Before Starting the CoC Application

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

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

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

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: MN-500 - Minneapolis/Hennepin County CoC

1A-2. Collaborative Applicant Name: Hennepin County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Institute for Community Alliance

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2022 to April 30, 2023:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

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

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

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

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

(limit 2,500 characters)

1. Information to join the CoC is publicly accessible on the CoC website and announced throughout the year. The website features a list of all CoC committees and working groups and points of contact for each, as well as an archive of announcements about events or other happenings in the CoC, and the ability to sign up for the monthly newsletter. The CoC newsletter listserv has over 4500 subscribers. Messages often target specific populations for engagement to assure proper representation of marginalized communities. When seeking new members throughout the year, CoC working committees explicitly target diverse representation that is reflective of those that are seeking services in the CoC.

2. Accommodations are made to ensure that communication and access to meetings and events are accessible to individuals with disabilities. This is done by using plain language that is written at appropriate reading levels and in a format that is compatible with a screen reader. All documents related to the CoC are posted in PDF format on a public website & sent via email to the subscriber list or paper copies sent via USPS. The CoC employees 1 FTE communications coordinator to ensure effective & ADA accessible formats. CoC meetings when in person are held in physically accessible spaces. Virtual platforms include closed caption options and materials sent in accessibility enabled PDF format to include information about ADA accommodations as needed.
3.When soliciting new members to join all CoC committees or to participate in the CoC, messages targets populations over-represented in our homeless response system for engagement. To assure boards and committees are committed to advancing racial equity strategies, to include having representation of populations of color, LGBTQ+, and disabilities, who are over represented in our homeless response system, HC Governing board & committees track demographic information, develop recruitment strategies to assure diversity, strong representation of BIPOC communities, LGBTQ+ & people with disabilities. Rep's from HC Lived Experience Advisory Group participate on all CoC boards and working committees.

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

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. CoC holds broadly advertised meeting annually, promoted via website, email, shelters & advocacy groups. The format has keynote speeches by elected officials, county leadership & from the lived experience advisory group (LEAG). Following the opening were 7 breakout sessions w/focus on specific issues, best practices, & trainings that allowed for feedback. HC maintains a broad & regularly updated listserv, with monthly updates & feedback loops. HC's Youth Action Board (YAB) developed a Coordinated Community Plan with feedback loops for youth/families. LEAG has a formal decision making role in all HC homeless funding decisions, including Federal, State & local dollars.

2. CoC Executive Board meetings & working committees are feedback loops to analyze Need/Gap analysis, PIT data, & other CoC data/information for feedback. Meeting dates/times are publicly available on the CoC website, via the listserv & newsletter. Board meetings can be viewed live virtually via a link on CoC website, & recorded/posted online. CoC meetings allow public input, new ideas & strategies.

3. Accommodations are made to ensure comm., meetings access, & events are accessible to persons w/ disabilities. EX: Using plain language that is written at appropriate reading levels & in a format that is compatible with a screen reader, documents posted in PDF format on public website & sent via email to the subscriber list, paper copies sent USPS, & on-line public input used for Governance/Written Standards feedback from multiple committees, listserv & feedback loops. 1 FTE planner to ensure effective & ADA accessible formats. CoC board meetings are hybrid to accommodate both in-person & virtual attendees. Virtual platforms include closed caption options, materials sent accessibility enabled PDF format to include information about ADA accommodates.

4. Feedback is gathered continuously throughout the year via committees, work groups, public forums, direct email, & surveys. This year a concerted effort was made to increase pathways to supply feedback. CES Leadership implemented a survey for CE participants following the assessment, emailed upon housing referral, & updates are available live on the CoC website. Data is reviewed quarterly by CES & adjusted if needed. Street Voices of Change advocates recommended prioritizing housing for most severe disability. Medical fragility is now part of the CE assessment, & highest medical fragility are prioritized for housing options.

1B-4.	**Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.**	
	NOFO Section V.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
2.	**about how project applicants must submit their project applications–the process;**
3.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
4.	**ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.**

(limit 2,500 characters)

1. In 2023, 3 new project applications are included in our FY23 NOFO CA from org's not previously receiving CoC funds (small BIPOC org's). HC meets throughout the year with interested agencies/org's re: CoC funds. Pre-app solicitation follows the PIT/HIC & annual Needs/Gaps analysis identifying priority housing/populations (prior to the NOFO). HC & state partners direct NOFO inquiries Coordinator to meet 1:1 as requested. Annual Bidders conference (State & ESG held 1/13/23) include CoC program funds. HC advertises broadly re: competition through CoC listservs (4500 subscribe). Once NOFO releases, holds overview meeting outlining changes, RFP process, local timeline, & 1:1 for new org's.

2. In preparation for strong app's, HC releases New Project pre-app. This allows ample time to provide info. to new agencies/orgs, & allow extra time for pre-app's to be received (4 weeks). To keep the process simple, HC releases a fillable pre-application, which is aligned with the PA in snaps. Available via the website, listserv, & e-mailed upon request. Once pre-applications are reviewed & selected, projects will go into snaps to submit the full PA– we work with projects not in e-snaps immediately upon initial NOFO overview meeting.
3. CoC Performance Evaluator/Funding comm. update the score tool rubric (NOFO & local priorities). Pre-app's scored & ranked on score + HUD/HC priorities. Approved projects sent via listserv & posted w/ appeal timeline (per Ranking policies/procedures). Selected projects submit PA's in snaps by CoC deadline. Application are reviewed using the new project score tool, threshold criteria, priority pop's & racial equity Q's. Hennepin Funding committee includes 4 members from Hennepin Lived Expertise Advisory Group (LEAG) to review/rank projects as we prioritize stronger integration of voice of persons with lived expertise into all parts of homeless response system.
4. HC CoC planner works w/ communications to assure accessibility & review on-line language posting of the application. LEAG engaged to prioritize stronger integration of voice into app + all parts of the process. To decrease barriers/complexity, narrative fillable pre-application & budget form used, encouraging those not in e-snaps to get set up if project selected to submit full app. Reasonable accommodations are made throughout the process. 2-3 on-line meetings are held; and 1:1 availability to assist with any parts of the application of clarify questions.

1C. Coordination and Engagement

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

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

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Hennepin County Lived Experience Advisory Group (LEAG)	Yes

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

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

(limit 2,500 characters)

1. Hennepin County entered into a new Joint Powers Agreement for 2023 with the City of Mpls.(ESG recipient), and transferred funds/management responsibilities to HC for shelter & outreach services. The JPA formalizes HC's role as strategic lead for the CoC, which includes $75,000 from the City towards planning functions, including the Lived Experience Advisory support for all CoC/ESG decision making & funding processes. City of Mpls. & HC ESG jurisdiction staff meet bi-weekly to review fund allocations based on local needs/gaps/trends. Specific to ESG-CV HC & City developed a combined RFP with input & decision-making authority with Street Voices of Change (lived expertise). The City of Mpls held competitive process for outreach, involving the lived expertise group & Healthcare for the Homeless in selection which led to selection of new provider (Avivo). HC CoC selected RRH providers for ESG-CV jointly between City/County and the City is using regular ESG to assist those efforts through a thoughtful exit strategy.

2. Under the new Joint Powers Agreement mentioned above, HC takes direct responsibility for monitoring & evaluating of City ESG funded shelter & outreach services alongside our broader performance & evaluation role for Hennepin County funded shelter and outreach & homeless/housing services more broadly. ESG & CoC staff review/select shelter ESG State/City/HC proposals. Joint review of RFPs for shelter (incorporating guest input) & street outreach (reflecting current challenges & linkage to CES). SysPM data/Written Standards incorporated into all contracts. Task force developed to address unsheltered homeless crisis.

3. ESG staff serve as ex-officio on CoC board, which approves PIT/HIC/CES data, needs/gaps, & written standards. Con Plan public comment sessions coordinate with CoC committees & CoC listserv/newsletters. Con Plan provides PIT counts + trends, policy, funding & program changes. Con Plan Section (NA-40), Annual Action Plan Section (AP-65).

4. The Con Plan consultation process for FY2022-2026 was extensive & included participation in a variety of ways from State of MN & City/County jurisdictions. HC works closely with ESG staff on the following: awards through RFP to maximize coordination & results, members sit on committees to assure coordination, & coordination on HMIS data standard compliance. CoC annual mtg. solicits feedback from community, providers, & policy makers on the gaps/challenges, + hosts focus groups.

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

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

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

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

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

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

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

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

(limit 2,500 characters)

1. SEA partnership: HC CoC, w/ all MN CoCs, entered Collaborative Agreement w/ the MN Dept. of Educ. (MDE) in Sept 2022. Agreement outlines roles of CoCs & MDE & our collab. efforts in ensuring families & youth experiencing homelessness (YEH) are informed of their rights under McKinney Vento & have access to resources they need to be stably housed. In agreement, MDE a) Provides training to CoC Coordinators on how to use MDE aggregate public data on YEH in Districts & Schools. b) Provide a list of training offered to District & School Homeless Liaisons (DSHLs), to CoC Coordinators (CoCCs). c) Provide to DSHLs, a list of CoCCs w/ contact info by county; & encourage Liaisons to communicate & collaborate w/ their CoC. The CoC a) By Oct 1 each year, provide MDE a current list of CoC contacts. b) provide info on how to become members of a CoC w/ DHSLs. c) Invite MDE & edu entities to become members of the CoC. d) As needed, provide clear info about date, time, & agenda of meetings. Together, MDE & the CoC commit to collaborate to distribute a bimonthly MN Homeless Edu Newsletter to all DSHLs w/ training dates, resources, & connections to assist LEAs w/ serving the needs of YEH. 2.2 largest family shelters in HC have formal contracts w/ school districts outlining services, duties, & expectations. Minneapolis Public Schools (MPS) has a permanent office on-site at PSP shelter to quickly connect families in shelter w/ edu support resources, including transportation for children to attend school of origin. HC contracts w/ youth agencies directly to ensure geo. coverage for youth-related edu services, & all youth/family shelters collaborate w/ school districts to ensure children are enrolled in school. In 2022, MPS hired a HHM specific counselor that works w/ HS aged youth & provides direct outreach to youth shelters. 3.A group of liaisons from across the state participate in the MN Assoc. for the Edu of Homeless Children & Youth (MAEHCY). MAEHCY members meet monthly to discuss edu & homelessness-related topics. A planning committee meets w/ MDE to help plan agenda. 4. SHSS program expanded b/w MPHA to all MPS elementary schools. SHSS provides 1) RA for homeless families (has housed over 500 children), & 2) provides eviction prevention support for families at risk of homelessness (assisted over 2,200 children). HC partners w/ 9 public school districts to identify homeless families & fund programs including SHSS & 6 new public school district partnerships.

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

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

(limit 2,500 characters)

1. CoC-funded projects serving families are required to ensure families are informed of the HUD McKinney-Vento Act, & ensure children are able to maintain enrollment in school & comply w/ approved CoC policies, including: 1) assure transportation is arranged for students to remain in their district; 2) connect families to edu. resources in the community; 3) assist families to develop edu. goals for all family members; 4) identify staff responsible for school attendance; 5) track school attendance for all children in the program & help identify & resolve barriers to absences; 6) advocate for & assist families w/ children ages 3-4 to apply for Head Start & provide referrals to agencies that offer Head Start. 2.HC family shelter system has a district liaison that works out of the largest family shelter. District liaison ensures all children served by county funded shelters are enrolled in school, have transportation to school & receive free & reduced lunches 3.The 3 youth shelters in HC have policies to ensure youth who enter shelter receive all of the above-mentioned services. In 2022 MPLS Schools implemented a comm. plan w/ the HC Shelter Team to be alerted when a family is placed in a hotel, to ensure families in hotels are aware of their edu rights, & given what they need to access services. MPS is working w/ the shelter team & district liaisons where all overflow shelters exist to enroll students in school. 4. Every school district has a list of Title 1 requirements. District HHM Liaisons must: 1) make available public notices re: the edu rights of HHM students; 2) provide info to local service providers re: the rights of HHM students & the duties of the HHM liaison, 3) ensure youth receive transportation to their school of origin; 4) ensure HHM youth can cont. enrollment in school of origin OR immediately enroll in an eligible school; 5) help resolve disputes re: school placement; & 6) coordinate w/ local service agencies to meet student & family needs. 5.Annually, CoC projects working w/ children have to sign LOI to apply for funds that assures compliance w/ the HMVA Edu. Policy. If policy section is incomplete, applicant would be out of compliance & may be in jeopardy of losing CoC funds. 6.School liaisons are trained in the HMVA under ESSA. LEA in Mpls has MOU w/ MPHA & HC for the SHSS program, which includes RA & services for HHM families funded in part by state dollars. LEA's in HC were engaged in the development of the Community Plan for YHDP $.

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

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

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

9.	Tribal Home Visiting Program	No	Yes
	Other (limit 150 characters)		
10.	N/A	No	No

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

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

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

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

	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. 1) Update CoC-wide policies: CoC-funded VSPs participate in statewide DV Steering Committee (through VFMN) to develop standards & guidelines for the assessment, treatment, & supervision of adults who use violence against an intimate partner. The group works for the ongoing engagement w/ emerging research & brings this back to HC leadership committees to inform CoC-wide policies. 2) VSPs participate in HC DV Principles Committee to provide guidance on policies & systems. 3) VSPs participate in the Family Violence Coordinating Council to promote effective prevention, intervention & treatment techniques & facilitate coordination in HC. 4) VSPs & the CoC collab. on CE CoC-wide policies at monthly CE Leadership Committee(CELC) meeting. VSPs sit on the CELC & provide feedback on proposed policies, & contribute to annual workplans. 5) CE & CES Connect (DV comparable CE process) staff collab. weekly. CES Connect staff share how CoC-wide CE policies impact people served in CES Connect & provide considerations for safety while working w/ DV survivors in traditional CE.. 6)VSPs attend quarterly CoC meetings & other workgroups to vote on proposed policies & share best practices for working w/ DV survivors that can be used by all housing providers.7) VSPs serve on the Strategic Planning Committee w/ MN Coalition for the Homeless & VFMN to inform statewide policies & best practices that inform HC CoC-wide policies.

2. 1) Trauma-informed assurance: HC asks all funded projects to describe the trauma-informed services they use in initial project apps & review responses annually through quarterly reporting & Continuous Improvement Plans (CIP). Successful strategies used by orgs on CIPs are shared w/ all CoC-funded projects during quarterly meetings. 2) Cornerstone, a VSP org in HC puts on a 50 hour DV training, 3x/ year, that is open to the community & incorporates trauma-informed care, safety planning, cultural competency, & systems advocacy. The Domestic Abuse Project VSP puts on training that shares best practices when working w/survivors that is presented annually w/ CES Leadership Committee. DAP provides training 2x/year in medical settings to provide info on DV 101, trauma-informed care, & best practices when working w/ survivors of DV- & a 1x year communitywide training on the intersection of SV & DV.3. People assessed in CES Connect are merged w/ CE priority list to ensure equity in housing referrals.

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

	Describe in the field below how your CoC coordinates to provide training for:
1.	**project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**
2.	**Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,500 characters)

1. CoC-funded VSP staff complete ongoing training as determined by their employer org. VSPs require new staff to complete training on DV 101, safety planning, & best practices w/in the first 90 days of employment. VSP staff complete 40 hour training on the intersection b/w DV & SA & cont. supervision after training.2) DV agency in HC, puts on 50-hour DV 101 training, 3x/year, that is open to project staff in the community & incorporates safety planning, advocacy, needs assessment, trauma-informed care, cultural competency & id. of resource needs. Training is shared through list-servs, monthly newsletters, & workgroups. Every CoC-funded project is asked to share training offerings they provided, & training opps. their staff have attended in the past year, during the project app. process, to ensure agencies are staying up to date on best practices & trauma-informed care.3) VSP partner orgs hosts DV focused lunch & learn sessions for staff that are open to the public throughout the year.4) VSP partners provide consultation & supervision to staff in the community working w/ DV participants.

2. 1) As part of HC's CES Policies/Procedures, CES PL managers are required to complete annual trainings, including components focused on serving survivors of DV, safety protocols for serving survivors, privacy & confidentiality considerations, & how to handle emergency situations. As a part of annual assessor recertification, training on safety planning is covered including resources around safety planning, & how to manage transfers/referrals to a DV agency if the client was assessed in CE & not in the alt. CES Connect system. Training covers how to make a referral in a trauma informed manner b/w CES Connect, DV providers, & other service agencies. 2) CES providers in the community have provider-specific training that address best-practices in safety & planning while serving survivors. 3) Resources are shared w/ CE staff including a safety planning pamphlet focused on working w/ survivors. 4) CE staff are specifically trained on the process for safely making referrals for clients to VSPs 5) HC provides $40,000/year to People's Inc. to provide 30, 2-hour trainings for response service staff. In 2022, they scheduled 32 trainings focusing on topics around de-escalation, trauma informed practices, & harm reduction. 6)VSP org staff provides consultation to CE staff as needed, at weekly CE & CES Connect meetings, & at quarterly CE leadership committee meetings.

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

	Describe in the field below how your CoC's coordinated entry includes:
1.	**safety planning protocols; and**
2.	**confidentiality protocols.**

(limit 2,500 characters)

1.1) Safety Planning: There is no wrong door for DV survivors to be assessed, which helps max. client choice & access. This flexibility allows survivors autonomy to select the agency that works best for their situation while receiving support. There are 3 trained assessors designated to provide assessments to DV survivors & 2 designated alternate access points through DV providers in the community for clients to access assessments/services (outside of HMIS, w/ a triage to review all resources available w/in & outside of CES). Assessments are conducted in a location that is safe for the client. Non- DV-specific assessing agencies safety plan w/clients, using approved safety plan guide. 2) Providers are required to adjust for the unique needs of DV survivors while prioritizing safety during the time the client is in the program, w/ continued safety planning for post-program exit in place. 3) All assessors complete annual recertification training focused on providing trauma-informed, & person-centered services to people fleeing DV.

2. 1) Confidentiality: The CES Connect team (comparable process outside of HMIS) & CES team meet weekly to collaborate & plan protocols for making the system accessible. All changes made to the CES assessment are made to CES Connect assessment. Planning efforts & implementations w/in CE system are made in collaboration w/ CES Connect staff to consider impact on the DV pop. One effort was the “Document readiness” initiative, for how non-DV agencies can work w/ DV clients to get their needed docs & plan for what should & shouldn’t be uploaded to HMIS to ensure confidentiality & safety. This CES Connect/CE group plans for confidentiality needs for the DV pop, plans for how to address the unique needs of the DV pop & creates system workarounds to ensure safety while working w/ DV survivors.2). Assessments completed in CES Connect only gather the min. info needed for the priority list to make the housing provider match, & do not collect identifying info. DV referrals only include de-identified info. When assessments are conducted in HMIS & a client indicates they are a DV survivor, considerations are made for what docs shouldn’t be uploaded to HMIS to ensure confidentiality. Convos around confidentiality & safety are discussed at monthly CES Leadership Committee meetings & during weekly meetings b/w CES Connect staff & CE staff. Finally, assessments are conducted in private spaces, determined w/ client choice, to ensure safety.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1.1) Data sources: CoC-funded DV service providers submit quarterly aggregate data reports pulled from HMIS comparable databases to allow FC to evaluate the impact of services on participants 2) CES Connect Data (the CE system outside of HMIS that can be used by DV providers & for participants not wishing to enter their info in HMIS to have safe & equal access to the CES Priority List) is reported in an aggregate manner to gain an understanding of how many people were assessed & where they were referred. 3) External data sources: Wilder's tri-annual homeless study (a study conducted in Minnesota every three years by Wilder Research), Statewide Day One Crisis Line Data (which provides information on trends in need w/in HC), & data from Violence Free MN (which provides both data on trends in community need & best practices for working with survivors of DV).

2. 1) De-Identifying aggregate data: Reports are available in "CES Connect", that gives the CES team aggregate data on the # of people fleeing/attempting to flee DV. HC combines this info. w/ data in HMIS for those that were assessed in HMIS & indicated hx w/ DV in assessment response. Together, CES Connect & HMIS reports, enable the CoC to have a full picture of survivors of DV in HC & base decisions off of this data. HC created CES dashboard that reports on info in HMIS & planning is being done to determine how to incorporate aggregate CES Connect Data into the CES Dashboard, to enable real-time monitoring of DV needs in the community. 2) CoC-funded projects submit data on a quarterly basis including info on who was served & their corresponding outcomes. This data is reviewed by the CoC FC to build an understanding of trends of who is being served, needs, & service outcomes. All CoC funded projects, including DV providers, assess participant needs & report this info back to the CoC through quarterly reports, site visits, & ongoing interactions b/w the FC & providers. DV providers complete a "supports and barriers matrix" w/ clients at program intake and at program milestone to measure changes in barriers over time. This matrix measures participants' needs related to housing employment, food, education, health care, life skills, etc. 3) external data sources are used to gain insights into trends in community needs and best practices for survivors of DV.

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

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1. HC's emergency transfer plan policies & procedures are described in the CES Operations Manuals. The manuals are updated annually through development & approval process by CES Leadership Committees. Emergency transfer plans policies & procedures are shared during CES Leadership Meetings & communicated out to the larger community through: "CES Scoop" a monthly newsletter related to CES activities, updates, & strategies; the HC monthly newsletter "Housing Stability Area Newsletter"; HC listservs; sent directly to housing providers; shared at quarterly provider meetings w/ funded projects; at workgroups; & in routine interactions w/ providers. The emergency transfer plan policies & procedures are posted on the HC CE website to make them easily accessible.

2. The emergency transfer procedures, policies & process was updated in 2021 through development & approval by providers & the CES Leadership Committee. The update was immediately shared through multiple venues including at the CES Leadership Committee, during other workgroups & committee meetings, at funded provider meetings, through the CES newsletter, through the HC "Housing Stability Area Newsletter", & sent directly to housing providers. CE works directly w/ housing providers on a weekly basis & the emergency transfer plan policy, process, & procedure is discussed as needed during these ongoing interactions. The process to request an emergency transfer is described in the CES Operations Manuals that are posted on the HC CES Website. Transfer request forms & policy are also separately posted on the CES Website under CE housing provider forms, to increase accessibility.

3.HC CES has an emergency transfer request policy/procedure to address the safety needs of survivors who were housed through CES . The Housing Provider should indicate household's ideal & needed housing setting for the purposes of safety & security. The household (HH) will then be prioritized for the next available housing vacancy. While CES will prioritize the HH for the next available vacancy that would meet the indicated need, CES cannot guarantee a housing placement or timing. The current housing provider should cont. to safety plan w/HH & follow best practices to ensure rapid & safe resolution is met. If a match is able to be completed, CES Staff will assist in facilitating a warm hand off b/w the previous housing provider & new provider.

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

	Describe in the field below how your CoC:
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1. 1.HC prioritizes client choice & works to connect participants to the 1st open housing opportunity that meets survivors needs. CES Connect (the comparable CE system) merges w/ traditional CE process through the HMIS priority list when making referrals. This allows for DV participants to be considered for all available referrals & quickly prioritized for referrals. All housing opportunities & prioritization for DV participants are done in the same way as in traditional CE process unless otherwise requested by the participant. 2.HC has 3 designated assessors, & 2 additional entry points specifically designated for those fleeing DV which help expand the outreach & accessibility of CE to survivors but there is “no wrong door” for a survivor to be assessed & access housing. A person fleeing DV can be assessed at any entry point & participant choice & preferences are emphasized during the assessment & referral process. 3. Survivors can complete a “co-advocacy around fleeing DV statement” which moves them into a more protected CE process that provides more protections around privacy & anonymity in the system. 4. HC funds a DV specific CE Navigator to ensure DV survivors have necessary documentation & are housing ready at the time of referral. 4. HC Youth & Family Planner worked w/ DV agencies & Family shelters in HC around DV Diversion & ensures integration w/in the larger homeless response system. 5.CE assessors, both in the traditional CE system & in CES Connect complete annual recertification training, & attend additional training throughout the year, on responding to the needs of people fleeing DV, on trauma-informed & victim-centered practices in assessment & navigation processes.

2. To identify barriers, HC: 1) asks funded providers, including VSPs, to share narrative feedback on the system in quarterly reporting process; 2) invites VSPs to participate in monthly CE leadership meetings to provide feedback on identified barriers; 3) invites VSP staff to provide consultation to HC leadership around system opportunities; 4) CE engages in quarterly evaluation of the health of the system (HOS) in partnership w/ community, providers, & leadership. HOS dashboard evaluates 1) LOT (on priority list, from vacancy to referral & referral result, & to housing move-in) & 2)system volume. Evaluation includes LOT & volume by chronicity, HH type, project type & race to identify potential inequities in outcomes & identify opportunities for system improvement.

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

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

(limit 2,500 characters)

1. Survivors w/ lived experience are involved in policy & program development throughout HC: 1) participation of Lived Experience Advisory Group (LEAG) members in funding specific workgroups that make decisions re: policy & programs; 2) 4 LEAG members joined the CoC FC in 2023 & contribute to NOFO funding ranking decisions, program evaluation, continuous improvement plans, & vote on proposed policy recommendations; 3) survivors serve on ALL funded VSP orgs Boards & Governance Committees that review internal policies & provide feedback to HC FC; 4) survivor focus groups, exit interviews, & listening sessions were held by VSPs to reflect on services received & co-create program adaptations; these best practices were shared w/ HC leadership for program modeling CoC-wide; 5) all members w/ lived experience (both on LEAG & at VSPs) are compensated for their time & perspective. 6) LEAG members serve on the CoC Executive Board & SO Committee, & in RFP decision-making panels. Members have consulted on decisions re: RRH models, prevention service delivery, encampment response strategy, & hiring panels for HC managers & leadership. 7) LEAG membership opps are available annually so new members can be engaged & join LEAG. 8) Survivors are involved in the development of CES policies by serving on the CES leadership committee (2 VSP orgs have reps on the committee)
2. 1.The unique needs of survivors are evaluated by VSP orgs through listening sessions (7 held in 2022), exit interviews, participant surveys, focus groups, & by compensating survivors to serve as consultants to external orgs to share feedback on experiences w/in the homeless response system. 2.all programs are required to describe how they practice person-centered service delivery that prioritizes meeting the stated needs/wants of participants, including survivors during initial & renewal app process. 3.For HC, accommodations are made to ensure communication & access to meetings & events are accessible. HC employes 1 FTE communications coordinator to ensure effective & ADA accessible formats are used. 4.VSPs utilize a ‘coordinated care protocol’ inclusive of all providers working w/ a participant, the participants needs & strengths, & uses this info to create customized care plans. 5.VSP program utilized COVID $s to provide 1st & last months rent to keep participants housed & not RTH.

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

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

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

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

(limit 2,500 characters)

1. An Anti-discrimination policy draft was developed by the City of Minneapolis in 2021. There were various feedback sessions and iterations of this policy by multiple community stakeholders and groups prior to being finalized in early 2022. This policy will be reviewed on an annual basis by the CoC, or as needed based on feedback from our provider/funder communities. Multiple trauma-informed trainings are held each year with various committees and work groups.
2. Every housing and service provider that enters into a contract with Hennepin County has to adhere to a non-discrimination clause. Providers and expected to ensure all housing and services meet the needs of LGBTQ+ individuals and families and evaluating this is part of the contract renewal process. On 3/25/2022, HC's City of Mpls Trans Equity Project Coordinator, presented a draft of the City's Equal Access anti-discrimination policy for CoC review and feedback. The policy was adopted by all 43 Hennepin CoC projects on 6/24/2022. HC is just starting to discuss coordinated monitoring and follow up from a systems level in addition to the individual processes already in place.

3. Anti-discrimination evaluation questions are currently integrated into the CoC project application process in a few ways. Questions are asked regarding compliance with anti-discrimination policies in the "Letters of Intent to Apply" for CoC funds and signed by the executive director/CEO of each agency regarding compliance with these policies. Additionally, questions are asked in the CoC pre-application process regarding agency/organizations progress on policies each year. In the coming year, HC CoC will work with the City of Minneapolis regarding how to evaluate compliance for all projects at a micro, mezzo and macro systems level.

4. The policy will be included in all shelter contacts throughout the City of Minneapolis. If there is noncompliance the City of Minneapolis and CoC are committed and will follow up and address the barriers and work to resolve any complaints/issues. System workgroups are utilized as a mechanism to address system-wide concerns with anti-discrimination practices.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Metropolitan Council	41%	No	Yes
Minneapolis Public Housing Authority	23%	Yes-HCV	Yes

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

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

(limit 2,500 characters)

1. HC CoC has very strong working relationships with the top 2 largest PHA's (as well as other smaller PHA's located throughout Hennepin County). Both PHA's are integrated into the HC homeless response system as partners for various local programs/vouchers/developments, as well as voting members of the CoC Governing board and sit on CoC working committees. Steps include: MPHA has a homeless preference in their ACOP. HC has partnered with both MPHA and Metropolitan Council to implement "Move up" preferences. Both PHA & CoC review Administrative Plans (ACOP) and maintain a limited homeless (CES) preference over the past few years. Stable Homes, Stable Schools collaboration launched early 2019 to present, alongside time limited supportive services to families in the top 15 schools with highest rate of homelessness. HC's Emergency Housing Voucher program allocated 100% of the EHVs to individuals and households that were in shelter or unsheltered settings through the CES. Hennepin County newly funded case management with pandemic recovery funds and this allowed us to enter into an MOU with both PHAs ensuring that all recipients would receive case management. The success of this partnership has already seen a portion of Mainstream Vouchers allocated using the same approach and partnership for people experiencing homelessness. Coordination on Special NOFO HCV opportunity. In addition, HC has partnered on the following:
•Fostering Youth to Independence (FYI) –50 vouchers (12 BHRA, 18 SLP, 17 MPHA, 3 Metro)
•Family Unification Program (FUP) –127 vouchers (100 MPHA, 27 SLP)
•Affordable Housing Incentive Fund (AHIF) –180 set asides
•Hotel to Housing Project - 85 vouchers
•Public Housing Vouchers– 125 vouchers
•MN Move up program – Metro Council 22 vouchers,
•Mainstream vouchers - MPHA 7 vouchers – Metro Council 15 vouchers
•HOME - Stable Home RA – SLP 27 vouchers

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

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

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

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source

2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Federal: FYI, FUP, EHV, Stable Homes, Bridges (Tonja), AHIF, Public Housing, Hotels to Housing

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

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

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

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

PHA
Metropolitan Council
Minneapolis Publi...

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

Name of PHA: Metropolitan Council

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

Name of PHA: Minneapolis Public Housing Authority

1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	43
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	42
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	98%

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

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

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

(limit 2,500 characters)

1.Projects are asked to respond to HF criteria & submit tenant selection criteria (TSC) at the time of project application, renewal, during annual site-visits, & as requested during continuous improvement plan (CIP) development & monitoring. CoC FC regularly review project TSC & monitor CE referral outcomes. All projects are required to complete an assessment of the past year's referrals and provide information on all provider rejected & client rejected referrals to demonstrate alignment to Housing First criteria. Projects w/ high rejected referrals are eligible for participation in continuous improvement plans & may be eligible for reallocation.

2.Factors related to performance on HF practices include 1) TSC, 2) time from referral to result, 3) # of program vacancies to referrals received, 4) % of successful/unsuccessful referrals, 5) reasons for unsuccessful referrals w/ an emphasis on reasons for provider rejected & client rejected referrals, 6) client feedback, 7) feedback from CE team on issues related to referrals w/ providers, & 8) responses to low barrier & housing first Qs in LOI.

3.CES team works w/ providers weekly to problem-solve reasons for rejected referrals & to remove barriers. Clear expectations are shared w/ providers around timeliness, including time: 1) that a referral will be acknowledged; 2)until referral result is entered into HMIS; 3) from referral to result. CES team measures provider performance against locally established thresholds & follows-up weekly w/ providers falling below thresholds. 2.HC developed a CES dashboard, updated quarterly, and corresponding "provider scorecard" that is available to providers & funders, for ongoing evaluation of provider performance w/in CE. This process helps identify projects that are rejecting numerous referrals so HC FC & other funders can work w/ providers to identify barriers to program access 3.HC staff meet monthly at CES Funders Meeting to review provider challenges w/in CES. This allows for early intervention w/ providers that are rejecting multiple referrals & to identify where barriers to placement may arise. Involving funders adds provider accountability to hold to HF Principles. 4.Providers submit CES perform. during quarterly reporting to the FC. This allows the FC to identify projects w/ demonstrated barriers to housing, which prompts engagement w/ providers to develop CIPs to decrease barriers to hsg. & help ensure HF principles are being implemented in practices.

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

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

4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1. Through monthly meetings, HC utilizes an active by-name list. We strive for a system wide, collaborative, data informed approach to assisting HH's by quickly identifying, assessing, & referring to appropriate services & housing, which may be continuing to work through intensive street-based services. By increasing & improving on a coordinated trauma informed housing response, we find most HH's are not likely to refuse assistance, the opposite is true. We work to increase transparency & lean heavy into housing as the solution, housing first methodology, & housing as a right, not a reward for good behavior. Partnerships w/ Public Health & healthcare focused SO teams as the National Opioid crisis continues, & led by people with lived experience to guide/inform methodology & evaluate program efficacy. Outreach teams ensure all unsheltered are served (those more visual on transit or encampments, & less visible/less connected). HH's are identified through outreach, word of mouth, riding the transit, & partnership with the City, County, State, Non-profit, Faith-based partners, & residents. Referral for assistance can be made by contacting streets.to.housing@hennepin.us - response within 24 hours.
2. HC ensures 100% geographic coverage for our 600 square miles, including 1 metro city & 44 midsize cities. Most of the day-to-day street outreach occurs within the City of Mpls & first tier suburbs, & provide a response within 24 hours if there is a need outside of that. Referrals for assistance come from the comm., faith-based partner agencies, City partners including Metro Transit, Parks, MPD, & HC residents.
3. Street outreach occurs M-F during regular business hours. We have 1 provider that does late night outreach targeting Indigenous households with OUD from 7pm – 3am.
4. By increasing and improving a coordinated, trauma informed, housing focused response to unsheltered homelessness we are finding that most HHs are not likely to refuse assistance, in fact quite the opposite is true. We increase transparency of the response system & lean heavy into housing as the solution, & housing first methodology – housing as a right, not a reward for good behavior. We partner with PH & healthcare SO as the Opioid crisis continues,& are led by people with lived experience to guide/inform methodology & evaluate program efficacy. SO ensures all HH's are served (more visual in encampments & less visible or less connected) to ensure full coverage & responsiveness.

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

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

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No

4.	**Implemented community wide plans**	Yes	No
5.	**Other:(limit 500 characters)**		
	Hennepin (Lived Ex) meetings with policy makers and funders	Yes	No

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

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	875	1,122

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

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

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

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

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

(limit 2,500 characters)

1.HC provides info about mainstream benefits & training opps through mandatory CoC provider quarterly meetings. Quarterly data on other income is presented at every meeting, & aspirant programs are invited to present successful strategies they have implemented to help improve participant connections to eligible benefits & other assistance. At the April 28th, 2023 quarterly meeting John Petroskas from DHS presented on MSA & other benefits. Info on available resources & trainings are shared w/ other funding streams & non-funded projects through monthly announcement shared via HC listserv & through Economic supports monthly newsletter, w/ updates being shared as they are implemented outside of regularly scheduled communications. Info is shared in other county specific provider meetings that occur at varying frequencies. Many CoC committees have a HC Shelter staff participate on committee to provide updates on mainstream benefit process & availability. Training opps are posted on ES website.

2.CoC projects assess participant needs & eligibility at intake to determine eligible benefits, to include MI/CD & healthcare services. HC Healthcare for the Homeless (HCH) & Targeted CM billable services are integrated into CoC projects. Projects assist w/ enrollment in health insurance & connect participants to healthcare providers & services, collaborate w/ housing navigators both on-site & in the community who assist clients w/ accessing benefits including health insurance, SSI, SNAP, MSA, & other county benefits. Health Centers & FQHCs collaborate w/ housing providers to ensure participants can access assistance when applying for insurance & have access to healthcare.

3.Participants are assessed for benefit eligibility by CoC projects at program intake & referrals are made as needed. Participants may also be screened by Homeless Access team members, HCH, SO teams, HC Health SS navigation, & advocates before entering housing programs. Resources are often braided to max access such as for targeted CM, adult rehab., mental health, waiver funded services & housing stabilization, transition, & sustaining services. Finally, HC shares training opps during county specific provider meetings (including CoC quarterly meetings, SO bi-monthly meetings, county specific provider meetings, & others). Training offerings provided by MN Dept. of HS through the Housing Best Practices Forum are shared through listservs & at various meetings to communicate opps broadly.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

As a result of funding that became available during the COVID-19 pandemic, we invested $5 million in ARPA and the state invested $5 million for existing shelters to renovate their spaces to prevent the spread of infectious disease and create more dignified spaces. We also invested $17.5 million and the state invested $30 million for two new shelters and three shelters to be moved to permanent locations serving a total of 240 individuals, 152 in non-congregate and 88 in less congregate spaces (2 to 6 individuals per room). Overall, we have already committed over $37 million in ongoing operating funds for all our shelters serving individuals in 2023 and 2024.
Notably, our largest investments of $9.2 million in ongoing operating funds are for Avivo Village and AICDC Homeward Bound. Avivo Village is a 24/7 indoor community of 100 private dwellings for individuals experiencing unsheltered homelessness and AICDC Homeward Bound is a 24/7 congregate shelter with 50 beds that specializes in serving Native American & Indigenous peoples. From the Point in Time count, Native American & Indigenous peoples made up 29.6% of our unsheltered population.
We continue to support shelter programs in remodeling to create non-congregate and less congregate shelter programs. At the end of 2023, Simpson, will begin construction on a new $41 million shelter & supportive housing building, which will serve 72 people in single shelter units, of which we invested $7 million & the state invested $11.1 million. Two other shelter providers are exploring renovation and/or relocation of their existing programs, but funds have not yet been secured. The state has an open RFP of $98,000,000 intended for investments in shelter infrastructure.
For family shelter, due to our family shelter-all policy, the County has brought non-congregate shelter spaces online using available hotels and motels in order to meet the needs of families. Several overflow locations have been stood up in additional to scattered sit locations as needed.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	

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

(limit 2,500 characters)

1.The MN Department of Health (MDH) works closely with CoCs + homeless service providers as part of the COVID-19 response. Partnerships are now being extended to address other infectious diseases:
• MDH Highly Impacted Settings team has developed COVID-19 policies/procedures for homeless service providers related to testing, case reporting, mitigation strategies, and access to therapeutics.
• Homeless service provider access to a large supply of free COVID-19 tests, personal protective equipment, supplies for on-sight isolation and quarantine.
• Free on-site COVID-19 testing & vaccination clinics at homeless settings and provided vaccine incentives to people experiencing homelessness.
HC developed multi-team HIV Incident command response with housing as the strategy to get out ahead of emerging infectious outbreaks. It was awarded a model of practice award by NACCHO for low barrier, easy access HIV prevention programs. HC Healthcare for Homeless is within the Public Health (PH) Dept., & leadership meets weekly to discuss emerging issues, including infectious disease outbreaks potential or actual. Through COVID a standing agenda item on the CoC Board & weekly or bi-weekly meetings of the shelter/outreach providers to provide TA, & meeting with housing providers & other services as needed.

2. MDH has many programs like COVID testing & vaccination & an emerging infectious disease unit providing guidance & resources for homeless programs, correctional & higher education settings.
• Contract for COVID vaccine clinics, on-line (COVID 19 Request Form for Congregate settings).
• An Infectious Disease Trusted Messenger Program, providing education & TA re: how vaccines work, how tested, when to get one, & motivational interview teams asking what they’re hearing about vaccines & concerns.
• Statewide Syringe Service Program & overdose prevention hub w/ holistic care for people using drugs or in recovery.
• Hepatitis Unit - Hepatitis C educ. & harm reduction specialist focus on encampments.
• Safe Harbor program for victims of sex trafficking w/ focus on drug overdose risks.
The last 5 years has presented the need for shelter/outreach providers & local and PH, to respond to not only covid, but also to locally specific outbreaks of Hep A, HIV & syphilis within unsheltered. HC is fortunate to have within its PH, a Federally Qualified Health Care Center, to serve homeless. Health Care for Homeless provides primary care, MI/CD services in shelters,

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC:
1.	shared information related to public health measures and homelessness, and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1.MN Dept of Health (MDH) has started a quarterly webinar series on public health and homelessness. There was a webinar in March related to harm reduction and homelessness, and one focused on syphilis and homelessness in June. When things emerge (such as MPOX), MDH works with MICH and CoCs around communication. MDH maintains a GovDelivery listserv to share infectious disease information with homeless service providers, other congregate settings & attends meetings with homeless providers to share infectious disease updates (e.g., surveillance data, guidance, etc.) & learn of local public health concerns. MDH held meetings with subgroups (e.g., outreach workers, youth shelters) to offer guidance & address specific concerns. MDH has several current and upcoming grants to promote the health of people experiencing homelessness. MDH now has a permanent emerging infectious disease unit to provides guidance & resources for homeless programs, correctional and higher education settings. HC CoC has partnership with MDH & meet weekly to assure they are equipped to limit outbreaks & shelter/outreach providers to share information/problem solve.

2. MDH has contracts with two healthcare partners, Odom Medical Group & M Health Fairview, to provide vaccine clinics for homeless service providers & other congregate settings, like supportive housing through an online request form. MDH also has an Infectious Disease Trusted Messenger Program that provides training & stipends to provide peer education, support for COVID-19 & other routine vaccinations. Comm. and various strategies were developed/implemented due to the strengthened coordination between Hennepin CoC, Public Health & homeless providers following the COVID pandemic start to present. Healthcare for Homeless triage line for access to isolation spaces & daily symptom monitoring/care. Teams to conduct contact tracing in shelters: Multiple mass testing & vaccination clinics in numerous sheltered/unsheltered settings. HIV outbreak response: Multi-team HIV Incident command response to end the outbreak. Opioid response: strategy to reduce deaths through interventions & expand access to overdose medication. Improving hospital discharges: coordination with local safety net hospital to improve discharge process by adding a nurse to the discharge team & follow up with Hennepin Healthcare. Medical shelter: Medical respite program developed with collaboration between shelter providers & healthcare for the homeless team.

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

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

(limit 2,500 characters)

1. HC ensures 100% coverage through varied access sites & over 90 highly mobile trained CES assessors, including SO teams, drop-in centers, & all shelters in Mpls.& suburbs for all pops. Methods: multiple strategic physical walk in site locations, web based CES portal, and 5+ SO teams & access to mobile assessors including 2 assessors embed in the Streets to Housing team. HC has a coordinated front door for all single adult shelters & a right-to-shelter policy for all families. CES has fully integrated 3 DV sites & has targeted pop assessors for Native American, HIV+, youth, & veterans.

2. The HC CES assessment is a standardized assessment recorded & retained in the HMIS system or our parallel DV data base (CES Connect). Our assessments only differ slightly b/w families & singles to meet the need of the pop being served & housing provider requirements. All CES assessors are trained to conduct assessments in standard & consistent manner.

3. HC implemented the following strategies in 2022 & 2023. 1.New medical fragility series of Qs was developed w/ a team of community health professionals, our housing team, & people w/ lived experience. New series of Qs replaces prioritization on “disability” & allows clients to better explain their health vulnerability. 2. New procedure addressing referrals being denied due to not being able to locate clients. The committees & Inter-systems Workgroup developed a new procedure that asks assessors to maintain contact w/ HHs until a referral is made to a housing provider. This helps keep client contact info up-to-date in HMIS/CES Connect & keep the CES priority list updated so clients can be more easily located. 3.Impleneted change in the “Inactive Policy” – changing the # of days a HH is deemed inactive & removed from the PL from 90 to 30 days. Housing providers reported that they were unable to locate clients which led to more returned referrals, longer LOT to fill units & more days from referral to housed. Decreasing the inactive policy to 30 days helped remove people from the PL who were not interacting w/ our system w/in the past 30 days. 4.“Document Ready Initiative” – HHs w/o needed docs increases time b/w referral & housing & decreases the likelihood of a successful referral. Assessors & CMs now collect docs & secure them in HMIS or secure local data base (HB101) to retain copies of the documents.

1D-9a.	**Program Participant-Centered Approach to Centralized or Coordinated Entry.**	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
2.	**prioritizes people most in need of assistance;**
3.	**ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and**
4.	**takes steps to reduce burdens on people using coordinated entry.**

(limit 2,500 characters)

1. Outreach teams engage w/ the least likely to access to conduct assessments 7 days/week. CES is advertised in locations frequented by persons w/ instability or homelessness. All shelters, drop in centers & meal centers have trained assessors, or can contact 3 mobile assessor teams (to include DV assessors). In 2020, HC hired 25 CM through ARA funds to mobilize & connect w/ medically vulnerable in outskirts of system to navigate & connect w/ CES & other resources. CES reaches outside the homeless response system to educate agencies about CES so they can assist & direct HHs to CES assessors.

2. Outreach workers engage & conduct CES assessments either in person or via phone to include mobile assessment teams & DV assessors. In 2019, HC stopped using the VI-SPDAT due to racial inequities identified w/ the tool. In 2021, HC CES worked w/ C4 & people w/ lived experience to develop & incorporate a client choice series of Qs into the assessment which gives HHs on PL additional input into what type of intervention they believe will help them move into housing. In 2023, the HC CES team worked w/ medical professionals in the community & people w/ lived experience to develop a new medical fragility series of Qs for the CES assessment. This led to change to use medical vulnerability (morbidity & mortality) rather than just disability as the first prioritization considered in the HC CES. Current HC CES prioritization is: Medical Fragility, CH, & # Months HUD Homeless.

3. HC prioritizes CH HHs. Changes to our assessment help move people through CES as quickly as possible – doc collection, assessors maintaining contact, client choice series, etc. We have removed Qs from assessment that are not necessary. CES assessors include shelter advocates, outreach workers, agencies rep. specialized pops. assessments: virtually/in person. For DV pop., minor youth, or client choice, assessments can be done using CES Connect (HC's alt. CE process w/ safety for vulnerable pops). Implementing the changes listed above removes some of the burden from clients & puts more responsibility on the assessors & providers to maintain contact, obtain docs, etc. HC continues to push into the community in a variety of ways – virtual, in person, addition of CMs. Our assessment is phased which has clients answer Qs at different times & auto fills into different parts of the assessment so a client is not asked the same Q multiple times.

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

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

(limit 2,500 characters)

1. Per HC's CoC CES Fair Housing, Tenant Selection & Other Statutory, & Regulatory Requirements, as reported in HC's COC CES Policy & Procedures Manual (posted on the COC CES website):1. All CoC projects in HC's CES must include a strategy to ensure CoC resources & CES options (referral options) are eligible to all persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Special outreach to persons who might be or identify w/ one or more of these attributes ensures CES is accessible to all persons. 2.All CoC projects in HCs' CES must ensure that all people in different populations & subpopulations throughout HC, including people experiencing chronic homelessness, veterans, families w/ children, youth, & survivors of domestic violence, have fair & equal access to the CE process, regardless of the location or method by which they access the crisis response system. 3.All CoC projects in HCs' CES must document steps taken to ensure effective communication w/ individuals w/ disabilities. Access points must be accessible to individuals w/ disabilities, including physical locations for individuals who use wheelchairs, as well as people in HC who are least likely to access homeless assistance.

2. HC CES informs program participants of their rights & available remedies through information given to each participant once they complete an assessment. Housing providers in the community provide this information to participants referred to their program as part of their grievance policy
.
3. If a condition or action impeded fair housing choice for a participant, CES staff report the condition/action to the City of Minneapolis & HC Consolidated Plan Jurisdictions. This is also a requirement of housing providers in HC CES. Housing providers must report actions/conditions that impede fair housing choice to the jurisdiction who would determine what funding stream responsible party would need to take action.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/05/2022

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

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

2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1.1) HC analyzes CoC projects quarterly HMIS data for racial disparities 2x/year in service provision/outcomes & compared to total pop. & homeless pop as reported in the PIT. in HC. This includes looking at the distribution of services provided by race & ethnicity as well as reviewing outcomes (exits to PD, increases in income & housing stability) by race & ethnicity. 2)FC utilizes CES HMIS data to understand who is being referred to & accepted into CoC funded program. In addition, providers are required to submit to the FC the reasons for provider declined referrals in project applications to determine if inequities exist in provider housing policies/practices. 3)FC requires providers to calculate & report on outcomes of service provision by race in the project application & describe any variation in successful outcomes by race that exist & describe contextual factors contributing to these variations & strategies they will implement to ensure equitable outcomes for all.

2. 1. People identifying as Black & Native American disproportionately experience homelessness in HC. People identifying as Black make up 61% of the homeless pop in HC but just 13% of the total pop; Native Americans make up 7% of the homeless pop in HC but just 1% of the total pop. 3. In COC funded projects it was identified that people identifying as Black/AA spend a statistically significant shorter amount of time in RRH programs before exiting to any destination & to PD than people identifying as white (80 days vs. 122 days). 4.Black participants exit to PD from RRH at a statistically significant higher rate (81%) compared to white participants (68%). 5.HC found 67% served by RRH programs identify as Black/AA & make up 75% of the exits to PD indicating needed follow-up for other racial groups around exits to PD. 6.CE data indicated people identifying as Native American make up 15% of total referrals but only 11% of total clients housed indicating a potential need for additional housing supports for this group. It was also noted this group has a lower rate of successful referrals (40%) compared to white pop (49%). 5.CoC funded projects data shows that exits to PD are lower for white PSH participants compared to Black/AA participants; that Black/AA participants had longer LOT to housed than white participants in RRH (574 days vs. 502 days); & that Black/AA participants stay in PSH programs longer than white participants before exiting to PD.

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

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

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

5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	N/A	No

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

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

(limit 2,500 characters)

1.HC emphasizes funding providers who demonstrate practices that address disparities in the system. This happens in the CoC NOFO comp., in FHPAP bi-annual RFP process, & across other funding streams. HC prioritizes funding providers that implement strategies to advance racial equity & monitors strategies through quarterly reporting, continuous improvement plan (CIP) process, during site visits, & in the review of project apps. HC emphasizes adherence to a HF approach & monitors this through projects CE performance & TSC. CE leadership meets w/projects w/ high % of rejected referrals. CoC funded-projects w/ identified disparities/poor performance are required to participate in the CIP process. Projects that do not show progress in these areas throughout the CIP are eligible for partial or full reallocation in future funding cycles. 2.HC collaborates w/ clients to obtain their input on whether services are provided in a manner that is nondiscriminatory, are culturally-specific, & promote equity; 3.HC puts on interagency wide trainings on history of homelessness in the US & the systemic causes of pervasive social justice issues, historical trauma, implicit bias, etc. (“History of Homelessness” training provided to all CoC-funded projects at the required Q3 CoC meeting); 4. HC is engaging NAACP & Tribal Collaborative to support cultural responsivity in ES for youth in CPS; 5. HC is building relationships & partnerships w/ culturally responsive orgs for referrals when services w/in programs are not tailored to participants specific needs/preferences & 6. HC advocates w/ landlords around fair housing practices aligned w/ HF principles. 7.HC has deepened investment in programs operated by culturally specific providers (including AICDC in response to disproportionate # of NAs in system, Edith House serving AA w/ a hx of substance use, Aliveness Project to serve HIV+ HHs, Rainbow to serve LGBTQ+ & KOLA). 4.HC replaced the VISPDAT in the CE assessment after IDing it as a racist tool.8.HC established Lived Experience Advisory Committee to seek feedback from persons w/ lived experience who represent minority pops in the community on strategies to be implemented to address disparities in the system. 9.HC is developing a training for fall 2023 on compassionate accountability. Training will help men of color overcome barriers to employment that are rooted in racism & trauma.

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

	Describe in the field below:
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(limit 2,500 characters)

1.HC CES Dashboard tracks time from referral to result; days from program entry to housing move-in, rate of successful & declined/cancelled referrals, & client destination at program exit & has each category disaggregated by race so projects, planners, & funders can analyze provider & system-level CE performance & identify potential disparities arising in project CE performance & across the larger CE system in HC. 2.HC is in the process of developing a CES scoretool, based off dashboard data, that will be used to track progress on key CES outcomes for all providers, This will add transparency to performance & identified issues & will be implemented in Q4 of 2023. 3.CoC, FHPAP & other funding streams monitor projects quarterly to evaluate who is being served by projects (including demos & identified Mental/chemical/physical health dx) & project outcomes (exits to PD, increases in income, RTH) & disaggregates data by race & ethnicity. CoC expanded Continuous Improvement Plan (CIP) process in 2022. Projects w/ identified disparities develop a CIP & are monitored throughout the year. 14 projects are on CIPs for 22-23 & are supported by the FC for improvement. 4.COC conducts racial equity analyses 2x/year in various funding streams & uses this process to monitor progress being made to address disparities at the project & system levels. 5. All data points in the system are disaggregated by race to identify inequities & monitor progress over time. 6. HC conducts surveys & focus groups w/ people served by the homeless response system to identify barriers to housing every 2 years. 7.The Homeless to Housing team is tracking equitable housing outcomes by race & reviews this datapoint monthly to ensure it's moving in the right direction. H2H will also be tracking equity of access for the program moving forward. 8.Race & ethnicity is being added to HCs' by name list in HMIS as well as into the shelter incident report to ensure that we are always looking at equity of access & service for all programs that we launch. 8.C4 conducts an evaluation of HCs' CES annually & always disaggregates findings by race. 9. HC & ICA partner to look at SYSPM data quarterly & disaggregate by race to ID any disparities.

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

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

(limit 2,500 characters)

Hennepin CoC highly prioritizes and values various groups and persons with lived expertise, collaborates and works to grow opportunities for voice throughout our homeless response system. Currently, we collaborate with various groups and individuals, to include Street Voices of Change, Freedom from the Streets, the Youth Action Board and family shelter networks. In 2021, Hennepin CoC supported a lived experience advisory group (with priority for BIPOC members and variance between currently, recently or past episodes of homelessness), made up of 10 people who have experienced homelessness or are currently experiencing homelessness with an annual opportunity to add a new cohort. An invitation to apply for the committee was shared through current members/networks, targeted outreach to shelter and housing programs, email blasts through our CoC newsletter, and posting on our public website. The Lived Experience Advisory Group or LEAG, have a formal decision making role in all Hennepin County homeless funding decisions, including Federal, State and local dollars. LEAG has been involved in governance, funding, hiring panels, and both programmatic & systems level decisions throughout our homeless response system. This group has a vision & mission with county-wide and individual goals & opportunities. Members are compensated for their time each month as they participate & lead on the CoC Executive Board (governing board), street outreach committee & the CoC Funding committee (4 LEAG members), which monitors projects and makes decisions regarding CoC NOFO funds annually and many more program & system impact opportunities that come up. Members are also involved in determining where funds go as part of RFP panels, consulted on multiple decisions such as Rapid Rehousing models, homelessness prevention service delivery, encampment response strategy, and hiring of HC managers/planners. All HC planners and areas prioritize integrating LEAG for leadership expertise in all aspects of our work. In October 2022, a new LEAG cohort (solicited, selected and onboarded by current LEAG members), was integrated into the current LEAG group. HC CoC identifies board & leadership trainings for LEAG interest. LEAG members were actively leading the Special NOFO Unsheltered meetings, application scoring and ranking. LEAG and YAB members are compensated as consultants for their time.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	120	25
2.	Participate on CoC committees, subcommittees, or workgroups.	120	25
3.	Included in the development or revision of your CoC's local competition rating factors.	21	6
4.	Included in the development or revision of your CoC's coordinated entry process.	120	25

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

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

(limit 2,500 characters)

1. Throughout Hennepin CoC most all agencies/organizations & Hennepin County's Housing Stability office support employment and professional development opportunities for persons with lived experience to be fully integrated into all programs, agencies/organizations, and decisions made throughout Hennepin CoC in a number of ways. HC partners provide various opportunities and staff/lived experience groups that lead and provide ongoing feedback into all aspects of their work. CoC/ESG projects explain how they are integrating/compensating persons with lived experience into their agency/org. Examples include: employment opportunities & programs, workforce development initiatives, & professional development opportunities through Hennepin's New Employee training academy. Hennepin CoC solicited interest for and support a Lived Experience Advisory Group (LEAG), members are compensated at a rate of $25.00 per hour for their expertise as consultants & leaders in our CoC. We are in our second cohort, continuing to add new members each year. Along with the compensation, the group receives access to multiple professional development opportunities. The committee goes through orientation that includes presentations, such as the State of Homelessness in Hennepin County and the Root Causes of Homelessness. Some members have been supported into employment opportunities throughout Hennepin. One LEAG member is now employed as a Navigation Specialist with Hennepin's Streets to Housing outreach program. Other members have leveraged their experiences with LEAG to provide similar services with community organizations or other government entities. In 2022 and 2023, LEAG members went to the NAEH conference in DC as leaders from Hennepin, were keynote speakers at the Hennepin CoC annual meetings, & Hennepin County leadership meetings. Others facilitated the unsheltered design meetings, part of hiring panels for a Hennepin County manager and staff hiring, voted to approve a vision/mission/purpose statement, participated in Hennepin County training cohort, and provided expertise on various parts of the homeless response system prior to implementing changes. The State of MN has multiple opportunities for lived experience persons to lead on various statewide initiatives to include the State of MN Justice plan, which connects the work at the local level to the state plan.

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

	Describe in the field below:
1.	**how your CoC routinely gathers feedback from people experiencing homelessness;**

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

(limit 2,500 characters)

1. HC engages with multiple groups of persons w/ lived experience to get feedback, expertise & leadership to include Street Voices of Change (SVOC), Freedom from the Streets, the Youth Action Board (YAB), & Family Shelter boards to name a few. The Lived Experience Advisory Group (LEAG) is Hennepin CoC's primary consulting group, they meet monthly & engaged in program/system planning tables & approached for expertise by various sectors of our response system for feedback/expertise. These partnerships allow for continued & constant feedback. The CES annual evaluation incorporates input from lived ex users of the CES system. At the request of SVOC (advocacy group), the director attended bi-weekly at their request throughout the pandemic and key staff continue attending on (at least) a bi-weekly basis since the start of the pandemic to share the latest information (public health, challenges, resource opportunities), to hear the on-the-ground experience & identify where and when policy decisions are being made that could include the voices of people with lived expertise as we managed the pandemic response to present. In 2022, HC surveyed 57 HH experiencing homelessness (including people in single/family shelter, & prevention or RRH services) about the barriers to accessing & maintain dignified and affordable housing, feedback on services received, and suggestions on needed services to be implemented.
2. Starting in 2022, HC Funding committee has LEAG members that meet monthly to evaluate CoC/ESG projects, attend Continuous Improvement Plan (CIP) meetings with underperform projects, & reviews/ranks annually as part of the NOFO. A few of the members have received CoC assistance and had had some great ideas to improve evaluation of the strengths/weaknesses of these programs. This will be integrated as the committee updates/reviews the score tool in preparation for FY24.
3. HC CoC leadership attend various forums to hear frustrations & grievances about the homeless response system, especially the single adult shelter system and follow up with planners to ensure we are all working together. 1:1 with people there and following up on specific issues. One example is following listening sessions with SVOC, HC adopted pursing reforms to Housing Support (GRH) as a legislative priority at the state. Also, SVOC developed a Shelter Bill of Rights that are now in contracts & guide resource allocation. All 3 have voting rep's on CHC, CoC board, YAB & committees.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

State: Hennepin County made housing and homelessness reform a priority in its lobbying agenda for a 2023 State legislative session that saw unprecedented investments in affordable housing made. In total the State committed more than $1bn towards housing over the next four-year period. Highlights included:
•$200 million for Housing Infrastructure Program which supports development of permanent supportive housing, preservation of existing housing, senior housing, single family homes and manufactured home park infrastructure. (Minnesota Housing)
•$123 million (FY 24-25) and $144 million (FY26-27) for “Bring it home” rental assistance (new) a new statewide rental assistance program, funded via ongoing appropriation and in the metro area via a .25% metro-wide sales tax. (Minnesota Housing)
•$90 million for Community Stabilization (new) to preserve and improve existing housing commonly referred to as Naturally Occurring Affordable Housing. (Minnesota Housing)
•$95 million for Challenge Program, including a 10% set aside for Tribal Nations, to fund rental and single-family homeownership new construction and redevelopment. (Minnesota Housing)
•$87 million for Public Housing Rehabilitation to address health, safety, accessibility and energy efficiency. (Minnesota Housing)
•$25 million for Strengthen Supportive Housing (new) to support costs to operate permanent supportive housing and find ongoing and reliable funding sources. (Minnesota Housing)

City: Minneapolis has been recognized nationally for its ‘2040 plan,’ passed in 2018, that radically reformed zoning to allow for higher density housing throughout the City and, specifically, to allow duplexes and triplexes anywhere within the City (removing single family restrictions Citywide). Within their remit regulating the private rental sector the City has also passed an ordinance limiting landlord’s ability to screen out prospective tenants on the basis of prior criminal records. Under the City’s inclusive screening criteria owners can’t screen out tenants based on any conviction in the juvenile justice system, any conviction for misdemeanor offenses if the dates of sentencing are older than 3 years, any criminal conviction for felony offenses if the dates of sentencing are older than 7 years (adjusted to 10 years for certain offences including first-degree assault, first-degree arson and first-degree murder).

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

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

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

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

1.	**Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.**	08/25/2023
2.	**Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.**	08/25/2023

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.**	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

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

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	No

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	34
2.	How many renewal projects did your CoC submit?	38
3.	What renewal project type did most applicants use?	PH-PSH

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

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

(limit 2,500 characters)

1.Providers submit data from HMIS & comparable databases in NOFO scorecards, & in quarterly reports (QR) on # exits to PD/#exits to other locations & compares to projects of similar type & serving similar pop. HC has providers submit info in QR on demos. of pop served, including # of people served w/: mental/chemical health, chronic health, DV, & disabilities & takes this into account in reviewing project outcomes. Subcategory data on specific perm. dest. info is analyzed quarterly.

2.Projects report on the avg LOT from project entry to housing move-in in QR & from CES Dashboard which utilizes data form HMIS.. HC FC monitors throughout the year the avg. LOT from referral to project entry & from project entry to housing move-in & compares to projects of similar type & subpop. served. HC FC understands that housing move-in may take longer to achieve for some pops, especially for projects that focus their efforts on serving pops w/ more complex backgrounds & takes this into account in ranking. HC developed a CES scorecard that scores programs on LOT to housing move-in compared to locally established thresholds for like-projects.

3.Providers report on demos of people served including race, mental/chemical health needs, DV status, disability, chronicity, & other factors. HC requests narratives in QR/NOFO scorecards to understand factors that may impact project outcomes. Projects respond to Qs around equity & racial equity during new & renewal app. process. HC FC used this info in the NOFO ranking & in some cases, ranked projects that serve pops w/ increased severity of needs higher than projects that achieved the same score on the NOFO scorecard. Culturally-specific, & pop-specific programs are prioritized in ranking.

4. Discussions are had w/ providers around pop served, & complexity of needs through annual site visits & at collaborative meetings w/ providers to ensure CoC FC fully understand each providers unique context. The NOFO scoretool is just the starting point for ranking; other measures including subpops served, type & scope of services provided, past performance, responses to racial equity questions, & other info gathered at site visits & in QR are considered during ranking. Factors such as providing services to culturally-specific pop, & pops w/ higher barriers to housing are considered in ranking of projects.. This policy is outlined in the CoC's NOFO Policies & Procedures that is posted on the HC CoC website to add transparency to this pr

1E-3.	**Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.**	
	NOFO Section V.B.2.e.	

	Describe in the field below:
1.	**how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;**
2.	**how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and**
3.	**how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.**

(limit 2,500 characters)

1. Of the 3,312 people counted in HCs PIT, 19% identify as Hispanic/Latino compared to 6.95% of the pop. of HC & people identifying as Black comprise over 50% of the homeless pop in HC but just 13% of the total pop. 4 new members w/ Lived Experience joined the funding committee in 2023. These members represent various communities including BIPOC, disability, & DV. Measures used in the rating process were shared & discussed w/ Lived Experience Advisory Group members & funded providers to gather feedback on the nuanced ways in which the metrics may, or may not, represent the outcomes of those being served. Measures are then voted on & approved by the CoC FC, who represent different components of the homeless response system, communities & those served by the system.

2.1.Projects submit demo info on persons served in comparison to 1) the demo of the homeless pop in HC & 2) the demo of those currently on the CES priority list. Projects serving those disproportionately represented in the system are prioritized during ranking- including culturally specific providers serving Native Americans, African Americans, & Hispanic/Latino. Similarly, family homeless doubled in the 2023 PIT, leading the FC to preserve the # of funded units serving families in the NOFO ranking process by ranking higher programs serving families & prioritizing new projects serving families.

3. CoC FC reviews feedback on NOFO process from providers & LEAG members before determining which factors to include in the ranking process. Through this feedback process factors such as serving subpops w/ higher barriers to housing, were incorporated into the ranking process & addt'l Qs re: racial equity outcomes data analysis & strategies providers use to ensure barriers are limited, those disproportionally impacted by homelessness can access services, & make culturally-responsive services available were added to the NOFO process in HC. Per LEAG & FC feedback, HC FC now closely monitors programs referral success & requires providers to describe the reasons for which referrals are declined/cancelled (both during quarterly review & in the NOFO ranking process)- as a means to better understand which programs are serving participants with the most significant barriers & what strategies providers are using to address barriers identified in the system. Providers implementing strategies to assess & address barriers are ranked higher/prioritized in the NOFO ranking process.

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

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

(limit 2,500 characters)

1. HC Funding Committee has taken an expanded review process for performance to include not only objective criteria in our score tool, but also CES dashboard data, racial disparity data, progress by agency/org year on year, expenditure report data (going back 3 years), tenant selection criteria review & vulnerability characteristics of households served in each CoC funded project. As part of our Reallocation process, Continuous Improvement plans (CIPs) are developed for all projects below the set threshold & an operationalized plan is developed with clear strategies and outcomes to work toward moving the gage on each area. Progress on CIPs is evaluated quarterly by the Funding Committee, and after one calendar year, projects that do not demonstrate progress on CIP goals will be candidates for reallocation to create new projects.

2. In 2022, HC CoC identified 12 low performing projects to be placed on a Continuous Improvement plan, which is 29% of our overall CoC projects. There were 4 projects that the Funding committee met with for over 10% of unspent funds, housing first non-compliance & low performance in a few areas, which were asked to reallocate a portion of their funds back to the CoC as part of the FY2023 NOFO.

3. There was 1 project that were reallocated in full due to unspent funds, and 4 that reallocated a percent of their grant due to more than 10% of funds unspent for 2+ years. One other project was asked to reallocate a portion due to multiple areas on the CIP, a total of 43% of the grant was reallocated.

4. HC CoC did fully reallocate 1 project, and partially reallocate 6 projects, which is a total of 7 projects as part of the FY2023 NOFO competition.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes

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

1.	**Did your CoC reject any project application(s) submitted for funding during its local competition?**	Yes
2.	**Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?**	Yes
3.	**Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?**	Yes
4.	**If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.**	08/11/2023

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/01/2023

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/22/2023

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/22/2023

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

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

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

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/27/2023

2A-4.	**Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.**	
	NOFO Section V.B.3.b.	

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

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

(limit 2,500 characters)

1.The HMIS Lead Agency continues to engage w/ Violence Free MN, working w/ a position funded through a grant from the Office of Justice Programs (MN Department of Public Safety). This role aims to identify data collection, technology, & privacy barriers for VSPs & evaluate how these barriers may have prevented VSPs from obtaining sufficient funding. W/ this partnership b/w the statewide coalition & HMIS Lead, ICA provides technical guidance for VSPs via Helpdesk as they work to ensure compliance (while maintaining clear separation of client data; VSP data is not in HMIS nor shared w/ the HMIS lead directly). This will benefit HC CoC by continuing to develop partnerships between the HMIS Lead & VSPs.¿ 2. A cohort of Joint TH/RRH grantees met in partnership b/w the local HUD Field Office, the HMIS Lead, & the CoC. While not limited to projects serving survivors, the Joint TH/RRH Component project model, there were several VSPs grantees in this cohort, which provided a unique opportunity for collaboration, learning, & support.¿¿3. Each DV agency works w/ their database provider to ensure timely updates to alternate databases occur that allow APR data to match evolving HUD data element requirements. 4.All CoC-funded DV projects submit data to the HC FC on a quarterly basis. Data submitted includes aggregate info on who is being served, service outcomes, & contextual info re: the context in which service provision occurred. Data is reviewed by the CoC FC who work to identify gaps in data collection & areas to coordinate support for DV providers data collection & reporting in the future. 5. HC shared pre-NOFO training on "CoC Basics for VSPS" w/ community to ensure VSP's had info on CoC grants & what it means to be part of a CoC. 6. HC Evaluator met w/ DV providers to discuss potential metric reporting requirements for the 2023 NOFO process to ensure comparable databases were able to pull similar data & have a reporting process in place to do so. When reporting processes were not in place, Evaluator worked w/ VSP staff to co-create processes by which metrics could be reported on (e.g. declined referrals reported in LOI had to be pulled from CES Connect & internal tracking docs rather than CES Dashboard). 8. Evaluator provides ongoing assistance to VSP staff working on reporting.

2. Yes, VSPs in HC are using HUD compliant comparable database & are compliant w/the 2022 HMIS Data Standards.

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

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

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

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,916	113	1,317	73.04%

2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	536	29	348	68.64%
4. Rapid Re-Housing (RRH) beds	1,122	64	1,058	100.00%
5. Permanent Supportive Housing (PSH) beds	2,780	0	2,074	74.60%
6. Other Permanent Housing (OPH) beds	5,985	10	5,695	95.31%

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

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

(limit 2,500 characters)

1. The three types of housing that are just below the 84.99% bed coverage rate are Emergency shelter (ES), Transitional housing (TH), and Permanent Supportive Housing (PSH). During the 2023 HIC completion, Hennepin County transitioned a large number of PSH beds over to OPH, due to the state funded beds not requiring a disability. This shift decreased the total number of PSH beds in our CoC.
ES: Based on 2023 HIC data, CoC & HMIS Lead have identified that for the CoC to reach at least 85% moving forward for ES, the large, faith-based, privately funded shelter must agree to join HMIS. In the 2022 HIC, this shelter accounted for over 21% of non-VSP ES beds.
TH: Based on 2023 HIC data, CoC and HMIS Lead have identified several individual projects that would increase the CoC's bed coverage beyond 85% if they joined HMIS. Target all non-participating TH projects to see if they are able to utilize HMIS in the year ahead, in particular those that are in HMIS already for another project.
PSH: Based on the 2023 HIC data, we have identified several projects that would increase the bed coverage beyond 85% if they joined HMIS. HUD VASH projects are the largest contributing factor to the CoC rate not being at or above above 85%. We will target VASH voucher beds to see if there is any way to get these programs into HMIS.

2. HC and ICA local sys admins will outreach to the agencies that operate these projects in calendar year 2023 to discuss the importance of their data to understanding the experience of homelessness in our CoC and to problem-solve & strategize with each to see what we can do to get them into HMIS.
ES: CoC and HMIS Lead Agency staff have attempted to engage this agency in the past and will do the same in calendar year 2023-24. In addition, we will expand our outreach to check in with HC or partners who may have relationships with this ES project.
TH: CoC and HMIS Lead Agency staff will meet with two of these agencies that have other projects in HMIS, from there check in with the remaining projects.
PSH: Meet with VASH program leadership to explain the bed coverage impact & see if there is any way to have these vouchers entered into HMIS. From there, we will target other PSH projects to check in regarding HMIS coverage.

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

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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

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

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

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

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023

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

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1.1.Providers in the community were invited to participate in the ongoing planning process for the PIT. Representatives from youth agencies, including youth drop-in centers, youth street outreach, & youth TH programs were active participants during both the planning & implementation stage of the PIT count. These representatives helped identify sites for surveying, engaged youth for feedback on sites, & helped ensure volunteers at sites were trained to survey youth in an informed manner. 2. Youth agency staff volunteered to survey at their sites to ensure positive relationships with youth had been established so youth were more comfortable participating in the count. 3. Steet Outreach case managers surveyed known youth in unsheltered locations that they were already working with to ensure these youth were included in the count. 4.Providers serving youth were included in the sheltered PIT count. Providers that do not enter data into HMIS were asked to submit aggregate data to ensure their participants were included in the count. HC staff worked closely w/ youth providers to ensure accuracy of aggregate data submitted.

2. Volunteer opportunities were made available to all members of the community & many community engagement committees were involved in outreach ahead of the count to solicit volunteers in both the planning of the count & actual implementation of the PIT count. Streetworks, a collaborative of youth serving agencies, led the youth specific components of the count & included youth w/ lived experience in the planning of site-based surveys, SO locations & volunteer recruitment.

3. Youth with lived experience were not directly involved in surveying for the unsheltered count- however, some youth providers volunteered to survey at their organizations. Many youth providers employee youth with lived experience and these youth staff members may have been involved in surveying at youth specific locations as asked by program staff coordinating the count at their locations.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(limit 2,500 characters)

1. TA opps were held w/ providers to ensure data entered in HMIS was complete & up to date ahead of export from HMIS. HC worked closely w/ funders & HMIS Lead to facilitate quarterly data quality (QDQ) improvement process to increase the completeness, timeliness & consistency/accuracy of data in HMIS. Additional outreach & support was provided to new shelters (family shelter overflow sheltering mostly new arrival families) not yet entering data in HMIS at the time of the PIT, to ensure aggregate data was collected & included in the count.

2.1 HC partnered w/ Wilder Research to organize, plan & facilitate the unsheltered count. This led to a broader reach to new volunteers & improved community involvement. Meetings were held w/ community partners, including SO teams, youth providers, & culturally-specific providers, to plan for the count, be intentional about trauma informed processes & methodology, & elevate voices of people w/ lived experience, BIPOC, LGBTQIA+, Indeigenous & youth. This group mapped HC geographic area, service-based locations, & known locations. Each location had a designated 'site lead' to help organize volunteers & coordinate w/ site staff leading to more efficient & comprehensive surveying. 2. Surveys were prioritized over observation forms & responses were collected directly in PITLIVE, rather than paper copies, to increase the accuracy of data collection/entry. Service location surveys were conducted during a 3-day period following the count, rather than 7 as in 2022, to decrease response duplication.

3.1 The # of people in unsheltered locations decreased in 2023 (469 people) compared to 2022(487). Fewer potential duplicate survey entries were identified due to the strategic planning & assignment of surveying at various locations & to limiting service-based surveying to 3 days instead of 7. 2. The # of people in sheltered locations increased to 2843 in 2023 compared to 2191 in 2022. This increase was largely related to the increase in new arrival families. These families were counted in new family overflow shelters that were outside of HMIS at the time of the PIT. Efforts to collect their aggregate data allowed HC to identify this increase. 3. PIT data quality w/in HMIS increased through the QDQ process, including follow up efforts by coordinators & funders. Data quality scores improved from 75% to 82%, (ES) & 93% to 95% (TH) for completeness, & from 88% to 90% (ES) for consistency & accuracy.

2C. System Performance

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

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

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.**	
	NOFO Section V.B.5.b.	

	In the field below:
1.	**describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;**
2.	**describe your CoC's strategies to address individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time**

(limit 2,500 characters)

1. HC uses a statewide assmt. tool, MPAT, to assess HP risk factors (housing status, eviction hx, criminal hx, trauma hx, income, hx of homelessness & recent crises) 2.Funds are prioritized to HHs earning less than 30% AMI & to those at risk of homelessness w/in 30 days 3.Funds are prioritized to address racial disparities by IDing risk factors by zip codes (high prevalence of communities of color, high rental pops, & high prevalence of low income HHs) 4.Heat maps of where requests for RA & eviction prevention services (e.g. # of requests, # of assistance provided & demo info) help show areas of highest need 5.CPS Housing Steering Committee utilizes a “Housing Estimator Tool” to gauge housing stability for families working w/CPS.

2.1.HC hired a 2nd FTE HP Planner in 2022, focused on preventing family homelessness 2.HC expanded school-based HP by bringing HSWH to 2 addt’l school districts & SHSS to 6 addt’l school districts in 2023 (9 total) 3.HC HP workgroup meets monthly to work on a unified HP strategy 4.HC funds 3 culturally specific HP providers. 5. HC operates a Tenant Resource Center (TRC) that connects those at risk of housing instability to resources such as rent, legal, mediation, employment & housing search 6.HC partners w/ 211 to sponsor a Renters Help Online Tool that is targeted to people who want to solve their own crises by looking online for resources 7.HC put out $1 million RFP for a system-wide diversion program to meet clients needs upstream & reduce # entering shelter 8.HC HP team partners w/ the HC Adult Representation Services team to provide free representation to people w/ eviction filings who are 150% of the FPG or below 9.HC HP team has staff available at all eviction count hearings to provide assistance to people under 200% FPG 10.Starting in October 2023, HC is implementing a coordinated system for accessing RA. Clear & consistent access points for getting rent help ensures that tenants can access a low-barrier resource to maintain their housing, & helps avoid “service runaround” by consolidating rent resources in a central access point. This will expand on the streamlined app implemented in May 2022 that coordinated the app for EGA, EA & HS RA.

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

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

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

(limit 2,500 characters)

In 2022, 38% of households entering projects in HC, who were first-time homeless, were most recently permanently housed outside of HC CoC. Overall the total # of first time homeless in HC increased in 2022 SysPM from 4109 of 6635 (62%) in 2021 to 5789 of 8102 (71%) in 2022. HC saw a sharp increase in families experiencing homelessness, up 79% in the 2023 PIT compared to 2022. This increase was seen specifically in ES- w/ the # of families in ES increasing by 231 HHs, a 128% increase, representing a 774-person (112%) increase. Of these 774 family members in shelter, 262 persons in families were counted in 2 new shelters that house new arrival families- all 262 were counted as identifying as Hispanic/Latino. A majority of these new arrival families are coming from Venezuela and Ecuador. As of September 15, 2023, there were 114 families, comprising 616 people, between the 2 shelters.

In Nov ‘22 HC began seeing individuals arrive in HC that had made their way to MPLS, MN after crossing the southern border & encountering the US Department of Homeland Security. HC has a shelter all families policy, & new arrival families had been sheltered in 2 hotel locations in HC. We currently have 114 families enrolled in these 2 shelters, comprising 616 individuals. We have seen an additional 270 individuals (or approx. 65 families) leave our shelter system since Nov ‘22 - to a housing option they have found, to another jurisdiction, & many have left w/out informing us where they are going. Due to the short-term parole status of these individuals, they are not eligible for any health care, work support, or other benefits that have helped other refugee pops arriving in the US. Their inability to legally gain employment coupled w/ their lack of housing hx means families we are seeing have limited options if they have no friends/families locally that can take them in. We have no reason, based on the data we are seeing, & what we anticipate to happen at the southern border, to expect the trend we are seeing to change - in short, we expect more families to arrive. Like other jurisdictions, the families we have seen are arriving w/ little or no extra clothing, are often coming from extreme poverty, have little edu & no knowledge of the culture they are entering into. In addition to the shelter services, we are connecting families to schools for their school-age children, legal assistance, & health care clinics that typically work w/ newly arrived immigrant pops.

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

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

(limit 2,500 characters)

1.1 In Nov 2021 HC created a housing focused CM (HFCM) team made up of 32 FTEs (soon to be 44) providing services through 4 programs: 1) short term homeless (less than 1 year homeless); 2) long-term homeless; 3) specialized pops & 4) youth. To date the program has housed over 588 people & secured hundreds of vital documents 2.In Aug 2022, HC launched a street-based triage & housing navigation program, Streets to Housing (S2H), to provide housing focused services to people living in unsheltered locations. The program was developed by people w/ lived experience. The team is focused on brokering resources & making quick connections to services & housing all while being data informed, person-focused, & using housing first policies. To date the program has brought on 7 FTEs. There have been nearly 100 exits from unsheltered homelessness into ES &130 exits to PD since August 2022 3.HC provides shelters w/ $603,000/year for CM, along w/ the City of MPLS' contribution of $100,000/year. Every shelter has at least 1 dedicated HFCM . In 2022, shelter CMs helped 85 people exit to PD & 20 people exit to non-homeless settings.

2.1.HC utilizes HMIS to track LOT homeless & populate HCs' Chronic Index,(CI) a by name list of everyone in HC experiencing CH. The CI is part of HC's CE prioritization 2.HMIS & CE assessments are used to identify & prioritize individuals who experience LTH. HC monitors & tracks CH individuals through the CI & Built for Zero Dashboards. 3.HC reviews HMIS LOT report & ICA dashboards to track the # of people entering the system compared to those exiting the system to identify LOT homeless. 4.HC manages all CE priority lists w/in HMIS. CE launched a client choice & medical fragility series that is used in addition to the CI to identify participants w/ the longest LOT for prioritization for homeless dedicated housing Of the 353 people currently on the CI, the average LOT homeless is 43 months. For persons staying in ES, SH, & TH the median LOT homeless is 42 nights (from 35 nights in 2022).

3.Office of Housing Stability

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section V.B.5.d.	

	In the field below:
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1.1.HC's byname list shows that 58% of individuals in shelter in the last 7 days have a CM listed; individuals w/o a CM are assigned a CM by HC & shelter CMs 2.HC's Homeless to Housing (H2H) team is in the process of hiring a family team (consisting of 12 FTEs) focused on moving families out of shelter & into perm. housing 3.H2H & the Streets to Housing (S2H) team established partnerships w/ Long Term Support Services to ensure ongoing services are available for clients in housing. Placements to date from expansion of CM team are seeing a 95%+ retention in housing 3. Re: EHVs our MOU w/ the Housing Authorities ensures CM to assist w/ housing search & a min. of 1-year supports in housing 4. Starting July 2020, HC partnered w/ MNs' Medicaid plan allowing for billing of Medicaid for Housing Stabilization Services. HC has now funded 3 providers for outreach & engagement w/ this program (to become MA HSS providers) at $240K investment & provider focus groups show some participants leave RRH in hopes of getting a PH referral. HC developed talking points for assessors to explain RRH & benefits to clients 5.Changed policies for RRH services to emphasize serving anyone, regardless of perceived fit, & to allow services for up to 24 months (up from 6-9 months). Increased standards for initial recertification for RRH to 6 months from 3 to minimize burden on HHs

2.Providers work w/ clients to increase employment income by connecting clients to job readiness programs, employers in the community, & other supports. Programs work w/ clients to connect them to benefits they are eligible to receive & help navigate financial cliff that may occur (as earned income increases, benefit income may decrease) 2.FC evaluates exits to PD & retention & provides TA to programs w/ low rates of retention at 6 months, including engaging in Continuous Improvement Process 3.FC asks PH programs to share strategies used to increase retention & exits to PD in program apps & in quarterly reporting to ID successful strategies to share at quarterly provider meetings 4.FC asks programs to describe collaboration w/ developers, property management & supportive service providers to ensure participants can maintain stable housing in program 5.FC monitors retention/exits to PD through Syspms, quarterly reporting, & in NOFO ranking process to ensure high quality programs are funded in the CoC.

3.Office of Housing Stability

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

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

(limit 2,500 characters)

1.HC works to id participants who RTH by: 1) requiring Adult Shelter Connect, the front door to single adult shelter, to enter services in HMIS so when someone RTH through shelter, it is captured in HMIS through the ASC workflow; 2) Funding-specific workgroups review HMIS data on RTH quarterly to identify systems trends in RTH & to identify projects w/ needed support & connecting them to providers w/ low rates of RTH for successful strategies; 3) Utilizing ICA (HMIS Lead) created dashboard to understand systems-level trends on who RTH & from what project component types. 4) Non-recurring & brief area leadership monitor RTH monthly to track area performance & are now monitoring programs w/ high rates of RTH 5) HC is building out a longitudinal analysis to explore RTH post-COVID & as eviction protections end, &closely monitoring for uptick in RTH.6) Collecting data on RTH at 6, 12, & 24 months to better understand whether clients are stable at exit & for how long. 7) Partnering w/ local research orgs & universities to conduct research on risk factors for participants w/ multiple homeless incidents or at risk for shelter reentry.

2.Strategies to reduce # who RTH include 1) Targeted prevention efforts that reach out to people who have been homeless in the past; 2) Funded-projects work to connect participants to mainstream services to increase income to increase ongoing housing stability after program exit; 3) Transferring clients to Housing Support when RRH cannot meet their needs; 4) Providers participate in a collaborative review 2x/month & focus on CH individuals & housing stability; 5) housing stabilization services works to connect participants to ongoing supports. 6)Homeless to Housing Team begins discharge planning at intake & utilizes a workflow that does not discharge participants from caseloads until stabilizing resources are in place after the person has been housed; 6) PSH projects develop stability plans & collaborate w/ family, property mgmt. & services to identify risk factors & steps for success; 7) CoC- & FHPAP-funded projects work w/ participants to increase employment income by helping w/ employment search/connection to training & certificate program/etc. to increase housing stability after program exit. 8) Reviewing data on CH RTH vs non-chronic & exploring key factors that may contribute to RTH so that we can begin tailoring services to those more likely to return

3.Office of Housing Stability

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

1.1.HC allocated $3m ARPA & $580k CARES funding for an Employment & Training pilot program b/w Homeless to Housing CM team, Goodwill Easter Seals & American Indian OIC implemented in 2022. Partnership provides access to employment services, w/ intentional focus on job readiness, skills training, & occupation learning, to assist w/ finding & keeping jobs, & provides quick connection to paid work experience while conducting job search/ building skills & transitioning to perm employment. 149 referrals have been received since launching in March ’22 to August ‘23. 2. HC funded navigators to work in shelter to quickly connect clients w/ 2 employment orgs in the community Program connected with 68 participants b/w 2022 & through March 2023. 63% of participants exiting the program had increased their income by time of service exit. 3.TRC partners w/ local workforce agencies to offer employment counseling & make referrals to employment services to support tenant’s ability to maintain their housing stability. 4.HC written standards define performance thresholds for RRH & PH. 41% of qualifying adults in RRH & 20% in PSH projects are expected to increase or maintain employment income. HC FC works w/ providers who underperform in these areas by developing continuous improvement plans, sharing best practices, & connecting projects w/ providers who are excelling for peer learning/mentorship. At the January 27th, 2023 meeting, 5 projects were invited to present to CoC-funded programs on successful strategies implemented at their orgs to increase participant employment income & facilitate discussion on best practices. 5. Data is shared at quarterly meetings on system performance related to employment income so programs understand their performance relative to other providers in the community.

2.1. HC partners w/ workforce agencies in the community that provide expertise in employment opportunities & has established connections to employers. 2.HC allocated $3.58 million of pandemic recovery funds to employment & training services, including culturally-specific services w/ paid job placements. 3. HC’s Office of Wellbeing contracts with a number of community agencies to address the financial cliff families experience when they begin to gain employment income that impacts eligibility for other non-employment cash benefits.

3.Office of Housing Stability and Office of Economic Supports

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access non-employment cash income; and
2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1. HC has expanded CM team from 32 to 44 CMs who work w/ short term homeless, long term homeless, youth, families & special pops that are not connected to other CMs. These positions help remove barriers to accessing benefits by providing navigation & support throughout the app. process including help obtaining vital doc & partnering with Eligibility supports to increase access. Contracted CMs in shelter have performance measures built into their contracts to connect people to benefits. 2. Funded projects in HC have outcomes detailed in their contracts, including increasing income from non-employment cash-benefits. Performance on these outcomes are monitored by funding committees & planners who connect projects to supports in the community to increase performance. Underperforming projects develop Continuous Improvement Plans to implement new strategies & are monitored for improvement; 3. Funded projects utilize CMs on-site & in the community to work w/ participants to apply for benefits while in housing programs; 4. CoC provides quarterly training opportunities to funded providers & brought in representative from DHS to discuss MSA & other benefits at the April 27th, 2023 meeting. This training provided addtl info to programs on how to access & apply for various benefits on behalf of their participants. 5.. HC utilizes SOAR workers in the community; 6. HC provides trainings for the CM team & community on accessing benefits. 7. Eligibility supports at HC has incorporated strategies to increase access including: 1) implementing INFOKEEP system: for residents to provide documentation in the moment virtually. Docs are auto. linked to client's electronic file for instant access for CM; 2.)implementing MNbenefits app system:to increase rate that apps can be processed as clients are able to directly share vital docs; 3) eligibility CMs are proactively reaching out to clients to provide status updates of their app.;8. The Tenant Resource Center refers tenants to statewide app for services (e.g. Housing Support or Housing Stabilization Services). 9. Housing Stability manages a $500,000 contract w/ Volunteers of America to provide CM services to tenants in public housing to help them maintain their income. 10. HC RRH workgroup coordinates w/ Shelter Team, RRH providers, & County Childcare Benefits to increase access to expedited childcare benefits approval.

2. Office of Housing Stability

3A. Coordination with Housing and Healthcare

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

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

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

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

3A-2.	**New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
Emerson Village	PH-PSH	40	Housing
Vista 44	PH-PSH	39	Healthcare
Simpson Family si...	PH-PSH	37	Housing

3A-3. List of Projects.

1. What is the name of the new project?	Emerson Village
2. Enter the Unique Entity Identifier (UEI):	P115UAFV4DQ3
3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	40
5. Select the type of leverage:	Housing

3A-3. List of Projects.

1. What is the name of the new project?	Vista 44
2. Enter the Unique Entity Identifier (UEI):	CCVGVNJEKNW3
3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	39
5. Select the type of leverage:	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?	Simpson Family site-based housing
2. Enter the Unique Entity Identifier (UEI):	VCSEN9GMJCA7

3. Select the new project type:	PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing:	37
5. Select the type of leverage:	Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A

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

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

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

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

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

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section V.F.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,500 characters)

N/A

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

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

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

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

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

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

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

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

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

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

1.	**Enter the number of survivors that need housing or services:**	6,266
2.	**Enter the number of survivors your CoC is currently serving:**	5,955
3.	**Unmet Need:**	311

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)(c)	

	Describe in the field below:
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

1.The number for element 1 is a count of unique adults & heads of households (HoHs) (the clients to whom the question applies) active in CE, ES, HP, PH, SSO, SO or TH projects in HC CoC from 7/1/2022 to 6/30/2023 who reported having experienced DV (with a value of “yes” to HUD universal data element, “have you ever experienced domestic violence?” or a value of “yes” to “are you seeking housing due to concern for your safety of fear of violence or abuse from another person staying with you” in the CE assessment). The number for element 2 is a count of unique adults & HoHs in all project except CE (ES, HP, PH, SSO, SO or TH projects) in HC CoC from 7/1/2022 to 6/30/2023 who reported experiencing DV. Element 3 is the difference between elements 1 and 2.
2. HC utilized HMIS data for non-DV projects, specifically utilizing the MN Core Homelessness Programs Report.
3. The number of people who experience DV in our community is very high. Our ability to have all DV survivors entered in the comparable database, outside of HMIS, has created gaps. Smaller DV agencies, not receiving HUD funding, are not necessarily using comparable databases that can be easily integrated into HMIS. MN does not yet have a statewide database for all DV providers to enter services needed for us to gain a truly representative picture of the extent of DV need in our community. Smaller agencies in the community less frequently submit applications for funding leading to additional gaps in our ability to gather information for all DV service agencies in HC to gather a comprehensive picture of the need of DV in HC CoC.

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

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

Applicant Name
SEWA

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

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

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

1.	Applicant Name	SEWA
2.	Project Name	Sewa Basera
3.	Project Rank on the Priority Listing	46
4.	Unique Entity Identifier (UEI)	FJ2QAMXF15J3
5.	Amount Requested	$415,260
6.	Rate of Housing Placement of DV Survivors–Percentage	7%
7.	Rate of Housing Retention of DV Survivors–Percentage	40%

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

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:
1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1.SEWA-AIFW calculated both rates based on internal monthly data reporting system & individual case management data recording. We are not using a comparable database yet, but are committed to establishing the system if funded. Last year's data shows that from DV/SA clients (30) who were supported w/ housing referrals & resources (including access to referrals to shelters & TH) w/ local partner orgs only 2 clients could secure permanent housing (PH) independently. While 12 retained their housing more than 50% decided to continue living w/ their abusers as there was no or very limited consistent support for their rental assistance or career advancement to gain financial independence.

2. There were 2 DV clients who could move to PH last year. They are included in the housing retention rate as we are calculating data on a yearly basis. The rate is extremely low in 2023 as well. Only two survivors have moved to PH by the end of Q3 of this year.

3. SEWA-AIFW is a survivor-centered, culturally, & linguistically specific direct service provider. We do not have a comparable database yet, but we are will establish it if we are funded. SEWA-AIFW has established an internal data collection system w/ shared datapoints to compare w/in programs. This internal data collection system is valuable to track the existing participants vs new participants. Our established data collection system is curated efficiently to track various aspects of services for DV victims/survivors.

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

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

(limit 2,500 characters)

1.SEWA-AIFW serves South Asians in MN mainly immigrants, refugee & low-income vulnerable pops facing DV, SV, SA, racial injustice, systemic discrimination & economic abuse. We have ample experience of working w/ survivors on the verge of experiencing homelessness. Since 2004, we have been working closely w/ local shelters & TH to refer our communities to address homelessness while we support their career enhancement to be financially independent to move to PH. SEWA has a full-time rep at HC's Domestic Abuse Service Center to take walk-in DV in-takes & file OFPs.
2.SEWA refers & supports DV survivors working w/ our partner agencies, landlords & rental agencies; provides guarantees & deposit amounts to secure them housing w/ HF approach. We use Community Coordinated Response for DV & other supportive services; & we determine the urgency of need on a case-by-case basis. If funded, we are determined to establish the process using standard processes referred to by HUD.
3.At SEWA, we have developed & sustained supportive services like basic needs, clothing, professional development, career enhancement, professional mentorship, emotional support, community connections, culturally specific food, mental health support, artistic healing circles, legal aid, health care solutions, behind-the-wheel trainings & most importantly translation/interpretation services in more than 9 different languages from South Asia.
4.SEWA-AIFW serves communities of color & anyone who requests support by referring them to our partner orgs irrespective of race & ethnicity. We work w/ 40+ local partner orgs in MN. In 2022, w/ DHS, SEWA-AIFW provided housing services to almost 100+ Afghan evacuees & their families. We assisted DHS w/ inspecting homes for single person to family of 12, moving them in their first homes, lease signing, & providing New Americans language access & navigation through different services w/ their respective counties, state & federal. We continued serving these communities w/ our existing services.
5.The rate of transitioning to PH is extremely low as of now. SEWA-AIFW worked closely w/ 2 individuals to help them reach their goals; referred them to resources & workforce training. Staff provided emotional support, childcare resources, meals, groceries, & RA w/ limited State funds. These individuals calculated their income vs expense to determine their capacity to sustain housing while we continue assisting them w/ their safety planning.

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

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1.At SEWA-AIFW, we follow strict protocols with intake procedures in a private room at SEWA office or virtually (with exclusive zoom links for survivors). SEWA keeps client information confidential and in our highly protected electronic database. Hard copies of intake forms (for clients with lower competency in English) are secured in locked drawers exclusively with case managers. Staff explain confidentiality policies and release of information procedures. In our culturally specific community, we explain these processes in different South Asian languages as needed. We have not done exclusive intakes for housing/rental related needs yet. But we have robust plans to follow strict protocols around the safety of clients' information.
2.SEWA aims to implement client safety plans exclusively for their housing intake procedures. We plan to obtain 30% of client's income in rent and remainder to be covered by rental assistance to cover the balance. We aim to assess units for safety and habitableness before we move our clients to rental properties. Clients choose their own rental properties without SEWA association as well. SEWA will be the liaison between these clients and property managers, especially for the clients who have obtained order for protection and having specific safety concerns. It is up to the clients to share that information with the property manager.
3.SEWA intends to assist clients obtain confidential mailing addresses through appropriate sources. Our staff will work with landlords to protect client confidentiality and make them aware of their legal rights.
4.SEWA will implement a robust and informed safety planning with the clients that will include safety for them, for their kids and other dependents. Staff will assist clients to prepare safety plans for home, work, and school. All victim service staff is trained by national organizations, state organizations - Cornerstone and VFMN.
5.SEWA will be working directly with the property managers to take care of clients' confidentiality and safety. We will train clients on how to navigate their housing issues with managers; translation and interpretation will be provided to property managers on calls and in-person to make sure they understand and respond to clients' needs for safety. Immigrant and refugee population will be trained to recognize cyber stalking, use of technology and other aspects of life in Minnesota.

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

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

(limit 2,500 characters)

1.At SEWA-AIFW, we follow strict protocols with intake procedures in a private room at SEWA office or virtually (with exclusive zoom links for survivors). SEWA keeps client information confidential and in our highly protected electronic database. Hard copies of intake forms (for clients with lower competency in English) are secured in locked drawers exclusively with case managers. Staff explain confidentiality policies and release of information procedures. In our culturally specific community, we explain these processes in different South Asian languages as needed. We have not done exclusive intakes for housing/rental related needs yet. But we have robust plans to follow strict protocols around the safety of clients' information.
2.SEWA aims to implement client safety plans exclusively for their housing intake procedures. We plan to obtain 30% of client's income in rent and remainder to be covered by rental assistance to cover the balance. We aim to assess units for safety and habitableness before we move our clients to rental properties. Clients choose their own rental properties without SEWA association as well. SEWA will be the liaison between these clients and property managers, especially for the clients who have obtained order for protection and having specific safety concerns. It is up to the clients to share that information with the property manager.
3.SEWA intends to assist clients obtain confidential mailing addresses through appropriate sources. Our staff will work with landlords to protect client confidentiality and make them aware of their legal rights.
4.SEWA will implement a robust and informed safety planning with the clients that will include safety for them, for their kids and other dependents. Staff will assist clients to prepare safety plans for home, work, and school. All victim service staff is trained by national organizations, state organizations - Cornerstone and VFMN.
5.SEWA will be working directly with the property managers to take care of clients' confidentiality and safety. We will train clients on how to navigate their housing issues with managers; translation and interpretation will be provided to property managers on calls and in-person to make sure they understand and respond to clients' needs for safety. Immigrant and refugee population will be trained to recognize cyber stalking, use of technology and other aspects of life in Minnesota.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)(d)	

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;

6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1.SEWA prioritizes client safety & housing needs. Clients identify their preferred locations to feel comfortable; transportation friendly areas to commute to school, work & childcare. SEWA supports them throughout journey to be empowered to financially sustain their housing.
2.SEWA helps & offers various options & opps to survivors of DV to decide what options work best for them. Direct service staff are trained not to impose or suggest one solution over others. Direct service staff are required to complete 40 hour state mandated training to support DV/SV clients w/ cultural & linguistic competency offering compassionate care. SEWA will cont. advocating for all South (S.) Asian community by offering bystander advocacy, de-escalation trainings, self-defense training & intergenerational convos in community.
3.S. Asian communities have several social & cultural intersectionality such as caste, class, religion, faith, gender, sexuality, immigration status, generational reputation etc. SEWA recognizes these nuances while serving vulnerable clients who face GBV; prepares direct service staff to go through cultural competency trainings w/ nat. orgs like Nat. Asian Pacific Islander Ending Sexual Violence, Asian Pacific Islanders Ending Gender Based Violence & South Asian SOAR. Our staff attend intensive training to address GBV w/ utmost compassion & care, offering trauma-informed practices & info to clients.
4.SEWA is recognized as a 'Trusted Messenger' for S. Asian communities by MDH for our compassionate care & historical trusted services along w/ cultural competency. Our staff is trained to recognize issues w/ cultural intersectionality coupled w/ systemic racism in systems. We are the only culturally & linguistically specific service provider offering violence prevention & intervention services to S. Asian diaspora in MN. Our services are trauma-informed survivor-centered advocacy addressing intergenerational trauma from historic partition, 'communal riots', & caste-based discrimination w/in communities. It's a unique model of services for the communities wherein the clients are empowered w/ info & resources.
5.Our programs for women, seniors, LGBTQ+ people, youth, Afghan refugees & men are embedded in the cultural & linguistic responsiveness & care. 'Chai & Chat' program for women, brings in various conversations, trainings, & resource sharing w/ experts to dive deeper into the cultural & often toxic traditional issues while as a community, women derive their own meanings & question patriarchy w/in communities & systemic racism in mainstream interactions to lead their lives authentically & confidently. We tailor programs & trainings on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, & trauma informed.
6.Our peer-to-peer support groups for different age-groups provide cultural connections, emotional support, mental health care options, linguistic support, & health care support to navigate through complicated systems as immigrants & refugees. Our models on 'healthy relationships', 'my desi plate' & curated 'circle of abuse' for cultural communities are efficiently creating awareness, cultural competency, & opps to improve their lives. South Asian Queer League is the only program in MN promoting acceptance, kindness, & support in communities for LGBTQ+ identifying South Asians & offering resources & support to LGBTQ+ South Asians including monthly peer-to-peer support group. Many people do not 'come out' to their families in fear of losing housing. SEWA plays a vital role in offering these individuals chosen families through community connections & resources. 'Senior Social' hours 2x/ week offer connections & various ways to help them physically, mentally, & spiritually. Dementia awareness, Walk w/ Ease program & respite care to their caregivers, meals delivery 2x/week & many more supportive services are rebuilding S. Asian ageing peoples lives back w/ dignity. Youth groups for 13 to 17 age & 18 to 24

age are supported w/ various programs to support them w/ edu enhancement, cultural connections, mentorship, & sex edu w/ robust mental health support. 7.SEWA is committed to 'Total Family Wellness' & our approach is multiprong - connecting w/ different age groups fostering intergenerational connections & compassion. We provide support to single parents by providing childcare support, basic needs for children, support & culturally specific care for pregnant & new mothers etc. We contribute & use parenting curriculum from S. Asian SOAR coalition network. Cultural S. Asian communities need support & curated care to understand the differences in parenting styles here. SEWA has been providing these nuanced supportive services throughout their CM. We have strong network of pro-bono legal providers to provide support for divorce proceedings, child custody & financial divisions w/ linguistic support by the staff.

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

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

(limit 5,000 characters)

1.Obtaining Documents and Child Custody: SEWA-AIFW has been providing immigration services including helping immigrants and refugee communities with obtaining OFPs, legal documents, applying to USCIS, translating, and interpreting legal services. SEWA is committed to increasing its capacity to address housing related services. Our pro-bono service providers with local agencies work with our clients along with Staff to ensure that clients do understand the legality and prepare documents for their divorce proceedings; child custody evaluations; interpretation and translated information to easily grasp legal terminology etc.
2.Bad Credit History: We aim to enhance our services to clients building back their bad credit history by educating them with proper information and knowledge. We have worked with property managers in 2022 for Afghan evacuees explaining cultural and language barriers identifying issues, their vulnerable situations etc. When govt. rental assistance ended for these populations, along with several other sister organizations, SEWA stepped in and supported approximately 10 families with adequate understanding of rental laws and housing. We have been educating DV clients and Afghan evacuees their consumer rights, customer protection laws, and State and Federal guidelines.
3.Housing Search: Our experience with DV clients and Afghan evacuees, we are well equipped with the knowledge and understanding of housing units. SEWA maintained relationships with more than 30 landlords and property managers through DHS in 2022 while serving Afghan evacuees. There are almost 5+ different agencies with multiple units in the same apartments with easy access to public transportation and nearby basic necessities. SEWA will ensure that the HUD funded staff will help clients search for the safe and accessible housing unit, contact the managers and connect them with the clients; and work with them around safety, supportive care, financial upliftment and childcare issues.
4.Crisis DV Services: SEWA’s 24x7 crisis line offers crisis response in multiple languages for emergency shelter, legal advice, safety planning, assistance for restraining orders, emotional support, urgent needs for childcare and nutrition for them. We have expertise providing compassionate care in culturally and linguistically specific ways. We ensure that the victims/survivors of domestic/sexual violence first of all feel validated and connected with our direct service staff before moving to next steps of referring to emergency shelters or legal advice; our goal is to support clients with holistic and survivor centered approach when they start feeling the sense of ‘belonging, dignity and justice’. Our framework allows victims/survivors to feel safe and secure.
5.Long-term housing stability safety planning: SEWA has been serving communities from crisis management to empowering clients to attain their housing and long-term plans for security. We help clients plan to sustain housing after rental assistance ends. In addition to budgeting, clients are taught self-advocacy, communication, and negotiation skills. They build support networks for ongoing support and learn about community resources.

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

	Describe in the field below examples of how the new project(s) will:
1.	**prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;**

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

(limit 5,000 characters)

1.SEWA prioritizes client choice. Our clients identify preferred locations that protect their safety based on children's school, work, & accessibility concerns. SEWA staff are instrumental in providing best practices & info for informed decision making.
2.90% of SEWAs staff are first gen. immigrants from South Asian countries; bi &/or multi-lingual w/ cultural competency to advocate for equal rights w/ understanding of intersectionality. They attend trainings to address GBV in South Asian communities in MN. At SEWA, we acknowledge & recognize that immigrants & refugee people of color have gen. trauma & distrust in law enforcement & govt systems including legal & medical systems. We remove institutional hierarchies while serving DV clients, using person-first approach. We offer & explain different options & provide guidance to understand legal & financial aspects of housing choices. We cont. our best efforts to elucidate various aspects of housing & RA. They will be encouraged to use our services for mental health, career development, healthcare solutions, healing & community connections. Case manager/s will work closely w/ them to inform various services available for them.
3.SEWA has been serving HC since 2004. Our trained staff understands the impact of trauma & intergenerational trauma; they are trained to recognize signs of depression, anxiety, & PTSD. Physical violence & in-laws' harassment in South Asian communities is normalized. During crisis calls, in-person or virtual in-take, staff are trained to assess severity of the issues. SEWA has close partnership w/ culturally & linguistically specific psychotherapists & psychiatrists who offer free consultation & therapy sessions. We will continue offering art-based cultural healing circles like mandala art, henna art, healing through voice & zine making workshops to address communal healing.
4.SEWA-AIFW is recognized as a 'Trusted Messenger' for South Asian communities by MDH for our compassionate care & historical trusted services along w/ cultural competency. Our staff is trained to recognize issues w/ cultural intersectionality coupled w/ systemic racism in different systems. We are the only culturally & linguistically specific service provider offering violence prevention & intervention services to South Asian diaspora in MN. Our services are based on trauma-informed survivor-centered advocacy addressing intergenerational trauma from historic partition, 'communal riots', & caste-based discrimination w/in communities.
5.Our programs for women, seniors, LGBTQ+ people, youth, Afghan refugees & men are embedded in the cultural & linguistic responsiveness & care. We tailor programs & training for staff to dive deeper in to equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, & trauma informed. We firmly believe in the framework of 'Belonging, Dignity & Justice' that is embedded in our daily action & advocacy.
6.Our 'Shakti' support group for women identifying South Asians who are victims of DV will serve as a core support group for Housing program for DV clients. 'Shakti' means 'feminine power', 'empowerment' & 'divine power'. Our peer-to-peer support groups for different age-groups provide cultural connections, emotional support, mental health care options, linguistic support, & health care support to navigate through complicated systems as immigrants & refugees. South Asian Queer League is the only program in MN promoting acceptance, kindness, & support in communities for LGBTQ+ identifying South Asians & their families & offering resources & support to LGBTQ+ South Asians including monthly peer-to-peer support group. Many people do not 'come out' to their families in fear of losing housing. SEWA plays a vital role in offering these individuals chosen families through community connections & resources.

'Senior Social' hours 2x/week offer connections & various services to help them physically, mentally, & spiritually. Youth groups for 13-17 & 18-24 are supported w/ various programs to support them w/ edu. enhancement, cultural connections, mentorship, & sex education w/ robust mental health support. 7.SEWA will implement robust parenting support for the clients. We will curate South Asian SOAR resources for our MN based communities. Our legal networks will provide advocacy for protection & family law matters- including divorce, child custody, evaluation, supervised visitation, & child support. SEWA is in the process of becoming a center for supervised visitations for South Asian pops offering an exclusive room w/ 2 separate doors &childcare items like pack & play, toys & other supportive items.

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

	Describe in the field below how the new project will involve survivors:
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1.40 to 60% of SEWA staff and board members themselves are survivors of domestic violence, racial discrimination, trauma, gender-based-violence and homelessness. SEWA will involve survivors of DV, Gender discrimination, racism, islamophobia, transphobia, xenophobia, homelessness and many other forms of traumas to provide their insight and opinions to evaluate our services and improve upon this program. We will conduct surveys, feedback forms, and collect written testimonies to evaluate our services and effectiveness of the housing program. We aim to conduct focus groups with program clients and other survivors with lived expertise every 6 months to assess trends in needs, legal barriers, language access, cultural barriers, immigration status, supportive services needs etc. With our intergenerational and intersectional approach, our participants will be from across the age spectrum, from all gender identities and sexual orientations, immigrants, and refugees populations. We will provide mileage for in-person meetings for policy and procedure development for this program. We will also provide small amount of stipends to survivors for sharing their expertise and time with us.

2.We will develop a bi-annual survey feedback form with questions about overall satisfaction, what participants liked the most, what they liked the least, improvement points, supportive services analysis, timing and staff responses, impact of this program on their lives and families. We will also have exit interviews with exiting clients to evaluate their experiences using these services, and reasons for leaving. SEWA uses Microsoft survey forms and Constant Contact for reaching out clients. We will implement highly encrypted WhatsApp connections with South Asian clients to stay in touch using quick messaging for immediate response from the staff. We will evaluate our direct service staff involved in this program. Clients will be invited to serve on the internal Housing committee with staff to determine housing program accessibility, safety planning, and housing requirements, needs and landlords/property management communications. We will compensate them with appropriate reimbursement for their time and expertise. They will be invited to serve on the Board of Directors; to speak at events and legislative meetings; to judge arts and poetry competitions; to lead our rallies and grassroot level advocacy.

4B. Attachments Screen For All Application Questions

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

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

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	08/16/2023
1B. Inclusive Structure	09/19/2023
1C. Coordination and Engagement	09/19/2023
1D. Coordination and Engagement Cont'd	09/19/2023
1E. Project Review/Ranking	09/19/2023
2A. HMIS Implementation	09/19/2023
2B. Point-in-Time (PIT) Count	09/19/2023
2C. System Performance	09/19/2023
3A. Coordination with Housing and Healthcare	09/19/2023
3B. Rehabilitation/New Construction Costs	09/19/2023
3C. Serving Homeless Under Other Federal Statutes	09/19/2023

4A. DV Bonus Project Applicants	09/19/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required