing Authority has applied for the existing HOMES 1 permanent supportive housing project within the FL-514 COC as well as the FY21 Emergency Housing Vouchers (EHV). The PSH project has not yet been approved, but coordination between our two organizations has led to a

successful exemplification of grant management experience and organizational capacity for project transfer that will retain much our much needed PSH inventory for our chronically homeless population in need of long-term assistance outside of the regular local affordable housing stock. EHV was applied for, and 51 vouchers were awarded to our community with an agreement between our COC and PHA to disseminate through the coordinated entry procedures. This allowed for the Joint Office on Homelessness to oversee referrals for clients deemed most vulnerable on the by-name list for long-term housing assistance. Our COC and families benefitted from this coordination through opportunities that would have otherwise been met by less dependent long-term resources to meet the local Housing First philosophy.

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
Ocala Housing Aut...

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

Name of PHA: Ocala Housing Authority

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

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	No
3. Mental Health Care	No
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.**	
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.**	
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.**	

You must enter a value for elements 1 and 2 in question 1C-9.

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)

There was a concentrated effort of network-wide training on the concept of the Housing First approach that have acted as a foundation for evaluation requirements and expectations moving forward as a system. The need for

which was recognized after transition to new lead agency and clear attitude of bias against "Housing First" within this community and the level of enthusiasm towards embracing the principle. Even though the funded partners operated under these principles – we were striving for a collective culture of support for the approach to educate the public in a way that maximizes willingness to contract and coordinate as a collaborative system to best serve clients. This training has certainly helped with providers understanding the parameters and manageable requirements of this housing model, and can been exemplified in the success stories shared during COC meetings and open forum for interest, questions and concerns. In addition, our network has successfully introduced non-conditional enrollments for housing without conditions with the County Hospital District's health services being utilized in coordination with the COC. We worked to engage reentry providers with faith-based organizations and the Justice Coalition, and New Directions. We also made sure services were available and clients could access them is a priority through partnerships with the Community Foundation, Beacon Point, community development projects with the entitlement jurisdiction, and the Sheriff Department's Emergency Management office. Board established priorities have since been made public to resurrect low-barrier shelter creation, day-shelter creation, and permanent supportive housing units and services. Future collaboration with the HUD HOME program entitlement jurisdictions will now be in alignment with the Housing First approach for any/all investments made toward the permanent supportive and affordable housing stock for a community-wide movement towards quickly housing the homeless.

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)

The Joint Office on Homelessness (FL-514 lead agency) is affiliated with the City of Ocala's Street Outreach team which covers 100% of the COC's geographic area. Outreach is conducted on the street in encampments and in the National Forrest. Outreach is conducted on a daily basis. Outreach workers preform initial comprehensive assessment of clients and develop a plan that addresses needs for housing and services, and make referrals. Street outreach workers build relationships with the community, business owners, realtors,

landlords and other service providers to identify new and existing opportunities to better assist client in accessing resources, employment, supportive services and housing opportunities. The street outreach team has adjusted the schedule to ensure time for regular visits to feedings and encampments where the homeless may return in the evenings to maximize exposure to diversion or referral. The COC funds street outreach positions for Saving Mercy, Open Arms, Whitman Center, and Interfaith Emergency Services, three of which are filled by formerly homeless persons.

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	No
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

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

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

You must enter a value for both years in question 1C-12.

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

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

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

3.	**Nonprofit, Philanthropic**	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)

Multiple assistance programs inclusive of a local shelter, faith based providers, street outreach and ESG and CoC funded agencies work directly with persons experiencing homelessness to access mainstream benefits. Case managers & staff assist with obtaining needed documents such as birth certificates, identification & social security cards. Levels of assistance varies among programs. Some programs provide transportation to appointments and assist with the intake process, other programs assist with completion of applications for services, reading and explaining applications and mail, and some programs provide access on site to computers and phones for application purposes. Assistance with applications for disability. The list of SOAR Certified Individuals is maintained by the local managing entity and available upon request by any agency. Program providers are invited to present at monthly CoC meetings on available services and how to apply. The CoC reaches out to organizations for training opportunities whenever there is an identified need. Examples this year include a special request to a neighborhood resource center that is also an ACCESS Florida (food stamps) application site and holds self-sufficiency workshops. Health insurance programs are part of the CoC membership, to include Anthem, Wellcare and the local health department. FREEdom Clinic, Deliverance Outreach and a local shelter all provide indigent/free medical services and work directly with clients to get them linked in with health insurance or Medicaid. Zero Hour is a program that is new to the area, and is receiving funding through the local managing entity to also work with high utilizers to link with benefits and services. Case managers and the above listed programs work with program participants to ensure effective utilization of Medicaid and other benefits. The Marion County Homeless Council is the lead agency currently responsible for overseeing the CoC's strategy for mainstream benefits.

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

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

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

(limit 2,000 characters)

The Marion CoC's "open door policy" access points are staggered throughout the CoC. Outreach workers assess individuals who are in encampments or living in the woods, forest, abandoned buildings, and homes. Homeless individuals are assessed through the VISPDAT, TAY-SPDAT tool. Individuals are placed on a list ranking them by vulnerability disability and the date they were identified, ensuring prioritization to the people who are in most need. When project has an opening, people at the top of the list fitting the criteria will be placed in a housing project.

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?	

You must select a response for question 1C-15.

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

You must select a response for elements 1 through 6 in question 1C-15a.

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 decision making bodies are representative of the population served in the CoC.	
2.	The CoC has identified steps it will take to help the CoC board and decision making bodies better reflect the population served in the CoC.	
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	
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.	
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	
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.	
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	
	Other:(limit 500 characters)	
12.		

You must select a response for elements 1 through 11 in question 1C-15b.

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)

Lisa's Thoughts: was there no entry for last time? There is a racial equity tool. My suggestion would be to apply it, and then address the results in this section. Then, the criteria asks us to go beyond the tool – so talk about overarching improvements to the system – elevating service coordination to improve outcomes system wide – case review; engaging partners whose services improve outcomes like mental health, community health, workforce board, literacy; strategically allocating funding so that it can go farther in serving

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.		
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.		
3.	Participate on CoC committees, subcommittees, or workgroups.		
4.	Included in the decisionmaking processes related to addressing homelessness.		
5.	Included in the development or revision of your CoC's local competition rating factors.		

You must enter a value of '0' or more for elements 1 through 5 in both columns in question 1C-16.

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.**	
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).**	
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	

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).**	
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	
6.	**Other:(limit 500 characters)**	

You must select a response for elements 1 through 5 in question 1C-17.

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

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

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

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

(limit 2,000 characters)

Street outreach provided personal protective equipment to the unsheltered, and sanitation stations where set up in places where the homeless population commonly congregated, The COC worked with membership to ensure information on COVID transmission was shared as research produced a better understanding of the virus week-to-week. Emergency shelters were reduced to half capacity and resources were allocated to use motels as shelter overflow to provide additional shelter for the homeless. Congregate feeding programs were advised to be delivered as boxed/to go. The coordinated entry system catered to the pandemic environment to properly vet and educate transitional housing unit managers of the local response as it related to the homeless population

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

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

(limit 2,000 characters)

The Marion County Continuum of Care maintains a very close relationship with the County's Office Emergency Management, the Health Department, and Community-based health provider (Heart of Florida) for inclusion of public policy strategy and implementation. These relationships have allowed the COC staff to consult with its Board of Governors to solicit perspective to shape public health

emergency response policy as it relates to the needed advocacy of the homeless population with their specialized insight in mind to ensure max safety consideration. The COC staff served on committee for the allocation of cares funding awarded to the county so could advocate for homeless service providers and helped them identify needs beyond recovering expenses for long- term recovery and mitigation.

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)

The COC staff and the entitlement jurisdiction administrators worked together for a collaborative allocation of funding, as well as a joint review of application received. In addition, the COC participated in the local Essential Services Committee discussion comprised of the largest funders of non-profit agencies in the region (County, City, Hospital District, United Way) to discuss funded agencies in a way that identified duplicated allocation and strategic gap identification for needed supplies, rent and utility support programs, housing unit availability and development opportunities, and any/all community safety precautions that our combined funding could enable.

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)

Local hospitals contact the Joint Office on Homelessness' outreach team when someone is homeless and has no address to report upon release, and COC staff has made arrangements for a few dedicated beds throughout the system for temporary intake to ensure the individuals safety. Heart of Florida, our community based health care provider, participates in case review to assist with enrolling clients within the COC network in benefits. Similar services are provided to meet mental health/substance needs through the County Hospital Districts Beacon Point campus. targeted case management from the centers as applicable; medical clinic at interfaith; Whitman center is funded to provide prescription services and rapid rehousing services.

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)

During the COVID-19 pandemic, the CoC went virtual for all meetings. Email blasts bulletins in HMIS and flyers were means of communicating safety measures, changes due to waivers, changes on local restrictions and vaccine implementation. Several services providers within the CoC held vaccine events which the CoC facilitated.

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)

COC funded agency inspections virtual. Our network coordinated vaccination events with Heart of Florida and the Health Department that educated the public about general information regarding transmission and exposure risk, as well as vaccination opportunities to ensure transportation and logistical support needed was provided prior to the event to ensure it's success. Vaccination opportunities were also promoted at congregate feedings outreach went to encampments and events were hosted at each funded partner site.

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)

Lisa's Thoughts: not sure if there was an increase in DV referrals or not; SO has a DV Unit – could reach out and ask; maybe mention that we were fortunate to have the DV bonus project and that re-engaging with project hope transitional housing helped; motel vouchers; coordination with family violence prevention task force (and that Monica is on the BOG)

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)

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	
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.	

You must enter dates for elements 1 and 2 in question 1E-1.

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).	
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).	
4.	Used data from a comparable database to score projects submitted by victim service providers.	
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	

You must select a response for elements 1 through 6 in question 1E-2.

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

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

(limit 2,000 characters)

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)

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) CoC Reallocation Policy allows for reallocation of grant funds based on low performance, changes in community priorities or failure to meet requirements of a grant. Reallocation may be voluntary or involuntary. Involuntary reallocation is completed at the rank and review level and submitted to the board for approval.2) this policy was approved by the full membership in May of 2018. 3) The policy is posted on the website, given to grant applicants during the RFA period and reviewed annually with the Rank and Review committee. 4) The Rank and Review committee utilized real time HMIS data to review performance of applying agencies. Points were awarded or reduced based on performance standards of 85% exited to PH, less than 5% returns, increases in income and 90% bed

utilization. This allows for lower performing projects to be ranked lower, rejected or reduced. 5) In July of 2019 the scoring process was revamped to include a review of APR data and performance. The process takes into account factors that include type of program, populations served, cost effectiveness of program, and past performance of currently funded projects. Past performance of renewal projects, to include adherence to coordinated entry and achieving positive outcomes, is scored and plays a significant role in the determination of whether to reallocate funds to new projects. Performance measures and monitoring information which would support reallocation of funds include: low data quality scores, low level of effectiveness, not cost effective when compared to other programs, target population not priority for CoC, overdue or unsatisfactory responses to monitoring findings, deficient financial management or accounting practices, untimely expenditures of award, capacity issues negatively impacting the operation of the project, history of serving ineligible persons, expending funds on ineligible costs or failing to expend funds within established timeframes.

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?	

You must select a response for question 1E-4a.

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)?**	
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.**	

You must select a response for element 1–if you select Yes, you must enter a date in element 2 in question 1E-5.

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.	

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

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.**	

You must enter a date in question 1E-6.

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

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.	05/11/2021

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

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

(limit 2,000 characters)

At this time the DV provider does not participate in the SPM report submitted to HUD. The data is reported on the PIT. This data is collected as de-identified aggregated data.

1) Calculations for the number of survivors needing housing or services comes from data provided by the local DV shelter and Family Violence Prevention Coordinator. This calculation includes - Number served, number provided safe refuge, number unable to assist, and number housed through other means. 2) The local DV shelter uses E-grants and an FCADV computer program called Osnium and the Family Violence Prevention program utilizes a manual tracker for data.

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	198	39	159	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	153	3	150	100.00%
4. Rapid Re-Housing (RRH) beds	128	4	124	100.00%
5. Permanent Supportive Housing	142	0	28	19.72%
6. Other Permanent Housing (OPH)	0	0	0	

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.	

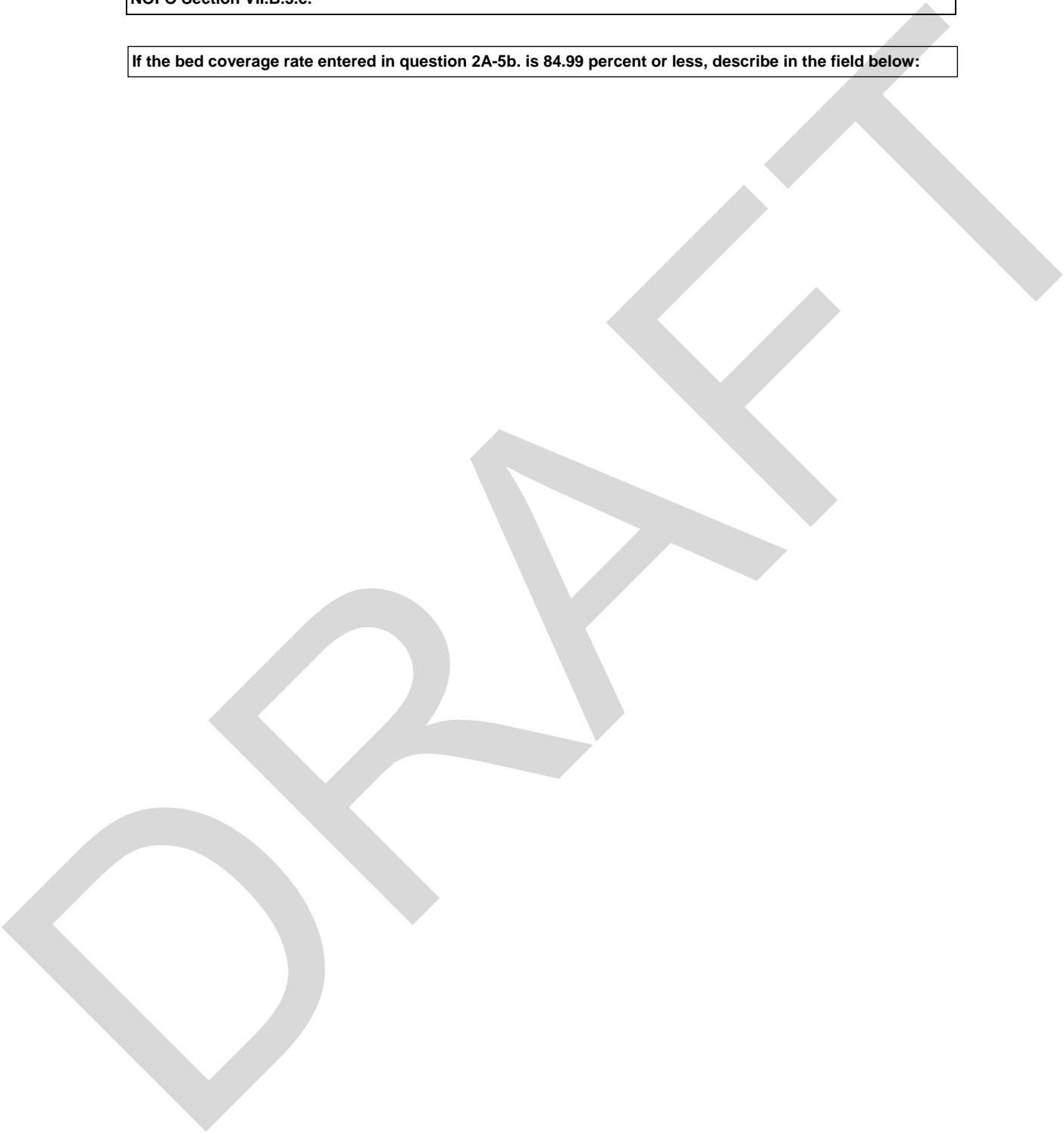|	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to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

(limit 2,000 characters)
The project that does not have 100% coverage is PSH. HUD VASH is included in this category but is not required to do data entry in HMIS. The CoC continues to work with this provider and encouraging them to enter data in HMIS and will do so over the next 12 months. Until HUD requires HUD VASH providers to enter data we may not obtain a 85% coverage rate in this housing component.

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.	0.00%

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

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

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

(limit 2,000 characters)

The project that does not have 100% coverage is PSH. HUD VASH is included in this category but is not required to do data entry in HMIS. The CoC continues to work with this provider and encouraging them to provide a CSV file to upload in HMIS that will contain the UDE's required by HUD and will do so over the next 12 months. The CoC is also looking at a HMIS Vendor change to a software that supports imported data. Getting the HUD VASH data in HMIS will provide a 100% coverage rate for this housing component.

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

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

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

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

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

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

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

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

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - 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)

The CoC identifies risk factors through VISPDAT and SPDAT assessments, street outreach interactions, and diversion and coordinated entry activities. Risk factors vary among populations with the most common risk factors being domestic violence, financial instability, criminal history, mental health, substance abuse age and poor rental history. The CoC works with those at risk of homelessness to identify either family or friends able to assist, diversion strategies, or temporary shared housing to prevent entry into homelessness. HMIS is cross-referenced to determine if previous interactions have been recorded. Mainstream resources are leveraged to identify households at risk, and support those currently housed. The amount of grant funding allotted to prevention services increased to target growing populations at risk of homelessness. Training sessions have been provided on case management, homeless prevention, and rapid rehousing models adding case review. Community Legal has partnered with the CoC to assist those at risk of losing their home through consultations, eviction assistance and interventions. Two families were kept from being displaced due to lease violations through this partnership. Nick Bennett, the Continuum of Care Manager is responsible for overseeing the 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.

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)

The CoC uses a coordinated entry process that assess clients and their vulnerability. Each homeless individual and family is assessed using a VISPDAT. Homeless persons are then placed on a list which factors in the vulnerability index score and other priorities (i.e., length of time homeless; disabilities). Persons with longer episodes of homelessness are prioritized ahead of those who are just becoming homeless. Written Standards were revisited to allow for increased latitude in offering incentives. The CoC's Housing Locators performed landlord outreach, collected feedback and input, trained providers, and created a databased of participating landlords. Nick Bennett, Continuum of Care Manger is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

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)

The CoC strategies to increase exits to permanent destinations revolves around training and education, as it relates to the data quality for exit destinations. The CoC is establishing strong landlord relationships, maintaining inventories of affordable housing options; creating strategic allocations of funding and requirements for lowering barriers within programs case management with focuses on housing sustainability and linage to both natural and mainstream supports and services. The CoC recently had the good fortune to receive case management opportunities for service providers to increase the knowledge and skills of those case managers. Key concepts are budgeting increasing employment and utilizing the services available. Case managers educate clients on tenant etiquette and leases are reviewed by Housing Locators. Strong case management has been proven to have successful outcomes. Clients involved with strong case management have proven to have increased 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)

The CoC relies on the HMIS system and assessment questions to determine who has returned to homelessness. Recently, the management of the CoC underwent a transition and a thorough investigation was completed on the SPM report as there was questionable data. Throughout our investigation using the HUD SPM reporting specifications and creating a fictions project, it was discovered this measurement was not reporting accurately. The CoC realizes the importance of this data and until we are able to get a baseline, we will not be able to accurately measure progress. Currently, the CoC strategy of reducing the rate of additional returns to homelessness are to encourage and support the client's alignment with mainstream benefits to other supports to ensure housing stability. Further discussion should address the possibility of revising the fee structure to incentivize more in-depth case management and follow up with clients who demonstrate an early warning risk of falling behind. Assistance plans and forms for case management should be revised to be more progressive. The person and organization who is responsible for overseeing this effort is Nick Bennett, the Continuum of Care Manager is responsible for overseeing these efforts.

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)

The CoC strategy to increase employment income emphasizes strong case management with realistic goals. Clients are connected with mainstream employment organizations within the community to assist individuals and families increase their household income. Florida Housing Coalition provided training on case management and system measures, with emphasis on a more comprehensive intake and case planning. Career Source is an employment recruiting and hiring service agency. Career Source offers many programs to clients to teach and build current skills. They have a career guidance and skills training program as well as a mentor program for youth. Nick Bennett, Continuum of Care Manager, is responsible for overseeing this strategy to increase income from employment.

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)

Case managers, including shelter staff within emergency shelters, work to link the homeless with employers through job fairs and staffing agencies. Participants' needs are assessed during intake and case management. Based on identified knowledge, skills, and goals, program participants are referred to employment assistance programs. Employment assistance referrals include Vocational Rehabilitation for assessment and training; Adult Educational and training programs to build job skills; Career Source for job and coaching youth (18-24 years) paid internships, job fairs and neighborhood outreach programs that assist with applications and interviewing skills.

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)

The CoC works with and refers to Access Florida for TANF, SNAP, and Medicaid; PATH program engages and connects persons experiencing homelessness benefits and services. PATH staff and SOAR trainers are mobile outreach who have the capabilities to assist clients with accessing mainstream benefits in any suitable location. A local outreach provider has computers and assistance available for those seeking to apply for benefits. A Veterans Resource Center is located on the bus route housing multiple Veteran servicing agencies. Agents are available to assist clients in obtaining benefits using the 1010EZ form to enroll in VA; and applying for form 14 through the National Archives to get enrollment benefits. Case managers and agencies assisting homeless individuals and families initiate referrals to SOAR or help directly with completion of applications for Social Security disability benefits as well as linking mainstream benefits and assisting with applications for state aid. Case managers are also trained on ancillary and support resources, with time devoted during membership meetings to highlight some of these non-cash programs that can improve outcomes.
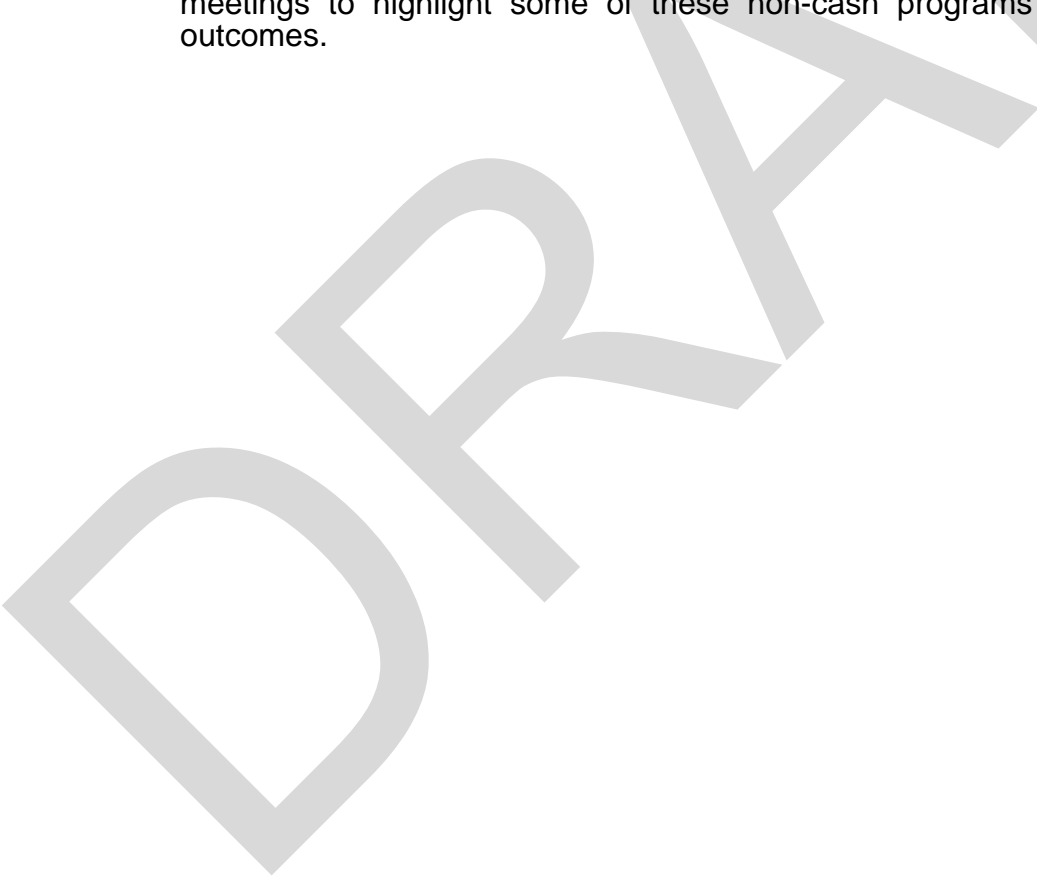
3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - 24 CFR part 578

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?		

You must select a response for question 3A-1.

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	
2.	State or local government	
3.	Public Housing Agencies, including use of a set aside or limited preference	
4.	Faith-based organizations	
5.	Federal programs other than the CoC or ESG Programs	

You must select a response for elements 1 through 5 in question 3A-1a.

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?		

You must select a response for question 3A-2.

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.)? | |
| 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? | |

You must select a response for elements 1 and 2 in question 3A-2a.

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

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.			
Project Name	**Project Type**	**Rank Number**	**Leverage Type**
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 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)

The local job agency, Career Source is a member of the CoC with an active MOU. Additionally, members of the CoC work with multiple agencies to include vocational rehab, Adult Literacy Council, Marion Technical Institute, and Central Florida College as referral sources for program participants. The lead agency works directly with the Pinellas Urban League to provide on the job training opportunities. Job fairs are announced on the CoC website and advertised at the lead agency offices. Wear Gloves is a local outreach program that provides on the job training and works directly with homeless within the community to provide job skills and voucher housing opportunities. Permanent Supportive housing residents are linked with vocational rehab for evaluation. Residents are linked with local programs that most closely match their skills and abilities.

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

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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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)

The CoC coordinate with Kids Central, the public school system, Early Learning Coalition in the case review process, to conduct cross-comparisons of school system list with coordinate entry, and in communication with Kids Central, who is the designated community based care provider for the Department of Children and Families.

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - 24 CFR part 578

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

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

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

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

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

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

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

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

You must enter a value for elements 1 and 2 in question 4A-2.

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)

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

This list contains no items

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		
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes		
1E-2. Project Review and Selection Process	Yes		
1E-5. Public Posting–Projects Rejected-Reduced	Yes		
1E-5a. Public Posting–Projects Accepted	Yes		
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description:

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/01/2021
1B. Inclusive Structure	11/08/2021
1C. Coordination	Please Complete
1C. Coordination continued	Please Complete
1D. Addressing COVID-19	Please Complete
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	11/04/2021
2B. Point-in-Time (PIT) Count	09/21/2021
2C. System Performance	10/01/2021
3A. Housing/Healthcare Bonus Points	Please Complete
3B. Rehabilitation/New Construction Costs	10/01/2021

3C. Serving Homeless Under Other Federal Statutes	09/27/202
4A. DV Bonus Application	Please Complete
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required