Before Starting the CoC Application

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

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

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

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

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

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

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: VA-508 - Lynchburg CoC

1A-2. Collaborative Applicant Name: Miriam's House, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Miriam's House, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

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

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

(limit 2,000 characters)

All CoC quarterly mtgs & committees are open to the public & invitations are widely dispersed via email, social media & the CoC's website. All CoC meetings were virtual during the pandemic which increased participation. Effective communication with individuals with disabilities is ensured by providing all docs as PDFs to allow for searchable text, text extraction to the Read Out Loud Tool & the use of text to convey messages rather than images. The CoC actively recruits new members through social media, email, local media coverage & the CoC's website. Targeted recruits include DV providers, homeless education liaisons, formerly homeless individuals, law enforcement, health care providers, employment services, & all entities interfacing w/ homeless individuals. This outreach occurs throughout the year, especially concentrated around the April Annual Mtg of the CoC when new members are added. At each quarterly mtg, there is a solicitation to join the membership. The Community Commitment Committee of the CoC meets regularly to identify gaps in CoC representation & actively recruits individuals who were homeless. Recruitment of formerly homeless persons is conducted regularly through consumer surveys which invite the consumer to participate in the CoC & requests their contact info so

that the CA can follow up to arrange attendance. A formerly homeless person sits on the CoC Board. Membership information is circulated via the CoC's mailing list & partner community groups such as the Blue Ridge Re-Entry Council to recruit new members. The CoC regularly invites organizations serving culturally specific communities such as Rush Homes & the Lynchburg Area Center for Independent Living to actively participate in the CoC & improve the CoC's process in working with persons with disabilities. The YWCA of Central Virginia has a mission to eliminate racism & their CEO sits on the CoC Board & their organization leads CoC trainings on equity & inclusion.

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

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

(limit 2,000 characters)

CVCoC regularly conducts outreach efforts to solicit feedback from a variety of stakeholders via social media, email, virtual meetings, the CoC's website & local media. The Community Commitment Cmte is tasked w/ engaging the broader community to diversify perspectives. The CoC holds public quarterly mtgs to share the work of the CoC and to solicit input on strategies to prevent/end homelessness. The CoC launched a new 3-year Strategic Plan to Prevent and End Homelessness in July 2020. Development & implementation of this plan included public mtgs, online surveys & small group sessions to gain diverse opinions. The planning process included open input sessions which were held regularly & advertised to the public to encourage input on homeless response strategies, governance, written program standards & performance. The plan informs program design, implementation and governance both to prevent and end homelessness. The CoC uses a consumer survey to consider the input of people w/ lived experience. The CoC continues to work with the Built for Zero initiative to engage the community and collaborate on new approaches to ending homelessness. The CVCoC meets quarterly w/ the City Manager's office to identify gaps and co-create solutions. The CVCoC actively engaged with city leaders and health professionals to develop a standard operating procedure to focus on continuity of homeless services during the COVID-19 pandemic. CVCoC reps attend public mtgs & forums, such as those led by the Blue Ridge Re-Entry Council, the Veteran's Council, faith community mtgs, recovery coalition, the domestic violence coalition & the community policing initiative. This collaboration has resulted in new partnerships, resources for improving homeless response and changes to the CoC's written standards & governance documents to improve the CoC's efforts to prevent and end homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	

	NOFO Section VII.B.1.a.(4)

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

(limit 2,000 characters)

On 8/27/21, the CoC published its local notice of funding which included information on how organizations not previously funded through the CoC could apply for funding through the two bonus opportunities. The notice provided info on acceptable new project types & eligible applicants. Applicants not previously funded were instructed to notify the CoC of their intent to submit a new project application by 9/10/21 in order to receive additional training and guidance. This local notice was widely distributed through the CoC's mailing list, posted publicly on the CoC's Facebook page & posted on the CoC's website all on 8/27/21. The local notice contained detailed instructions on the method by which proposals should be submitted; in e-snaps with a PDF sent to the CA. Contact info for the CA was included in the notice to ensure questions were answered regarding the funding opportunity. The process used to determine funding was in the CoC's Review & Ranking Policy approved at the 9/1/21 CoC Board meeting, posted to the CoC's website. New projects were assessed by the Review & Ranking Committee in accordance to the Review and Ranking Policy which was publicly available. Projects were scored based on an objective process which assessed for inclusion based on alignment w/ HUD priorities, commitment to best practices, capacity to administer the project, compliance w/ CoC policies & procedures, demonstration of fiduciary responsibility, performance, cost effectiveness, service to vulnerable populations, adherence to Housing First & participation in the coordinated entry system. Effective communication w/ individuals w/ disabilities was ensured through providing all documents as a PDF which allows for searchable text, text extraction to the Read Out Loud Tool, & the use of text to convey messages rather than images.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

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

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

18.		

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

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

(limit 2,000 characters)

ESG funding is received by the state (DHCD) and allocated to the Lynchburg CoC as part of the Homeless and Special Needs Housing program (HSNH). CoC reps and Board attend DHCD's annual ESG input sessions on funding allocation & performance. CoC provides monthly, quarterly & annual project & system level HMIS data on ESG subrecipients to DHCD. Annually, our CoC provides a Community Impact Report to DHCD to help inform the Consolidated Plan. The CoC provides PIT, HIC and CAPER data to DHCD. The CoC leadership & ESG sub recipients have quarterly calls w/ DHCD regarding performance and spenddown of funds. Allocation of local HSNH funds occurs through a competitive process (written out in the CoC's P&P) taking into account DHCD's Con Plan, HSNH performance standards and ESG regulations. The CoC's Monitoring and Evaluation Committee conducts an annual audit of each ESG subrecipient to review financial practices, compliance with federal, state and local regulations, program effectiveness and outcomes. These audits inform the Board's decisions regarding how to allocate ESG subrecipient funds. Each subrecipient is also evaluated on the basis of data quality (including completeness, timeliness and accuracy) to ensure that projects are meeting basic data entry standards as well as technical standards regarding privacy and confidentiality. The CoC receives participant feedback on ESG subrecipient performance via consumer surveys conducted at discharge which inform future funding decisions.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes

4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

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

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

(limit 2,000 characters)

The CoC has a formal partnership with Lynchburg City Schools (see attachment) to ensure coordination of homeless services and youth education. The CVCoC collaborates with local homeless education liaisons, early childhood programs, and educational partners to identify and serve homeless children and youth. Formal partnerships/MOUs exists between the CoC and HeadStart and Early HeadStart to ensure early childhood education access (see attachment) and prioritization for children experiencing homelessness. Training is conducted annually to ensure cross-sector understanding and collaboration. A formal partnership/MOU exists between the CoC and the MIECHV funded agency providing home-visiting services to young children, ages 0-5. The CoC collaborates with the Department of Social Services to ensure access to childcare subsidies for families experiencing homelessness. The Lynchburg City Schools Homeless Education Local Liaison, Judy Brooks, is a member of the CoC Board and serves on several CoC committees. Ms. Brooks provides information to the full CoC to ensure that all service providers are communicating the rights of homeless students with their project participants to prevent gaps in school enrollment and attendance. Ms. Brooks attends Homeless and Housing Services Committee, which has representatives from every homeless assistance project within the CoC to further ensure compliance with McKinney Vento and participates in case conferencing to staff all homeless students. A CoC Board member works for Great Expectations, a program connecting foster youth to educational opportunities. Collaboration with Great Expectations and JobCorps has increased educational opportunities for homeless youth. The CoC has a written policy (page 21 of the Central Virginia CoC Policies and Procedures) requiring that all homeless service providers inform participants of their eligibility for education services and that these notices but be prominently displayed where intake occurs.

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

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

(limit 2,000 characters)

CoC Policies require CoC and ESG projects to designate a staff person responsible for ensuring that children are enrolled in school and receive educational services according to section 426.B.4 of the McKinney Vento Act as amended by HEARTH (page 21 of the CVCoC Policies and Procedures). VA Dept. of Ed provides posters for coordinated entry and providers to publicly post to inform homeless families of their rights under McKinney-Vento and contact information for the local Homeless Education Liaison. To ensure ease of compliance with the policy regarding education services, the CoC works closely with area homeless education liaisons. CoC staff work w/ partners to enroll homeless children in school, arrange transportation, provide school materials, and initiate in-school services. The Monitoring and Evaluation Committee ensures compliance with this policy at the annual site visit to each project by reviewing agency policies and staffing, checking for public posting of McKinney-Vento rights, and reviewing case files to ensure homeless students are being provided with required McKinney-Vento services. The Community Case Review team meets twice monthly to case conference every household with children experiencing homelessness or at-risk of homelessness. The Homeless Education Liaison participates in the meetings to ensure all families are connected with their rights as defined under McKinney-Vento.

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

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

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

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

	NOFO Section VII.B.1.e.

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

(limit 2,000 characters)

The CoC annually conducts training for both coordinated entry staff and CoC/ESG project staff that addresses best practices on safety and planning protocols in serving survivors of domestic violence. The Virginia Legal Aid Society hosted a virtual training on 10/27/2020 on Virginia's housing laws in regards to housing protection for victims of domestic violence. This training emphasized incorporating victims' rights, perspectives and choices into services. All CoC members were encouraged to attend. The YWCA of Central Virginia conducted a training on 6/30/21 for CoC members. Led by a person with lived experience, the training was centered on victims' priorities and needs. The training covered tailoring housing interventions such as homelessness diversion to the safety needs of persons fleeing domestic violence, dating violence, sexual assault and stalking. The training provided examples of how organizational and program policies are responding to the intersection of domestic violence and homelessness in ways that are empowering and do not inadvertently re-traumatize victims. All CoC/ESG funded agencies were encouraged to have their project staff and coordinated entry staff attend the training. Cross training between victim service providers and the CoC has been a priority this past year and the CoC's Collaborative Applicant staff provided training using Safe Spaces materials to direct service providers. Trainings have been provided by the CA focusing on Housing First interventions. The CoC regularly sends out training opportunities through national advocacy groups and providers to the membership which includes all CES/direct service providers. These trainings include trauma informed care and victim-centered best practices to ensure program design incorporates these elements. All coordinated entry staff and homeless response providers are required to participate in trauma informed care training and victim-centered training.

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

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

(limit 2,000 characters)

The local domestic violence (DV) provider enters data into a comparable HMIS database with the same reporting fields as the HMIS used by the CoC. The CoC's HMIS Lead receives de-identified, aggregate data monthly from the local DV providers. This data is used to assess the scope of the community's needs related to persons served through DV partners. These metrics include the

number of households served, the length of time homeless, exits to permanent housing and the number of stayer households. The CoC also collects HIC and PIT data during the winter and summer PIT counts from the DV providers. This data includes utilization rates, to assess capacity vs. demand for dv-related services. Data on persons served through DV partners is analyzed to understand the scope of the need including numbers, household composition, past episodes of homelessness, and vulnerabilities particular to the DV population. The CoC submits an annual Community Impact Report to the Dept. of Housing and Community Development that looks at the DV population served over the course of a year. The report identifies the number of households that are experiencing homelessness for the first time and the length of time that survivors experience homelessness. This data informs the CoC's decisions around prioritizing households served through DV partners for housing interventions. The data reflects a high number of families with children accessing assistance through DV partners and these families are quickly linked with RRH. The CoC has a HMIS Data Quality Plan (p. 95 of CVCoC Policies and Procedures) that requires all HMIS users to submit monthly reports to the HMIS Lead. DV providers participate by aggregate data reports. During the COVID-19 pandemic, DV service providers contributed de-identified aggregate data to community reports as city leaders, homeless response providers, and CoC leadership met weekly to develop a plan to safely provide shelter and services to homeless households.

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

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:	
1.	prioritize safety;	
2.	use emergency transfer plan; and	
3.	ensure confidentiality.	

(limit 2,000 characters)

The CoC's Coordinated Entry Policies and Procedures include protocols that prioritize restoring survivors' feelings of safety, choice and control (p.20 of CVCoC CES P&P). DV victims have 24/7 access to all CoC housing and service intervention options through CoC, ESG, DOJ and HHS providers. All coordinated entry access points adhere to strict confidentiality/privacy protocols, conducting assessments out of sight and ear shot of others at the physical location, and collect data in accordance with the confidentiality requirements published in the CoC and ESG interim program rules and VAWA. CoC and DV providers collaborated to establish trauma informed assessment/screening tools and referral policies and procedures, to ensure that the coordinated entry process takes into account the physical and emotional safety, privacy, confidentiality and choice of participants. There are protocols for extending protections and developing safety plans for survivors of DV who are staying at non-DV provider projects such as the implementation of the CoC's emergency transfer plan. Safety planning questions are incorporated into common assessment tools, ensuring strict confidentiality regarding the identity of clients staying at non-DV service providers, and using de-identified information when referring and prioritizing DV victims for housing and services through

coordinated entry. DV providers and homeless response providers meet twice a month to case conference to ensure that housing and services are made available to survivors. Local DV agencies train CoC staff on the dynamics of DV, trauma informed care, honoring client choice, privacy and confidentiality, and safety planning, including how to handle emergency situations at an access point. Referral processes maximize client choice by soliciting input on services and interventions that would best meet their safety and housing needs. CoC staff train DV provider on coordinated entry processes

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

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

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

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

Public Housing Agency Name	**Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry**	**Does the PHA have a General or Limited Homeless Preference?**	**Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?**
Lynchburg Redevelopment and Housing Authority	10%	Yes-Both	Yes
Virginia Housing Development Authority	0%	Yes-HCV	No

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

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

(limit 2,000 characters)

The CVCoC works closely with the Lynchburg Redevelopment and Housing Authority, the largest PHA in the CoC's geographic area. The Executive Director of LRHA sits on the Board of the CVCoC and regularly meets with the Executive Director of the Collaborative Applicant. This PHA operates the largest PSH project within the CoC. The LRHA has established a local preference to give priority to homeless households for both public housing and Housing Choice Vouchers. The LRHA is a member of the CoC and several MOUs are in place between the LRHA and the CoC to ensure coordination of services. The second largest PHA in the CoC's geographic area is the Virginia Housing Development Authority which provides Housing Choice Vouchers to several of the rural areas within the CoC's geographic coverage area. This entity also has a homeless admission preference for their 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 Tax Credit (LIHTC) developments**		Yes
4.	**Local low-income housing programs**		Yes
	Other (limit 150 characters)		
5.	Private landlords		Yes

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

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

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

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

(limit 2,000 characters)

1. Both Mainstream Vouchers and Emergency Housing Vouchers are included in the CoC's coordinated entry process. The Lynchburg Redevelopment and Housing Authority (LRHA) have 78 Mainstream Vouchers prioritized for literally

homeless persons. The Mainstream Voucher team is comprised of LRHA and CoC coordinated entry representatives to prioritize and target this housing resource to literally homeless households. This team coordinates outreach and referral of persons currently experiencing homelessness, refers to, coordinates or provides home and community-based services, promotes waiting list opening for Mainstream Vouchers to eligible and target populations, and uses the coordinated entry system to track eligible individuals and connect to the MVP. Both LRHA and the Virginia Housing Development Authority (VHDA) have Emergency Housing Vouchers (EHV) within the CoC's geographic area dedicated to homeless individuals. The CoC voted and approved a prioritization process targeting the most vulnerable homeless individuals including persons fleeing domestic violence and all referrals for these vouchers go through coordinated entry to ensure compliance with the prioritization policy. Through coordinated entry EHVs referred households are paired with a CoC case manager to aid in housing search and housing stabilization services.
2. The CVCoC has MOUs with both LRHA and VHDA to prioritize and distribute Emergency Housing Vouchers. Additionally, the CVCoC has an MOU with LRHA to prioritize and distribute Mainstream Vouchers.

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

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

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

	If you selected yes to question 1C-7d, describe in the field below:	
1.	the type of joint project applied for;	
2.	whether the application was approved; and	
3.	how your CoC and families experiencing homelessness benefited from the coordination.	

(limit 2,000 characters)

1. The Lynchburg Redevelopment and Housing Authority (LRHA) and the CoC Lead Agency worked together to apply for Mainstream Vouchers.
2. The joint application was approved for LRHA to receive 30 vouchers in 2019. Through Notice H-2020-09, LRHA received 9 more vouchers and 40 additional vouchers through PIH Notice 2020-22 Announcement 1. In total, LRHA has 79 Mainstream Vouchers.
3. The LRHA Mainstream Voucher Program (MVP) prioritizes literally homeless households, formerly homeless households and households in an institution. Through coordinated entry, eligible homeless households were identified and moved into housing subsidized by their voucher. Additionally, households enrolled in a CoC permanent housing program (PH) moved on to MVP through coordinated entry. Move on from PH has opened up new spots that have since prioritized chronically homeless individuals to receive housing and supportive services. Through MVP implementation, chronic homelessness has been

reduced by 38% percent in the CoC. The MVP has furthered collaboration between the CoC and the PHA which has opened up other housing opportunities such as the Emergency Housing Voucher program. Collaboration has also increased the CoC's landlord network to include the PHA's HCV participating landlords. This coordination benefits literally homeless households as their housing applications to private landlords are more appealing with a long term rental subsidy. This has allowed homeless households with barriers to housing, such as recent evictions, to move into housing and to shorten their episodes of homelessness. CoC data demonstrates that recidivism is less likely for households with a long term rental subsidy so the CoC anticipates a reduction in returns to homelessness since MVP implementation. With this competition, the CoC is submitting a project application for PSH Supportive Services to pair with MVP to support chronically homeless households prioritized for this housing resource.

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

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

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

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

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

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

Name of PHA: Lynchburg Redevelopment and Housing Authority

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

Name of PHA: Virginia Housing and Development Authority

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	4
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	4
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

All organizations funded through the CVCoC are required to have a Housing First policy and implement Housing First practices through their services for households to be housed quickly without preconditions or service participation requirements. This policy is part of the CoC's written standards (pg. 24 of the

CVCoC Policies and Procedures). CoC programs must adhere to a Housing First model and cannot deny referrals based on perceived barriers, lack of motivation, or housing readiness, or for refusal to participate in services. Programs cannot discriminate eligible persons based on little or no income, active substance use, criminal record or history of victimization. Any denial must be documented and reported to the CVCoC lead agency. Denial of eligible referrals are highly discouraged and will be a consideration in funding decisions. Households who have been denied services will be discussed at the next case conferencing meeting for additional services. The CoC expects that project rules and regulations are designed in the spirit of inclusion rather than on grounds for denial or termination. The Monitoring and Evaluation Committee annually reviews all CoC funded agencies and requests program policies to ensure adherence to the CoC's written standards such as not requiring service participation and not implementing preconditions outside of those approved by the CoC's written standards. The Monitoring and Evaluation Committee provides recommendations for funding to the CoC Board. The transparency of the coordinated entry process of the CoC ensures that no project is requiring housing readiness prior to linkages to rapid re-housing or permanent supportive housing.

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

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

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

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

(limit 2,000 characters)

In 2018, the CVCoC allocated state homeless response grant funds to launch a street outreach program providing engagement & housing focused case management. The outreach project works with literally homeless, unsheltered households across the entire geographic region of the CoC on a weekly basis. Housing focused conversations aim to divert households from homelessness to alternative housing options including living with family/friends. For those who cannot be diverted, outreach shortens the LOT the household experiences homelessness by expediting access to shelter & housing by serving as a coordinated entry access point. The outreach program assesses vulnerability & housing barriers & adds persons to the by-name list for access to PH interventions. Outreach facilitates the intake of unsheltered persons into PH interventions such as RRH & PSH, including gathering documentation of

chronic homeless status & disability. The outreach staff expedites housing location & provides a hand-off to PH housing locators. Street outreach staff is knowledgeable about local affordable & subsidized housing resources & assists in completing applications, gathering documents including identifications, attending landlord interviews, & lease signing. Veteran-specific outreach is provided by the VA Medical Center social worker. Both street outreach programs are tailored to persons least likely to seek assistance through coordinated entry. These projects have no barriers & employ a voluntary service model informed by harm reduction strategies. The projects continue to engage & build rapport with persons even if they decline housing/services. Housing and supportive services are offered to all unsheltered persons in a way that furthers fair housing. Services are offered to persons with disabilities or with limited English proficiency in a manner that allows for effective communication.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	75	103

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

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

	Type of Health Care	**Assist with Enrollment?**	**Assist with Utilization of Benefits?**

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

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

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

(limit 2,000 characters)

1. The CVCoC systemically provides up to date information on mainstream resources primarily through the CoC's Homeless and Housing Services Committee comprised of all CoC case managers and partner agencies. This committee meets monthly and has a dedicated agenda item to communicate benefit enrollment information, eligibility criteria, new resources and other critical details. Once a year the CoC hosts a comprehensive mainstream benefit training to the full membership to update on all resources within the geographic area.

2. The CoC Lead Agency informs project staff of other training opportunities such as the Virginia SOAR Training Cohort to increase SSI/SSDI attainment. Announcements regarding mainstream resources are circulated via the CoC email list, CoC facebook page, posted on the CoC website and CoC quarterly meetings. For example, training resources were announced this year regarding the Economic Impact Payment for IRS Non-Filers and Child Tax Credit. Representatives from mainstream benefit agencies are on the CVCoC Board and regularly inform the CoC on mainstream benefit changes to share with the full CoC membership.

3. All CoC projects are required to participate in the CoC's case conference team. Representatives from healthcare organizations participate in this team to ensure that persons experiencing homelessness have access to health insurance and healthcare services for which they are eligible.

4. The strong participation of healthcare partners and mainstream benefit agencies in the CoC ensures the effective use of Medicaid and other benefits. The CVCoC's written standards require all projects to coordinate with mainstream resources including housing, social services, employment and youth programs and support benefit enrollment through transportation and application follow-up. CoC project staff assist program participants with mainstream benefit enrollment, identification obtainment, and gathering necessary paperwork for service applications.

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

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

(limit 2,000 characters)

1. The primary access point for the CoC's coordinated entry system (CES) is Coordinated Homeless Intake & Access (CHIA). CHIA provides a phone-based assessment & access to diversion, prevention, shelter & housing interventions. CHIA covers the entirety of the CoC's geographic region by providing 24/7 phone-based access. The YWCA operates a 24/7 phone based access point for domestic violence victims to provide all services available through the CoC's CES.
2. Street outreach is a CES access point for unsheltered persons and those least likely to apply for assistance. Outreach workers identify and build rapport with unsheltered persons and conduct the CoC's standard assessments to ensure unsheltered and hard-to-reach homeless persons receive equal access to the CES and are quickly assessed and matched with a housing intervention.
3. To prioritize people most in need, CES access points conduct a standard assessment to identify vulnerabilities, length of time (LOT) homeless, and barriers to housing. This prioritization assessment uses the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) and a housing barriers tool. All vacancies in permanent housing (PH) programs are filled through coordinated entry following a prioritization policy based on the household's vulnerabilities (VI-SPDAT score), LOT homeless and barriers to housing.
4. The CES policies require all CoC programs to assess households using the standardized assessments within 5 business days of program entry to quickly identify households most in need of assistance. All CoC PH providers are required to notify the CoC Lead of all program vacancies within 2 business to match the most in need households quickly with a permanent housing intervention.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	**Racial Disparities Assessment Results.**
	NOFO Section VII.B.1.o.

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

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	No
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

The CoC annually conducts data analysis to identify racial disparities in services and outcomes. The data reflected that BIPOC households disproportionally accessed homeless services but that outcomes within the homeless response system were equitable or better than White households. The CVCoC Board adopted recommendation to continue efforts to ensure the CoC's system and programs are void of biases towards specific groups based on race or ethnicity such as requiring a diverse board, required DEI training and ongoing system assessment of inequity. On 7/13/2021, the CoC facilitated a workshop on the impact of systemic racism on housing stability and homelessness. All CoC members were encouraged to attend the training. The CVCoC Training Committee administered training on Equal Access and Non-Discrimination to all frontline staff members on 8/25/2021 and has racial equity trainings available on the CoC's website to onboard new CoC members. The CoC email list was notified of opportunities for training through the Virginia Department of Housing and Community Development on understanding racial disparities and the stories that community data can tell. To ensure equity in the CES prioritization process, the CoC is working with Built for Zero to receive technical assistance on whether the current vulnerability assessment, the VI-SPDAT, or other assessments are racially unbiased and whether new tools have been developed that are more equitable in facilitating access to housing and services. The CoC used a racial equity lens in the development of the updated CoC's Strategic Plan to Prevent and End Homelessness and the CoC's Policies and Procedures to ensure that this focus continues in all areas of the CoC's work over the next three years. The CoC is conducting a racial equity audit of CoC-funded agencies to identify organizational-level improvements that can be made such as diversifying staff, Boards and reviewing assessments and policies for racial biases.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	40	10
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	40	10
3.	Participate on CoC committees, subcommittees, or workgroups.	4	1
4.	Included in the decisionmaking processes related to addressing homelessness.	40	10
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

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

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

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	Yes
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	No
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	

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

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

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

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

(limit 2,000 characters)

The CoC formed a COVID Response Team comprised of homeless leaders, health professionals, and City leaders who met regularly during the pandemic to review CDC guidance and form plans to keep homeless services in operation and persons experiencing homelessness safe. The CoC published a procedure for COVID-19 Triage in Homeless Response to ensure that all persons experiencing homelessness received standardized assistance in preventing disease spread and access to care. The CoC opened a non-congregate shelter through hotel vouchers for homeless persons most at-risk of complications from COVID, those experiencing COVID symptoms and those positive for COVID. The CoC partnered with Centra Health to provide transportation for COVID positive persons to the hotel for isolation and for enrollment into the Community Paramedic Program for on-going medical monitoring.
1. Street outreach staff regularly monitored and identified unsheltered clients who could be at high risk for complications using the CVCoC COVID-19 Questionnaire along with delivering basic hygiene items. Each unsheltered person was assessed for eligibility for a hotel voucher. Street outreach workers monitored unsheltered persons to ensure limited congregation and access to health care services including testing, vaccination access, PPE and hygiene items.
2. The CoC received additional state funds to expand congregate shelter operations to 24/7 to allow for sheltering in place and to decrease community spread. Congregate emergency shelters increased cleaning protocols and social distancing practices. The CoC partnered with Johnson Health Center to access rapid COVID-19 testing to quickly identify positive cases & provide an isolation alternative. Daily, all persons seeking shelter were assessed for

eligibility for a hotel voucher. Increased shelter operation capacity allowed for increased case management to quickly rehouse persons in congregate settings.
3. There are no transitional housing programs within the CoC.

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

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

(limit 2,000 characters)

The CVCoC formalized connections with local leaders, health professionals, and emergency services when forming the COVID Response Team which will improve future coordination for public health emergencies. Members of the team include representatives from the local public health district, hospital system leaders, emergency services staff, City leadership, domestic violence providers, homeless services staff and CoC leadership. The team's formation during the pandemic allowed for a safe and coordinated community-wide response to the intersection of COVID and persons experiencing homelessness. In responding to the pandemic, the CoC increased outreach to non-participating organizations to recruit for CoC membership such as the region's primary healthcare provider. The Director of Community Health at Centra Health joined the CoC Board in 2021 to formalize the relationship between the region's hospital provider and the CoC. Better integration of community health, emergency services and the homeless response system creates a template to ensure that future public health emergencies layer protections for persons most vulnerable, including those experiencing homelessness. The CoC membership voted to renew the Board membership of the Director of Operations at the local FQHC, Johnson Health Center. A captain with the Lynchburg Fire Department also joined the CoC Board in 2021 providing better coordination with the City's emergency services. The CoC Lead Agency meets regularly with City leadership to provide updates on and coordinate city services with homeless response services. Engagement and formalized relationships with each of these sectors will improve the CoC's readiness for a future public health emergency. In addition to increasing coordination among these sectors, the CoC has increased awareness of the vulnerabilities of people experiencing homelessness which will streamline community response and prioritization of their needs during a future health emergency.

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

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and

5.	sanitary supplies.	

(limit 2,000 characters)

The CoC is not a recipient of ESG-CV funding but works closely with the Virginia Department of Housing and Community Development (DHCD) who is the recipient. The CoC participated in input sessions to guide the distribution of funds to sub-recipients including those within the CoC's geographic area. The CoC strongly encouraged the use of these funds to decrease homelessness through eviction prevention, improve shelter conditions by funding non-congregate shelter and increase access to housing through increasing rapid re-housing. The CoC worked with local providers to assess needs and communicate this to DHCD to guide their fund allocation plans. DHCD determined sub-recipients, activities and funding levels for our CoC.

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

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. The CVCoC worked closely with local leaders, health professionals, and local emergency services to develop the procedure for COVID-19 Triage in Homeless Response. This ensured that all persons experiencing homelessness received standardized assistance in preventing disease spread and access to care. The CVCoC used CDC guidance, input from the Va Department of Health, the Central Virginia Health Department and the region's local healthcare system, Centra, to decrease the spread of COVID. Guidance from health professionals was used to educate homeless service providers on symptoms of COVID and how to access isolation. The CVCoC COVID-19 Shelter Triage Screening Tool reorganized the intake workflow to identify symptomatic and asymptomatic people receiving homeless assistance. The CVCoC worked closely with Centra Health professionals to partner with the Community Paramedic Program (CPP) to arrange transportation to isolation locations and provide ongoing medical monitoring. Households were cleared to return to congregate shelter once approved by the CPP.
2. The CoC worked closely with providers to offer trainings and technical assistance around safety measures such as the development of a health screening tool, requirements to daily conduct temperature checks, partnerships with health providers to increase access to testing and PPE. Congregate emergency shelter providers were provided guidance on how to adjust shelter operations during a public health emergency that included increased cleaning protocols and social distancing practices. Following the vaccine rollout, the CoC advocated for homeless providers and persons experiencing homelessness to be prioritized for vaccine availability. Events were held at homeless service sites to increase access. All homeless providers were provided access to masks, hand sanitizer and rapid at-home testing for staff and clients.

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

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

The Homeless & Housing Services Committee, comprised of homeless service providers, met virtually every month to share safety measures, changing local restrictions & vaccine implementation (once available). The CoC actively engaged homeless service providers during the pandemic by weekly updates through the CoC mailing list & posts to the CoC Facebook page.
1. The CoC developed & implemented a standard operating procedure to ensure that all persons experiencing homelessness received standardized assistance in preventing disease spread & access to care, as needed. The CoC adopted safety measures such as social distancing in congregate settings, regular cleaning, mask requirements & distribution of hand sanitizer. Shelters were provided with guidance to screen daily to identify symptoms or exposure & to quickly access testing. Trainings were offered by the CoC on all safety measures to ensure understanding across all providers. The CoC regularly shared testing opportunities & facilitated on-site testing for facilities housing persons experiencing homelessness.
2. Changing local restrictions such as mask mandates, school closures, & eviction moratoriums were regularly communicated along with resources. Virginia Legal Aid Society regularly presented in CoC meetings about changes in eviction laws & housing protections. Rent repayment resources were shared to prevent increases in homelessness.
3. The CoC Lead coordinated the vaccine implementation for homeless service staff & clients & advocated for the prioritization of these two groups in vaccine rollout. The CoC coordinated with vaccination clinics provided by the Department of Health & the Central Virginia Health District at local neighborhood centers. The CoC Lead Agency coordinated with shelter staff to survey guests & staff members interested in the vaccine to arrange delivery through emergency services. Homeless service programs incentivized vaccine implementation amongst staff & clients.

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

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

(limit 2,000 characters)

People experiencing homelessness and homeless service providers were prioritized in Vaccinate Virginia's Phase 1b of the vaccination prioritization rollout. The Lead Agency of the CoC advocated with local health professionals to gain access to the COVID-19 vaccine for persons experiencing

homelessness and front line homeless service providers as soon as the Commonwealth entered into Phase 1b. This advocacy was successful and the CoC had immediate local access to vaccine availability once Phase 1b was entered by the Central Virginia Health District. Surveys were sent out to identify interested parties and to develop a vaccination plan for all persons age 12+. The CVCoC sent out resources outlining accessible places for persons experiencing homelessness and homeless service providers to receive the COVID-19 vaccine. Homeless service providers removed barriers to the vaccine for their clients such as providing transportation and having vaccine providers meet with persons experiencing homelessness at a place of their choosing such as local shelters. Ongoing efforts to continue increasing access to the vaccine for persons experiencing homelessness include incorporating a conversation regarding vaccine availability into CoC intake procedures and ongoing case management. Regular education on vaccine updates such as boosters and availability for children will continue to be part of case management offered through homeless service providers at all CoC service sites.

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

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

(limit 2,000 characters)

The CoC Board has representatives from domestic violence prevention advocate agencies including the YWCA and Virginia Legal Aid Society to increase access and support for domestic violence victims. Operating out of a division of the Bedford County Department of Social Services, Bedford Domestic Violence Services (BDVS) is an active member of the CoC providing access to shelter, resources, and court accompaniment. Both the YWCA and BDVS operate 24/7 secure hotlines for persons in need of emergency assistance. These hotlines have been operational throughout the pandemic to respond to the increased calls for assistance. The CoC shared resources provided by the Virginia Legal Aid Society for a virtual training on 10/27/2020 reviewing Virginia's housing laws in regards to housing protection for victims of domestic violence. All CoC service providers were encouraged to attend. The YWCA conducted a training centered on victims' priorities and needs on 6/30/21 led by a person with lived experience for CoC service providers. The training covered tailoring housing interventions such as homelessness diversion to the safety needs of persons fleeing domestic violence, dating violence, sexual assault and stalking. The training provided examples of how organizational and program policies are responding to the intersection of domestic violence and homelessness in ways that are empowering and do not inadvertently re-traumatize victims. All coordinated entry access points incorporate safety screening to ensure households fleeing domestic violence are quickly identified and provided with safety measures and resources. The CoC applied for state funds to increase the domestic violence shelter's access to non-congregate funding to allow the expansion of their shelter services to provide safety for households fleeing domestic violence. This increased access to resources has resulted in shelter availability for every household fleeing domestic violence.

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

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

(limit 2,000 characters)

The primary access point for the CoC's coordinated entry system (CES) is Coordinated Homeless Intake & Access (CHIA). Prior to the pandemic, CHIA provided both in-person & phone-based assessment & access to diversion, prevention, shelter & housing interventions. Due to the onset of the pandemic, CHIA shifted to only a phone based service but continues to cover the entirety of the CoC's geographic region by providing access 24/7. The region has two 24/7 phone based access points for domestic violence victims which were operational throughout the pandemic. Street outreach is a CES access point for unsheltered persons & those least likely to apply for assistance. Outreach workers continued to meet in-person with unsheltered individuals but maintained social distancing & masks while distributing personal protective equipment such as masks, hand sanitizer, soap & water. All CES access points administered a health screen to identify persons in need of non-congregate shelter due to high risk health conditions or symptoms & exposure. The CoC expanded resources such as rapid re-housing to ensure more readily available housing assistance for persons experiencing homelessness during the pandemic as new state & federal resources became available. All CES access points used a standardized assessment to identify households in need of housing assistance & quickly triaged to the appropriate intervention. Community Case Review, comprised of all homeless providers, continued throughout the pandemic to meet (virtually) twice a month to staff all homeless households & develop a rapid housing plan to decrease the number of persons in congregate shelter or unsheltered locations. Smaller, specialized coordinated entry teams met weekly to quickly connect newly homeless households with new housing resources as they became available based on prioritization guidelines. These changes to CES reduced the number of people experiencing homelessness by 41% from 2019 to 2021.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	08/27/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/01/2021

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

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

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

NOFO Section VII.B.2.d.

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

(limit 2,000 characters)

The CoC requires that all funded projects participate in the CoC's coordinated entry system which considers the severity of needs & vulnerabilities of homeless persons when assigning a project intervention.
1. The CoC has adopted priority subpopulations based on severity of needs & vulnerabilities: households with children, youth, veterans, households fleeing domestic violence & chronically homeless. A household belonging to one of these sub-populations along with a score on a vulnerability assessment are used to determine project enrollment. Given this requirement, all projects accepted by the Review & Ranking Committee had to demonstrate experience & capacity to work with populations with high vulnerabilities; zero income, persons fleeing dv, substance use, mental illness, person with criminal histories or long lengths of homelessness. All projects were determined by the Monitoring & Evaluation Committee to be in compliance in that project admission priority is based on the level of vulnerability & need. All projects accepted by the Review & Ranking Committee were scored with a Project Scorecard and ranked objectively by score. Projects received points for serving one or more target populations & for using the household's vulnerability score to prioritize openings. Bonus points were awarded for projects serving households fleeing domestic violence who increased safety for the population & for being Housing First.
2. In 2020, the Policies & Procedures Committee met to review & revise project performance standards in recognition that all projects funded through the CoC were serving highly vulnerable populations which could lower performance level. In conjunction with the providers, the committee recommended revised performance standards which were adopted by the CoC Board on October 7, 2020. These revised performance standards are applied across all projects & create fairness in determining the performance of homeless service providers.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

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

(limit 2,000 characters)

As part of the CoC's plan to ensure racial equity within the homeless response system, the Nominating Committee of the CoC promoted the nominating of

persons of color to the CoC Board. The current CoC Board's racial demographics reflects the homeless population served in that 38% of the Board identify as Black or African-American and 40% of the persons served within the homeless response system identify as Black or African-American.
1. The CoC Board members provided input regarding the rating factors used to review project applications.
2. The CoC Board members when not having a conflict of interest, were members of the Review and Ranking Committee which reviewed, selected and ranked projects based on the CoC Board approved objective tools.
3. The Data and Performance Committee of the CoC assesses the racial demographics of projects to determine whether the project's population mirrors the racial demographics of the general homeless population. This committee works closely with the CoC Board to report on the racial breakdown of households enrolled in projects along with outcomes to ensure transparency in practices. This committee noted no racial discrepancies in 2021 regarding project enrollment and household outcomes so did not recommend this factor be considered in rating and ranking as all 3 projects were equitable.

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

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

(limit 2,000 characters)

1. The CoC's written Reallocation Policy states that the Monitoring and Evaluation Committee will annually monitor each CoC grant recipient and complete a report to the CoC Board along with a recommendation regarding reallocation based on low performance or a lack of demonstrated need. Each project is evaluated based on extent to which the project is necessary and addresses the CoC's priorities identified in the CVCoC Strategic Plan to End Homelessness. The Board will vote to either accept or reject the Monitoring and Evaluation Committee's recommendations for reallocation of funding. If the Board endorses the recommendation to reallocate funding, the grantee is notified by the Board and a notice of funding opportunity will be widely distributed in the community to redistribute the reallocated funds along with bonus funds.
2. As a small CoC with only 5 projects, there were no identified projects this year that were low performing or unnecessary. All projects are high performing and recommended for renewal funding based on the previously stated criteria.
3. As there were no projects recommended for reallocation based on need and performance, there were no reallocated projects this year.
4. The current projects funded through the CoC are all necessary as three are permanent housing projects serving vulnerable and high need populations, one

is an HMIS project and the final project is a planning project. All low performing projects or unnecessary projects have been reallocated in past competitions with the 5 remaining projects necessary to accomplish the CoC's goals.
5. The Reallocation Policy is available on the CoC's website imbedded in the CoC Policies and Procedures and on the funding page and communicated through the local competition process.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?		Yes

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	No
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.		10/26/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: **1. the CoC Application;** **2. Priority Listings; and** **3. all projects accepted, ranked where required, or rejected.**		11/05/2021

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	04/27/2021

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

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

(limit 2,000 characters)

1. All domestic violence providers within the CoC enter data into a VAWA compliant database and provide de-identified aggregate data to the CoC. This database collects the same data elements required in the HUD-published 2020 HMIS Standards and all data entry staff participate in the CoC's HMIS training to ensure adherence to data quality.
2. The CoC's HMIS Lead/Collaborative Applicant require quarterly reports from the local domestic violence providers to assess the scope of the community's needs and system performance related to persons fleeing domestic violence. These metrics include the number of households served, the length of time homeless, exits to permanent housing, increases in income, mainstream benefit enrollment, health insurance and the number of stayer households. This data is reviewed by the CoC's Monitoring and Evaluation Committee to ensure that project expected performance outcomes are met and that technical assistance and training are offered if the project does not meet performance standards. The Board of the CoC reviewed performance reports provided by domestic violence providers to better understand the entire homeless response system to better meet the needs of all persons experiencing homelessness.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	144	46	98	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	0	0	0	
4. Rapid Re-Housing (RRH) beds	103	0	103	100.00%
5. Permanent Supportive Housing	73	0	73	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

(limit 2,000 characters)

Not applicable as all programs are at 100% coverage.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

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

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,000 characters)

All domestic violence providers in the CoC enter data into a comparable database, VA-DATA.

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

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

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

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

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

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

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

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

2C. System Performance

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2C-1.	Reduction in the Number of First Time Homeless–Risk Factors.	
	NOFO Section VII.B.5.b.	

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

(limit 2,000 characters)

1. The CoC identified risk factors through a lit review of research papers, analyzing local HMIS data to identify trends within the 1st time homeless population and input from homeless prevention staff. The risk factors were used to develop a homeless prevention screening tool to identify households most likely to become homeless but for intervention. These risk factors include; recent, frequent moves; fleeing domestic violence; youth; LGBTQ youth; persons with disabilities & others.
2. Households screened as likely to become homeless are served through targeted homeless prevention including housing focused case management and rental assistance, rental arrears and housing stabilization financial assistance to prevent homelessness. This project's effectiveness is evaluated and currently only 4% of households served experience homelessness. The CoC's coordinated entry process identifies households at risk of homelessness to provide diversion & prevention services. Coordinated entry staff, street outreach and all shelter staff conduct a diversion screening w/ every household to identify alternative safe housing to prevent homelessness. Diversion efforts include identifying alternate housing, connecting to mainstream resources such as utility assistance, Legal Aid referrals for unlawful evictions and mediation services. Through diversion efforts, additional homeless prevention assistance, and the eviction moratorium, there was a reduction in the number of households entering a homeless response program who were homeless for the first time from 502 in 2019 to 334 in 2020.
3. The CoC Lead Agency, Miriam's House, with oversight provided by the CoC Board oversees this strategy and works alongside coordinated entry and homeless prevention to increase training, capacity and best practices.

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

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

(limit 2,000 characters)

1. The strategy to reduce the length of time individuals and persons in families remain homeless is to target permanent housing interventions to those with long episodes of homelessness.
2. The CoC uses the By-Name List to track real-time data on homeless households and their LOT homeless to target resources, has added new permanent housing partners especially affordable housing developers that set aside PSH slots, has expanded coordinated entry access points w/ the addition of street outreach to engage the least likely to seek assistance, targets RRH/PSH resources to households with long episodes, provides housing focused case management at all access points and at all programs within the CoC, has diversified landlord recruitment, case conferences with providers working with households experiencing long episodes of homelessness, and prioritizes households for vouchers based on LOT. Move-on efforts in existing PSH has opened new slots which allowed CH households to move into PSH. Implementing CoC-wide Housing First strategies has shortened LOT homeless by lowering barriers to project entry and maintenance as well as ensuring that no program is predicating services based on perceived housing readiness. Households with long episodes of homelessness are assessed and identified through coordinated entry w/ the use of the VI-SPDAT, case conferencing and HMIS data analysis. The CoC's written standards prioritize households with long episodes of homelessness for PH.
3. The Homeless System Coordinator at Miriam's House (the Collaborative Applicant) with oversight provided by the CoC Board is responsible for overseeing the CoC's strategy to reduce the length of time of homelessness.

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

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

(limit 2,000 characters)

1. Coordinated entry implementation increases exits to PH for households in ES & RRH (no SH/TH programs exist w/in the CVCoC). Housing-focused conversations are part of initial assessment at access points. Momentum toward housing is maintained by setting timeframes w/in which housing plans are developed & prioritization assessment is completed. Through case conferencing all providers brainstorm housing interventions and landlord

connections to expedite housing attainment. All providers offer housing-focused case management & housing location services, including assistance w/ employment, benefits access, referrals to wrap-around services & affordable housing identification. Expanding RRH capacity, as the CVCoC did in 2021, also increases PH exits. Continued utilization of special voucher programs such as Mainstream Vouchers will continue to increase the rate of housing exits.
2. Once in PH, in-home housing stabilization case management is provided to RRH and PSH clients to ensure retention or exits to PH. Housing stabilization services include tenancy skills, budgeting & financial literacy education, referrals to employment & training opportunities & coordination with long-term service providers such as family strengthening programs or recovery resources to address stability needs. Households are provided with connections to mainstream resources & services such as mental health, medical care, landlord mediation, eviction prevention, SOAR & employment assistance to ensure ongoing housing stability. All services are voluntary & based on the housing plan created with input from the household. RRH households who require long-term rental subsidies are prioritized for move-on through a Mainstream Voucher or Housing Choice Voucher to ensure housing stability. PSH households who no longer require supportive services, but who require rent assistance are prioritized for voucher enrollment.

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

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

(limit 2,000 characters)

The CoC's returns to homelessness in 2 years decreased from 18% in FY2019 to 17% in FY2020.
1. To identify households returning to homelessness, the CoC reviews data (both HMIS and By-Name List). Households with multiple episodes of homelessness are prioritized for intensive interventions such as permanent supportive housing or a long-term voucher.
2. Strategies to reduce the rate of returns to homelessness include matching HHs to the appropriate housing intervention, providing housing stabilization case management to increase income and connect to benefits, and increasing PH capacity to ensure that the highest need HHs have access to services and rental assistance. To prevent returns, the CoC's homeless prevention program prioritizes households who have previously experienced homelessness to offer rental assistance and supportive services. The CoC offers training for all homeless service providers on benefit attainment, develops employment partnerships and encourages SOAR training to increase access to disability income. The CoC provides all project staff with training on best practices in housing stabilization case management for highly vulnerable HHs. CoC projects assess HH stability prior to discharge to make well-informed decisions about when a HH is able to maintain housing. The CoC monitors projects on returns to homelessness when assessing effectiveness of interventions. The CoC Lead identifies projects with high rates of return to offer TA and additional capacity

around housing stabilization and eviction prevention. This year the CoC gained increased access to long-term housing vouchers for homeless households which will decrease the rate of return to homelessness as a source of rental payment is a stabilizing factor in preventing recidivism.
3. The Homeless System Coordinator at Miriam's House (the Collaborative Applicant) with oversight from the CoC Board, is responsible for implementing strategies to reduce returns to homelessness.

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

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

(limit 2,000 characters)

1. The CoC's strategy to increase employment income is to increase collaboration with workforce partners which increases access to jobs for homeless households. The Business Engagement & Outreach Coordinator of the region's Workforce Development Board serves on the CoC Board to increase collaboration between the CoC & the range of WIOA-funded programs. CoC program staff are provided w/ training on accessing job assistance programs--Virginia Employment Commission, Central Virginia Career Works, YouthWorks, Dept of Aging & Rehab Services, re-entry job assistance programs & TANF employment services. The CoC's written standards set benchmarks for project types in regard to increasing income through employment and low performing projects are provided increased technical assistance.
2. The CoC works with mainstream employment organizations to assess job skills & barriers, develop resumes & provide job search assistance. CoC projects provide bus passes, computer access, and child care assistance to increase employment access. The CoC hosted a cross system training with workforce development geared toward frontline staff from both the CoC and workforce to increase efficient exchange of information and referral. The CoC partners with the Department of Labor's HVRP program to ensure speedy employment of homeless veterans. The CoC engages local businesses to provide employment partnerships for homeless persons with barriers to work.
3. The Homeless System Coordinator at Miriam's House (the CoC Lead Agency) with oversight from the CoC Board, is responsible for implementing this strategy.

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

	Describe in the field below how your CoC:	
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and	

2.	**is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.**

(limit 2,000 characters)

1. The CoC actively promotes partnerships with private and public entities to increase access to employment opportunities. The CoC regularly communicates to the membership regarding job fairs and rapid training opportunities to ensure front line staff are connecting homeless individuals with these opportunities. The CoC advocates with private employers to provide priority to homeless individuals and to lower barriers to employment. Staffing agencies are accessible to CoC projects by providing on-site recruitment of individuals and assisting with paperwork completion and orientation. The CoC's projects partner with private employers, nonprofits specializing in employment and training for persons with disabilities and other training opportunities such as TechHire.
2. At project enrollment, participants are assisted with developing a housing plan that heavily focuses on increasing employment income. Case managers provide education and training on employment opportunities through partnerships with LynCAG's job readiness program and other partner workforce agencies. Lynchburg Area Center for Independent Living, a CoC member, connects homeless households with employers who are able to make accommodations. CoC case managers connect clients with SSA's Ticket to Work program as well as Department of Aging and Rehabilitative Services for supportive employment. Program participants such as youth or veterans are connected with demographic specific employment opportunities through YouthWorks or the Department of Labor's HVRP. Clients in CoC projects have participated in a local internship with a soup kitchen to increase culinary skills and attain a position in that field. During the pandemic, the local workforce board developed an online training and onboarding process for persons seeking employment. The CoC's case managers were training on this process to link program participants to this opportunity for workforce training, support, internships and employment.

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

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

(limit 2,000 characters)

1. The CoC's strategy to increase non-employment cash income is to collaborate with partners providing non-employment cash income such as the Department of Human Services, the Social Security Administration, the VA and the Department of Child Support Enforcement. Collaboration increases understanding of benefit eligibility and enrollment process for CoC providers so that they can assist their program participants with increasing income. Income is assessed at project enrollment and project staff identify sources of non-employment cash income and assist households with applying and receiving these benefits.
2. The CoC partners with mainstream benefit agencies to increase access to

non-employment income for homeless households. A representative from the Department of Human Services serves on the CoC Board to increase access to mainstream benefit programs like TANF. CoC project staff receive annual training on benefit programs such as child support, TANF and disability. Project staff work with households to pursue child support, retirement and survivors benefits and other sources of income. The CoC works directly with a VA benefits specialist to ensure that all veterans are assessed and receiving their full benefits. The CoC continues to increase the number of SOAR trained staff at funded projects and there has been an increase in the number of homeless persons approved for disability. Direct service providers meet twice monthly to staff homeless households and better assess if there are cash benefits available to help the household with housing stability. Training was widely offered on new sources of income such as the changes to the Child Tax Credit program.

3. The Homeless System Coordinator at Miriam's House (the CoC Lead Agency) with oversight from the CoC Board is responsible for implementing this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Central Virginia ...	PSH	4	Housing

3A-3. List of Projects.

1. What is the name of the new project?   Central Virginia Supportive Housing

2. Select the new project type: PSH

**3. Enter the rank number of the project on   4
your CoC's Priority Listing:**

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

(limit 2,000 characters)

Not applicable.

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

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

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

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

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

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

(limit 2,000 characters)

N/A

4A. DV Bonus Application

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

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

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

4B. Attachments Screen For All Application Questions

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

 Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/05/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/05/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/05/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/05/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/05/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting- P...	11/05/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting- P...	11/05/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting CoC A...	11/15/2021
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/15/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting- Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting- Projects Accepted

Attachment Details

Document Description: Web Posting CoC Approved Consolidated Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2021
1B. Inclusive Structure	10/05/2021
1C. Coordination	10/27/2021
1C. Coordination continued	10/27/2021
1D. Addressing COVID-19	10/27/2021
1E. Project Review/Ranking	11/04/2021
2A. HMIS Implementation	10/11/2021
2B. Point-in-Time (PIT) Count	10/11/2021
2C. System Performance	11/05/2021
3A. Housing/Healthcare Bonus Points	11/05/2021
3B. Rehabilitation/New Construction Costs	10/11/2021

3C. Serving Homeless Under Other Federal Statutes	10/11/2021
4A. DV Bonus Application	10/11/2021
4B. Attachments Screen	11/15/2021
Submission Summary	No Input Required

Central Virginia
CONTINUUM OF CARE

Safety and Diversion Screen

To be completed by any coordinated entry access point with input provided by client.

Screening Date: _____   **Screened by**: _____

Type of Screen: ☐ Telephone   ☐ In-person

INTRODUCTORY QUESTIONS:

1. **Are you homeless or do you believe you will become homeless in the next 72 hours?**   ☐ yes   ☐ no
HUD definition of homeless: living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.

2. **Are you currently residing with, or trying to leave, an intimate partner, family member, caregiver, or other person in your home who threatens you or makes you fearful?** ☐ yes   ☐ no
If no to Question 1 AND Question 2, refer to mainstream resources.

   STOP *If yes to Question 2, refer to DV resources. DO NOT PROCEED WITH THIS ASSESSMENT or any part of the Coordinated Assessment process unless client declines DV services.* **434-528-1041**

3. **Where did you sleep last night?** _____

4. **Was it a safe location?** ☐ yes   ☐ no *If unsafe due to domestic violence, refer to DV services.*
If no, ask "What made the location unsafe?", "Is there another place you can think of where you feel safe and could stay for a couple of nights?"

PREVENTION/DIVERSION QUESTIONS:

5. **Why did you have to leave the place you stayed last night?** _____

   Could you stay tonight at the same location? ☐ yes   ☐ no
   If no, skip to Question 6

   a. **What would you need to help you stay where you stayed last night?**
      ☐ Landlord mediation   ☐ Conflict resolution
      ☐ Rental assistance (Amount: $_____)   ☐ Utility assistance (Amount: $_____)
      ☐ Other financial assistance (Amount: $_____)
      ☐ Other assistance (Please describe: _____)

   b. **Would it help if I contacted the person you stayed with? What is the best way to contact that person?**

      Name_____ Phone _____

      Contact date(s) and result_____

6. *Is there anyone else you (and your family) could stay with? Friends, family, co-workers?* ☐ yes   ☐ no
If no, skip to Outcome Questions.

a. **What would you need to stay there?**
- ☐ Landlord mediation
- ☐ Rental assistance (Amount: $_____)
- ☐ Other financial assistance (Amount: $_____)
- ☐ Other assistance (Please describe: _____)
- ☐ Conflict resolution
- ☐ Utility assistance (Amount: $_____)

b. **Would it help if I contacted the person you stayed with? What is the best way to contact that person?**

Name_____ Phone _____

Contact date(s) and result_____

All information on this call is confidential; it will only be shared with partner agencies providing services to you.
It will be logged in our Homeless Management Information System (HMIS).
Is this okay with you?
☐ Yes   ☐ No

BASIC PERSONAL INFORMATION (*Need to ask for HUD – CALLPOINT*):

First Name: _____   **Last Name**: _____

Veteran: ☐ Yes   ☐ No   **Phone Number**: _____

City of Inquiry: _____   **Date of Birth**: _____

Gender: _____   **Primary Race**: _____

Secondary Race: _____   **Ethnicity**: _____

Is any adult member of the household a Military Veteran?   ☐ Yes   ☐ No

Homeless? ☐ Yes   ☐ No   **Chronically Homeless?** ☐ Yes   ☐ No

*HUD adopted the Federal definition which defines a **chronically homeless** person as "either (1) an unaccompanied homeless individual with a <u>disabling condition</u> who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a <u>disabling condition</u> who has had at least four episodes of homelessness in the past three years."*

Have you ever been in shelter? ☐ Yes   ☐ No   **Marital Status**: _____

Number of Adults in HH: _____   **Number of Children under age 18: _____**

CHIA Safety and Diversion Screen Outcome:

Is the assistance needed to prevent or divert this household from entering the homeless system available in your community?   ☐ yes   ☐ no

What was the outcome of this screening process for this household?

☐ Diverted. To where: _____

☐ Referred to Homeless Prevention   ☐ Referred to shelter   ☐ Referred to DV program
☐ HUL   ☐ SA

☐ Referred to Community Case Review (CCR) – *released signed*

☐ Other: _____

☐ No assistance given. Why? _____

_____   _____

Project Staff   *Date*

Central Virginia
CONTINUUM OF CARE

Street Outreach Referral

To be completed by Coordinated Homeless Intake and Access with input provided by client.

Part I: Basic Information

Head of Household Name: _____ **Phone #**: _____

# of ppl in HH: _____ **HMIS ID**: _____ **Date of Birth**: _____ **Pronouns**: _____

Primary Race:

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ White

Secondary Race (if applicable):

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ White

Ethnicity:

☐ Hispanic/ Latin(a)(o)(x)
☐ Non-Hispanic Non-Latin(a)(o)(x)

Gender: ☐ Female   ☐ Male   ☐ A gender other than singularly female or male   ☐ Transgender   ☐ Questioning

Part II: Unsheltered Details

Where did the household stay last night? _____

☐ **Vehicle.** What is the make, model, and color? _____

☐ **Abandoned building.** Approximate address: _____

☐ **Outside.** General location of sleeping location (include cross streets): _____

☐ **Other.** Please describe: _____

Was it a safe location? ☐ yes   ☐ no: _____

If no, ask "What made the location unsafe?", "Is there another place you can think of where you feel safe and could stay for a couple of nights?"

How long have you been unsheltered? _____

Are you working with any service providers right now? ☐ no   ☐ yes: _____

Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ yes   ☐ no: _____

_____

Part III: Outcome

What was the outcome of this screening process for this household?

☐ Household is interested in shelter. CHIA will continue working with them to access shelter when available.

☐ Household is not interested in shelter at this time because: _____

☐ Other: _____

_____   _____

Coordinated Entry Specialist   *Date*

Central Virginia CONTINUUM OF CARE

Emergency Shelter Referral Form

To be completed by Coordinated Homeless Intake and Access with input provided by client.

Coordinated Homeless Intake and Access:

Date: _____   Head of Household (HH) Name: _____

HMIS Identifier: _____   HH Phone: _____   HH Date of Birth: _____

Additional Members of Household

Name: _____   Gender Identity: _____   Date of Birth: _____

Name: _____   Gender Identity: _____   Date of Birth: _____

Name: _____   Gender Identity: _____   Date of Birth: _____

Name: _____   Gender Identity: _____   Date of Birth: _____

Will the household be homeless tonight?   ☐ yes   ☐ no

Where did the household stay last night? _____

Does the household belong to 1 or more homeless priority sub-population?   ☐ yes   ☐ no

_____ Household contains a member who is a **veteran**.

_____ Head of household is **chronically** homeless.
　　☐ 1 continuous 12 month episode of literal homelessness
　　　　OR
　　☐ 4 episodes of literal homelessness in the last 3 years, totaling 12 months
　　　　AND
　　☐ Has a disability of long duration

_____ Household is a **family** (contains children who are under 18 years of age or household member is pregnant).
Number of Adults in HH: _____
Number of Children under age 18: _____

_____ Head of household is a **youth**.
　　☐ Under the age of 24
　　　　AND
　　☐ Unaccompanied (without a family member over the age of 24)

Type of room?   ☐ single male   ☐ single female   ☐ family unit

_____   _____

Coordinated Entry Specialist   Date

Central Virginia
CONTINUUM OF CARE

Homeless Prevention Referral Form

To be completed by Coordinated Homeless Intake and Access and Homeless Prevention with input provided by client.

Coordinated Homeless Intake and Access:

Date: _____   Head of Household (HH) Name: _____

HMIS Identifier: _____   HH Address: _____

HH Phone: _____   Alternate Phone: _____

Will the household be homeless in less than 14 days?   ☐ yes   ☐ no

Does the household belong to 1 or more homeless priority sub-population?   ☐ yes   ☐ no

_____ Household contains a member who is a **veteran**.

_____ Head of household is **chronically** homeless.
  ☐ 1 continuous 12 month episode of literal homelessness
  OR
  ☐ 4 episodes of literal homelessness in the last 3 years, totaling 12 months
  AND
  ☐ Has a disability of long duration

_____ Household is a **family** (contains children who are under 18 years of age or household member is pregnant).

_____ Head of household is a **youth**.
  ☐ Under the age of 24
  AND
  ☐ Unaccompanied (without a family member over the age of 24)

Priority Sub-Population Score: _____

Number of Bedrooms in Rental: _____   **Amount of Monthly Rent**: _____

_____   _____
CHIA Coordinator   Date

Prevention Referral Outcome:

☐ Household accepted into program. Admission date: _____

☐ Household not accepted into program. Reason: _____

☐ Household declined program. Reason: _____
Additional Comments: _____
_____
_____

_____   _____
Program Manager   *Date*

Central Virginia Continuum of Care

Coordinated Entry Referral

To determine a literally homeless (as defined by HUD Category 1 as staying in emergency shelter or residing in a place not meant for human habitation) household's prioritization for coordinated entry through the programs of the Central Virginia Continuum of Care.

Date: _____ **Completed by**: _____

Head of Household (HoH) Name: _____ **HMIS/DV Identifier**: _____

Date of Birth: _____ **Client Phone #**: _____

HoH Primary Race:

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ White

HoH Secondary Race (if applicable):

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander
☐ White

HoH Ethnicity:

☐ Hispanic/ Latin(a)(o)(x)
☐ Non-Hispanic Non-Latin(a)(o)(x)

HoH Gender: ☐ Female ☐ Male ☐ A gender other than singularly female or male ☐ Transgender ☐ Questioning

Part I: Priority Sub-Population Assessment

Does this household belong to one or more of the CVCoC priority subpopulations? ☐ Yes   ☐ No, skip to Part II

☐ **Veteran**

☐ **Youth –** *under the age of 25 and not with a family member over the age of 24*

☐ **Family –** *household with child(ren) under 18 or household member is pregnant.* **# of people in HH: _____**

☐ **Chronic –** *12+ months of literal homelessness AND a disability of long duration*

If any of the boxes above are selected, please include **VI-SPDAT score**: _____

Part II: COVID-19 Impact Assessment

Did this household's homelessness begin on or after March 13, 2020?   ☐ Yes   ☐ No, skip to Part III

Beginning on March 13, 2020 or later, was this household's homeless episode caused by one or more of the following experiences? ☐ Yes   ☐ No, skip to Part III

☐ Loss of income due to COVID related reason

☐ Unable to stay in housing due to concern of COVID-19 exposure

☐ Other (*please specify*): _____

_____

_____

Part III: Referral

☐ Household has completed the CVCoC Housing Plan and does not have the resources to self-resolve within 30 days.

Scan and email this form to Sarah Fuentes at francis@miriamshouse.org

_____   _____

Project Staff   *Date*

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.	SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters   ☐ **Couch surfing**   ☐ **Other (specify):**
☐ Transitional Housing ☐ **Outdoors**
☐ Safe Haven   ☐ **Refused**   _____

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.   **SCORE:** ▢

2. How long has it been since you lived in permanent stable housing?   _____ ☐ Refused

3. In the last three years, how many times have you been homeless?   _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.   **SCORE:** ▢

B. Risks

4. In the past six months, how many times have you...

   a) Received health care at an emergency department/room?   ____ ☐ Refused

   b) Taken an ambulance to the hospital?   ____ ☐ Refused

   c) Been hospitalized as an inpatient?   ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   ____ ☐ Refused

   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?   ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.   **SCORE:** ▢

5. Have you been attacked or beaten up since you've become homeless?   ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?   ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.   **SCORE:** ▢

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

8. Were you ever incarcerated when younger than age 18? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.	**SCORE:**

9. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.	**SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.	**SCORE:**

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.	**SCORE:**

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.	**SCORE:**

15. Is your current lack of stable housing…

    a) Because you ran away from your family home, a group   ☐ **Y**   ☐ N   ☐ Refused
       home or a foster home?

    b) Because of a difference in religious or cultural beliefs from   ☐ **Y**   ☐ N   ☐ Refused
       your parents, guardians or caregivers?

    c) Because your family or friends caused you to become   ☐ **Y**   ☐ N   ☐ Refused
       homeless?

    d) Because of conflicts around gender identity or sexual   ☐ **Y**   ☐ N   ☐ Refused
       orientation?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	SCORE:

    e) Because of violence at home between family members?   ☐ **Y**   ☐ N   ☐ Refused

    f) Because of an unhealthy or abusive relationship, either at   ☐ **Y**   ☐ N   ☐ Refused
       home or elsewhere?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA.**	SCORE:

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or   ☐ **Y**   ☐ N   ☐ Refused
    other place you were staying because of your physical health?

17. Do you have any chronic health issues with your liver, kidneys,   ☐ **Y**   ☐ N   ☐ Refused
    stomach, lungs or heart?

18. If there was space available in a program that specifically   ☐ **Y**   ☐ N   ☐ Refused
    assists people that live with HIV or AIDS, would that be of
    interest to you?

19. Do you have any physical disabilities that would limit the type   ☐ **Y**   ☐ N   ☐ Refused
    of housing you could access, or would make it hard to live
    independently because you'd need help?

20. When you are sick or not feeling well, do you avoid getting   ☐ **Y**   ☐ N   ☐ Refused
    medical help?

21. Are you currently pregnant, have you ever been pregnant, or   ☐ **Y**   ☐ N   ☐ Refused
    have you ever gotten someone pregnant?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	SCORE:

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

   b) A past head injury? ☐ **Y** ☐ N ☐ Refused

   c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH. SCORE:

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY. SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS	
PRE-SURVEY	/1	**Score:**	**Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3:	no moderate or high intensity services be provided at this time
B. RISKS	/4		
C. SOCIALIZATION & DAILY FUNCTIONS	/5	4-7:	assessment for time-limited supports with moderate intensity
D. WELLNESS	/5		
GRAND TOTAL:	/17	8+:	assessment for long-term housing with high service intensity

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

<table>
<tr><td rowspan="4">PARENT 1</td><td>First Name</td><td>Nickname</td><td>Last Name</td></tr>
<tr><td>_____</td><td>_____</td><td>_____</td></tr>
<tr><td colspan="3">In what language do you feel best able to express yourself? _____</td></tr>
<tr><td>Date of Birth
DD/MM/YYYY ____/____/_____</td><td>Age
_____</td><td>Social Security Number   Consent to participate
_____   ☐ Yes   ☐ No</td></tr>
<tr><td rowspan="5">PARENT 2</td><td colspan="3">☐ No second parent currently part of the household</td></tr>
<tr><td>First Name</td><td>Nickname</td><td>Last Name</td></tr>
<tr><td>_____</td><td>_____</td><td>_____</td></tr>
<tr><td colspan="3">In what language do you feel best able to express yourself? _____</td></tr>
<tr><td>Date of Birth
DD/MM/YYYY ____/____/_____</td><td>Age
_____</td><td>Social Security Number   Consent to participate
_____   ☐ Yes   ☐ No</td></tr>
</table>

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.   **SCORE:** ☐

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused

3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant?   ☐ **Y**   ☐ N   ☐ Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	SCORE:
IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.	

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):**
_____
☐ **Refused**

	SCORE:
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused

7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

	SCORE:
IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	

B. Risks

8. In the past six months, how many times have you or anyone in your family...

     a) Received health care at an emergency department/room?   ____ ☐ Refused

     b) Taken an ambulance to the hospital?   ____ ☐ Refused

     c) Been hospitalized as an inpatient?   ____ ☐ Refused

     d) Used a crisis service, including sexual assault crisis, mental   ____ ☐ Refused
        health crisis, family/intimate violence, distress centers and
        suicide prevention hotlines?

     e) Talked to police because they witnessed a crime, were the victim   ____ ☐ Refused
        of a crime, or the alleged perpetrator of a crime or because the
        police told them that they must move along?

     f) Stayed one or more nights in a holding cell, jail or prison, whether   ____ ☐ Refused
        that was a short-term stay like the drunk tank, a longer stay for a
        more serious offence, or anything in between?

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.   **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless?   ☐ **Y**   ☐ N   ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.   **SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.   **SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?   ☐ **Y**   ☐ N   ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.   **SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?   ☐ **Y**   ☐ N   ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?   ☐ Y   ☐ **N**   ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	**SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?   ☐ Y   ☐ **N**   ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	**SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?   ☐ Y   ☐ **N**   ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	**SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	**SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?   ☐ **Y**   ☐ N   ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?   ☐ **Y**   ☐ N   ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?   ☐ **Y**   ☐ N   ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?   ☐ **Y**   ☐ N   ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	**SCORE:**

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?   ☐ **Y**   ☐ N   ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**	SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern?   ☐ **Y**   ☐ N   ☐ Refused

   b) A past head injury?   ☐ **Y**   ☐ N   ☐ Refused

   c) A learning disability, developmental disability, or other impairment?   ☐ **Y**   ☐ N   ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?   ☐ **Y**   ☐ N   ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.	SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?   ☐ **Y**   ☐ N   ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	SCORE:

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ **Y** ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.**	SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ **Y** ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ **Y** ☐ N ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? ☐ Y ☐ **N** ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.**	SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ **Y** ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.**	SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ **N** ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult…

    a) 3 or more hours per day for children aged 13 or older? ☐ **Y** ☐ N ☐ Refused

    b) 2 or more hours per day for children aged 12 or younger? ☐ **Y** ☐ N ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ **Y** ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.**	SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score: Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent
E. FAMILY UNIT	/4	Supportive Housing / Housing First
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.   **SCORE:**

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):**
_____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	SCORE:

2. How long has it been since you lived in permanent stable housing?   _____ ☐ Refused

3. In the last three years, how many times have you been homeless?   _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	SCORE:

B. Risks

4. In the past six months, how many times have you...

   a) Received health care at an emergency department/room?   ____ ☐ Refused

   b) Taken an ambulance to the hospital?   ____ ☐ Refused

   c) Been hospitalized as an inpatient?   ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   ____ ☐ Refused

   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?   ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	SCORE:

5. Have you been attacked or beaten up since you've become homeless?   ☐ **Y**   ☐ N   ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**	**SCORE:**

8. Does anybody force or trick you to do things that you do not want to do?   ☐ **Y**   ☐ N   ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	**SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?   ☐ **Y**   ☐ N   ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?   ☐ Y   ☐ **N**   ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	**SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?   ☐ Y   ☐ **N**   ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	**SCORE:**

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?   ☐ Y   ☐ **N**   ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	**SCORE:**

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	**SCORE:**

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?   ☐ **Y**   ☐ N   ☐ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?   ☐ **Y**   ☐ N   ☐ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?   ☐ **Y**   ☐ N   ☐ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?   ☐ **Y**   ☐ N   ☐ Refused

19. When you are sick or not feeling well, do you avoid getting help?   ☐ **Y**   ☐ N   ☐ Refused

20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?   ☐ **Y**   ☐ N   ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?   ☐ **Y**   ☐ N   ☐ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**	SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

     a) A mental health issue or concern?   ☐ **Y**   ☐ N   ☐ Refused

     b) A past head injury?   ☐ **Y**   ☐ N   ☐ Refused

     c) A learning disability, developmental disability, or other impairment?   ☐ **Y**   ☐ N   ☐ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.	SCORE:

1 (800) 355-0420   info@orgcode.com   www.orgcode.com   7

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	SCORE:

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	8+: an assessment for Permanent
D. WELLNESS	/6	Supportive Housing/Housing First
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues

- legal status in country
- income and source of it
- current restrictions on where a person can legally reside

- children that may reside with the adult at some point in the future
- safety planning

4-III.C. SELECTION METHOD

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

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

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

LRHA Policy

The LRHA will use the following local preferences:

Victims of Domestic Violence: The LRHA will offer a preference to families that include victims of domestic violence, dating violence, sexual assault, or stalking who has either been referred by a domestic violence service agency or consortia or who is seeking an emergency transfer under VAWA from the LRHA's housing choice voucher program or other covered housing program operated by the LRHA.

The applicant must certify that the abuser will not reside with the applicant.

Homeless: The HEARTH Act, passed in May 2009, amended the McKinney-Vento Homeless Assistance Act, and included a revised definition of homeless that applied to HUD's Homeless Assistance Programs. PIH Notice 2013-15 adopted Category (1) and Category (4) of the HEARTH Act as the definition of Homeless for the programs administered under the Public & Indian Housing Office. Families that meet one or both of these definitions will be offered the Homeless preference.

> (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution;

> (4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

*Veterans/Veteran Families***:** LRHA will offer a preference to military veterans and their families. To qualify for this preference the individual or family must provide documentation of service in the armed forces.

Working Families: In order to bring higher income families into public housing, the LRHA will establish a preference for "working" families, where the head, spouse, co-head, or sole member is employed at least 30 hours per week.

Elderly/Disabled: As required by HUD, families where the head **and** spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

Permanent Supportive Housing - Move-On Strategy: This preference includes formerly homeless individuals and families that have been participating in a Permanent Supportive Housing program and no longer need the supportive services of that program but still need housing subsidy to assure continued housing stability. To meet this preference applicants must:

1. Meet the definition of Homeless at the time of entry into the PSH program;

2. No longer require the level of supportive services that the PSH program provides; and

3. Must be referred by the CoC program provider

4. Referrals will be accepted continuously, even when the waiting list is closed to other applicants.

5. **A person qualifying for this preference will immediately rise to the top of the waiting list and be issued the next voucher when funding is available.**

Local preferences will be aggregated using a system in which each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicant's place on the waiting list.

The preference for Working or Elderly/Disabled families will be equal to one point each. (ie: if a family is both a working family and an elderly/disabled family, they will receive 2 points: 1 for working family and 1 for elderly/disabled family).

The preferences for victims of domestic violence, dating violence, sexual assault, or stalking and/or seeking an emergency transfer, Homeless or Veterans will be equal to two points each. (ie: if a family is both a domestic violence family and a homeless family, they will receive 4 points: 2 for domestic violence family and 2 for homeless family).

The preference for Move-On – Permanent Supportive Housing will be equal to ten (10) points.

Applicants qualifying for multiple preferences will be assigned the points for each preference. Among applicants who qualify for the same aggregate total, date and time of application will be used to determine placement on the waiting list.

The LRHA will assist any family that has been terminated from its HCV program due to insufficient program funding before assisting any other preference category.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

> LRHA Policy
>
> The LRHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

> LRHA Policy
>
> Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the LRHA's hierarchy of preferences, if applicable, as explained in section 4-III.C. Within each targeted funding category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the LRHA. Documentation will be maintained by the LRHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the LRHA does not have to ask higher placed families each time targeted selections are made.

4-III.C. SELECTION METHOD

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

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(1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution;

(4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

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Central Virginia Continuum of Care (VA-508)

Announcement of 30-Day Local Competition Deadline – Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects.

1. a screenshot of a website posting that legibly displays a system generated data and time or advertisement from a local newspaper(s), social media (Twitter, Facebook, etc.) that demonstrates your CoC announced it was accepting project applications

The CVCoC's website posted the local NOFO with all deadlines on August 27, 2021 to announce it was accepting project applications:

An email was sent out to the full CVCoC mailing list on August 27, 2021 with the local NOFO as an attachment and a link to the CVCoC website where the PDF was also located to announce it was accepting project applications:

The notice of local funding was posted to the CVCoC's Facebook page on August 27, 2021 with a link to the CVCoC website where the full NOFO with deadlines was posted to announce it was accepting project applications:

2. a copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects:

Review and Ranking Policy HUD CoC Competition FY21

Approved by the CVCoC Board on September 1, 2021

It is the policy of the Central Virginia Continuum of Care (CVCoC) to have an objective and transparent process for determining allocation of funding. The ad hoc Review and Ranking Committee will convene upon organizations' submission of their project application to review and prioritize projects based on the following factors:

1. **PROJECT APPLICATION:** The project's application will be reviewed to ensure compliance with the FY21 CoC Competition Notice of Funding Opportunity (NOFO), local CVCoC NOFO, adherence to Housing First principles, alignment with HUD priorities, commitment to best practices, capacity to administer the project, compliance with CVCoC Policies and Procedures, demonstration of fiduciary responsibility, and consistency with the CVCoC 2020 Strategic Plan to Prevent and End Homelessness. The project application should be sent to the Collaborative Applicant, Miriam's House, within the timeframe specified in the local CVCoC NOFO.

   Completed for all project applications.

2. **NEW PROJECT CHECKLIST AND SCORECARD:** To help ensure compliance with regulatory guidelines and local competition requirements, all organizations applying for new project funds under the HUD CoC Competition must demonstrate they meet the threshold requirements by submitting the CVCoC New Project Checklist and Scorecard by the deadline outlined in the local CVCoC NOFO.

   Completed for new project applications.

3. **RENEWAL PROJECT SCORECARD:** Renewal projects will be evaluated based on the performance standards identified in the CVCoC Policies and Procedures relative to the project type, vulnerabilities of the priority of the project's populations, Homeless Management Information System (HMIS) implementation, CoC participation, and fiduciary responsibilities. Applicants will complete and submit their project's scorecard based on data from their most recently completed Annual Performance Report or a comparable report for a victim service provider to the Collaborative Applicant, Miriam's House at the time of their project application submission as outlined in the CVCoC NOFO.

   Completed for all renewal project applications except HMIS and SSO projects.

4. **PROJECT ANNUAL PERFORMANCE REPORT (APR):** Performance will be evaluated using data from the project's most recent APR submitted for the last full operating year including match, utilization, priority subpopulations served, outcomes, and financial management. Victim service providers can use a comparable report.

   Completed for all renewal applications in operation for a full year.

   As new project applications will not have performance outcomes to complete the Project Scorecard, will not have had a monitoring visit and will not have an APR, all new project applications will be evaluated based on their project application and New Project Checklist and Scorecard.

REVIEW AND RANKING DECISION MAKING PROCESS

The Collaborative Applicant and the ad hoc Review and Ranking Committee will closely review the information provided in each project application to ensure:

- All proposed program participants will be eligible for the program component type selected;
- The information provided in the project application and proposed activities are eligible and consistent with program requirements in the Rule;
- Each project narrative is fully responsive to the questions being asked and that it meets all the criteria for that question as required by the HUD NOFO;
- The data provided in various parts of the project application are consistent; and
- All required attachments correspond to the list of attachments in e-snaps that must contain accurate and complete information that are dated between August 17, 2021 and November 16, 2021.

This review and ranking process is intended to accomplish the following objectives:

- To prioritize those activities that are most successful in preventing or ending homelessness;
- To maximize funding available to end homelessness in Central Virginia;
- To direct new resources toward the most pressing needs in the community;
- To address populations that have been underserved, and prioritize assistance toward those with the greatest need;
- To provide an incentive for all funded providers to monitor and improve their performance in order to ensure continued funding with CoC resources.

Where there are multiple projects in a priority group, renewal projects will be ranked according to their score on the Renewal Project Scorecard. New projects will be ranked according to their score on the New Project Checklist and Scorecard.

Priority Group 1: Permanent Housing
1. Renewal PSH or RRH projects

2. New or expanded PSH projects with chronically homeless dedicated beds or DedicatedPlus or new or expanded RRH projects dedicated to priority sub-populations including victims of domestic violence

Priority Group 2: Core CoC Services
1. Renewal HMIS
2. Expanded HMIS
3. SSO for coordinated entry
4. New or expanded SSO projects for victims of domestic violence

Priority Group 3: Joint TH and PH-RRH component project
1. New joint TH and PH-RRH component projects for victims of domestic violence

The Collaborative Applicant, Miriam's House, will submit the project applications, the Renewal Project Scorecard, and New Project Checklist and Scorecard to the ad hoc Review and Ranking Committee. All documents will be received by 2 business days prior to the ad hoc Review and Ranking meeting. The ad hoc Review and Ranking Committee will review all documentation to ensure that all projects meet the requirements set forth in the Notice of Funding Opportunity and are in alignment with the CVCoC's Strategic Plan to Prevent and End Homelessness as well as the CVCoC Policies and Procedures.

At the Review and Ranking meeting, the committee will rank the projects according to the above Priority Groups. Where there are multiple projects within one group, the committee will use the CVCoC Renewal Project Scorecard (for renewal projects) or the New Project Checklist and Scorecard and project application (for new projects) to determine which project is most effectively and efficiently meeting the CVCoC's mission to ensure homelessness is rare, brief and nonrecurring. A vote will occur on each Priority Group to determine rank within the Group starting with Priority Group 1. When all projects have been ranked, the ad hoc Review and Ranking Committee will vote on the final Priority Listing.

Following the committee meeting, the Collaborative Applicant will notify each project of its placement on the Priority Listing, requested changes (if any), and the appeals process should they wish to appeal their ranking or any requested changes. This notification will be sent to each applicant within 2 business days of the committee's decision and two weeks prior to the collaborative application submission date. The Collaborative Applicant will notify the full CVCoC Membership via email and the listing will be publically posted on the CVCoC's website along with project applications. Once notified of a project's acceptance in the Priority Listing and requested changes have been made to the project application, the project applicants should submit the project application in *e-snaps*.

REVIEW AND RANKING APPEALS PROCESS

An ad hoc Review and Ranking Appeals Committee will be formed by 3-5 CoC non-conflicted members to review all appeals and will make recommendations to the CVCoC Board. The Appeals Committee will be selected from the CoC Board or its designees. These individuals will have no conflict of interest in serving. Applicants may appeal any of the following decisions of the CVCoC Board:

• The project's position on the Priority Listing
• Reduction of a new project grant amount

- Rejection of a new project application
- Requested changes to an applicant's project application

Applicants wishing to submit an appeal must notify the Collaborative Applicant's representative, Sarah Fuentes at francis@miriamshouse.org by two days after the priority listing has been communicated. An appeal can be in the form of a letter, a memo or an email and must state the following:

- Agency name
- Project name
- Reason for appeal (no longer than 2 pages)
- Documentation to support the appeal

Applicants will be notified of the outcome no later than 5 business days after the appeal has been received.

Central Virginia Continuum of Care (VA-508)

Project Review and Ranking Process Your CoC Used in Its Local Competition.

1. The scoring tool your CoC used in your local competition to score new and renewal ranked projects and all project application types – include the entire tool

New Project Checklist and Scorecard
Approved by the CVCoC Board on September 1, 2021
Note: This tool was established using the Continuum of Care (CoC) regulations as established by the US Dept. of Housing and Urban Development (HUD) (24 CFR Part 578) along with the CVCoC Policies and Procedures.

Name of Proposed Project: _____ **PH Type**: _____

Name of Organization: _____

Name of Contact Person: _____

Telephone: _____ **Email:** _____

1. **Describe your agency's experience, training, certifications and/or achievements working with the priority subpopulation(s):**

2. **Is your agency eligible to apply for funding through HUD per the NOFO?** ☐ Yes ☐ No

3. **Does your agency have any recent audit findings (within the last 24 months)?** *Please attach your most recently completed agency audit.* ☐ Yes ☐ No

4. **Does your agency have any outstanding findings from HUD or DHCD on any other projects your agency operates?** ☐ Yes ☐ No

5. **Describe your agency's experience managing federal or state grants:**

6. **Describe how this new project will meet an unmet need in the homeless response system. If you are a victim service provider, describe how your project will improve the safety of the population you serve.**

Part A: Application Summary	Max Points	Source	Project Score
Project is eligible for the program component type selected	5	*Project Application*	
Information provided in the project application and proposed activities are eligible and consistent with program requirements in the Rule	5	*Project Application*	
The project narrative is fully responsive to the question being asked and meets all the criteria for the questions as required by the HUD NOFO	5	*Project Application*	
The data provided in the project application is consistent	5	*Project Application*	
The attachments correspond to the list of attachments in e-snaps and contain accurate and complete information dated between August 1, 2021 and November 16, 2021	5	*Project Application*	
Part A Subtotal (Max possible points 25):			

Part B: Project Design	Max Points	Source	Project Score
Permanent Supportive Housing prioritizing Chronically Homeless	10	*Project Application*	
Permanent Supportive Housing prioritizing DedicatedPlus	5	*Project Application*	
Rapid Re-Housing prioritizing the following households types: households with children, unaccompanied youth, veterans, and households belonging to the Category 4 homelessness definition under the HEARTH Act	10	*Project Application*	
TH-RRH project prioritizing households belonging to the Category 4 homelessness definition under the HEARTH Act	10	*Project Application*	
Any PH project not prioritizing a prioritized sub-population	0	*Project Application*	
Part B Subtotal (Max possible points 10):			

Part C: Vulnerabilities of Population Served	Max Points	Source	Project Score
Uses the household's VI-SPDAT score to prioritize openings- with higher scores having preference	5	*Project Application*	
Housing First and/or Low Barrier implementation with rapid placement in housing	5	*Project Application*	
If a victim service provider, the project demonstrates how it will increase safety for the population served	5	*Project Application*	
100% literally homeless prior to entry	5	*Project Application*	
Part C Subtotal (Max possible points 20):			

Part D: HMIS Implementation	Max Points	Source	Project Score
Project agrees to enter HMIS or, if a victim service provider a comparable database	5	*Project Application*	
Part D Subtotal (Max possible points 5):			

Part E: Central Virginia Continuum of Care (CVCoC) Participation	Max Points	Source	Project Score
Participation in the CVCoC Coordinated Entry wherein all vacancies are filled through this process	15	*Project Application*	
Active member of the CVCoC and on one or more CVCoC Committees	10	*CVCoC Membership Records*	
Part E Subtotal (Max possible points 25):			

Part F: Financial	Max Points	Source	Project Score
Project has reasonable costs per permanent housing exit, as defined locally	5	*Project Application*	
Project is financially feasible	5	*Project Application*	
Documented, secured minimum match	5	*Project Application*	
Part F Subtotal (Max possible points 15):			

Total of all parts (Max possible points 100):	

_____   _____

Signature of Organization CEO/Executive Director   *Date*

Central Virginia Continuum of Care

Renewal Project Scorecard

Approved by the CVCoC Board on September 1, 2021

Note: This tool was established using the Continuum of Care (CoC) regulations as established by the US Dept. of Housing and Urban Development (HUD) (24 CFR Part 578) along with the CVCoC Policies and Procedures.

Name of Proposed Project: _____ **PH Type**: _____

Name of Organization: _____ **Contact**: _____

Part A: Application Summary	Max Points	Source	Project Score
Project is eligible for the program component type selected	5	*Project Application*	
Information provided in the project application and proposed activities are eligible and consistent with program requirements in the Rule	5	*Project Application*	
The project narrative is fully responsive to the question being asked and meets all the criteria for the questions as required by the HUD NOFO	5	*Project Application*	
The data provided in the project application is consistent	5	*Project Application*	
The attachments correspond to the list of attachments in e-snaps and contain accurate and complete information dated between August 1, 2021 and November 16, 2021	5	*Project Application*	
Part A Subtotal (Max possible points 25):			

Part B: Project Design	Max Points	Source	Project Score
Permanent Supportive Housing prioritizing Chronically Homeless	10	*Project Application*	
Permanent Supportive Housing prioritizing DedicatedPlus	5	*Project Application*	
Rapid Re-Housing prioritizing the following households types: households with children, unaccompanied youth, veterans, and households belonging to the Category 4 homelessness definition under the HEARTH Act	10	*Project Application*	
Any PH project not prioritizing a prioritized sub-population	0	*Project Application*	
Part B Subtotal (Max possible points 10):			

Part C: Vulnerabilities of Population Served	Max Points	Source	Project Score
Uses the household's VI-SPDAT score to prioritize openings- with higher scores having preference	5	*Project Application*	
Housing First and/or Low Barrier implementation with rapid placement in housing	5	*Project Application*	
If a victim service provider, the project demonstrates how it will increase safety for the population served	5	*Project Application*	
100% literally homeless prior to entry	5	*Most recent APR*	
Part C Subtotal (Max possible points 20):			

Part D: HMIS Implementation	Max Points	Source	Project Score
Project HMIS user/s in compliance with Accuracy Standards	2	*2020 HMIS Report Card*	
Project HMIS user/s in compliance with Technical Standards	2	*2020 HMIS Report Card*	
Error rate percentage below 5 in all categories	2	*Most recent APR*	
Entered data into HMIS or, if a victim service provider a comparable database	2	*Project Application*	
Project HMIS user/s in compliance with Training Standards	2	*2020 HMIS Report Card*	
Part D Subtotal (Max possible points 10):			

Part E: Central Virginia Continuum of Care (CVCoC) Participation	Max Points	Source	Project Score
Recommended for renewal funding in the last CVCoC Monitoring and Evaluation Audit	5	*2020 M&E Review*	
Participation in the CVCoC Coordinated Entry wherein all vacancies are filled through this process	15	*Project Application*	
Active member of the CVCoC and on one or more CVCoC Committees	10	*CVCoC Membership Records*	
Part E Subtotal (Max possible points 30):			

Part F: Financial	Max Points	Source	Project Score
Project has reasonable costs per permanent housing exit, as defined locally	5	*Project Application*	
Project is financially feasible	5	*Project Application*	
Documented, secured minimum match	5	*Project Application*	
No returned CoC funds in the last 3 years	5	*Last 3 APRS*	
Part F Subtotal (Max possible points 20):			

RRH PROJECT ONLY **Part G: Performance Outcomes**	Max Points	Source	Project Score
Average length of time from enrollment to housing is 25 days or less	5	*Last completed APR*	
90% or more of exits will be to permanent housing	5	*Last completed APR*	
85% or more of exits to permanent housing will not become homeless again within a year	5	*HMIS*	
65% or more of adults will exit with mainstream (non-cash) benefits	5	*Last completed APR*	
50% or more of adults will exit with employment income	5	*Last completed APR*	
70% or more of adults will exit with income	5	*Last completed APR*	
85% or more of adults will exit with insurance	5	*Last completed APR*	
Part G Subtotal (Max possible points 35):			

PSH PROJECT ONLY **Part H: Performance Outcomes**	Max Points	Source	Project Score
85% of participants remain stable in PSH or exit to PH	7	*Last completed APR*	
65% or more of adults will have cash income at annual review or exit	7	*Last completed APR*	
55% or more of adults will increase cash income at annual review or exit	7	*Last completed APR*	
75% or more of adults will have mainstream (non-cash) benefits at annual review or exit	7	*Last completed APR*	
90% or more of adults will exit with health insurance	7	*Last completed APR*	
Part H Subtotal (Max possible points 35):			

Total of all parts (Max possible points 150):	

_____   _____

Signature of Organization CEO/Executive Director   *Date*

2. A copy of one scored project application form used by most renewal project applicants that includes the objective criteria and system performance criteria and their respective maximum point values and the actual points your CoC awarded to the project applicants

Central Virginia Continuum of Care

Renewal Project Scorecard

Approved by the CVCoC Board on September 1, 2021

Note: This tool was established using the Continuum of Care (CoC) regulations as established by the US Dept. of Housing and Urban Development (HUD) (24 CFR Part 578) along with the CVCoC Policies and Procedures.

Name of Proposed Project: __Magnolia St Supportive Housing_____   **PH Type**: ___PSH_____

Name of Organization: __Miriam's House_____   **Contact**: __Sarah Quarantotto_____

Part A: Application Summary	Max Points	Source	Project Score
Project is eligible for the program component type selected	5	*Project Application*	**5**
Information provided in the project application and proposed activities are eligible and consistent with program requirements in the Rule	5	*Project Application*	**5**
The project narrative is fully responsive to the question being asked and meets all the criteria for the questions as required by the HUD NOFO	5	*Project Application*	**5**
The data provided in the project application is consistent	5	*Project Application*	**5**
The attachments correspond to the list of attachments in e-snaps and contain accurate and complete information dated between August 1, 2021 and November 16, 2021	5	*Project Application*	**5**
Part A Subtotal (Max possible points 25):			**25**

Part B: Project Design	Max Points	Source	Project Score
Permanent Supportive Housing prioritizing Chronically Homeless	10	*Project Application*	**10**
Permanent Supportive Housing prioritizing DedicatedPlus	5	*Project Application*	
Rapid Re-Housing prioritizing the following households types: households with children, unaccompanied youth, veterans, and households belonging to the Category 4 homelessness definition under the HEARTH Act	10	*Project Application*	
Any PH project not prioritizing a prioritized sub-population	0	*Project Application*	
Part B Subtotal (Max possible points 10):			**10**

Part C: Vulnerabilities of Population Served	Max Points	Source	Project Score
Uses the household's VI-SPDAT score to prioritize openings- with higher scores having preference	5	*Project Application*	**5**
Housing First and/or Low Barrier implementation with rapid placement in housing	5	*Project Application*	**5**
If a victim service provider, the project demonstrates how it will increase safety for the population served	5	*Project Application*	
100% literally homeless prior to entry	5	*Most recent APR*	**5**
		Part C Subtotal (Max possible points 20):	**15**

Part D: HMIS Implementation	Max Points	Source	Project Score
Project HMIS user/s in compliance with Accuracy Standards	2	*2020 HMIS Report Card*	**2**
Project HMIS user/s in compliance with Technical Standards	2	*2020 HMIS Report Card*	**2**
Error rate percentage below 5 in all categories	2	*Most recent APR*	**2**
Entered data into HMIS or, if a victim service provider a comparable database	2	*Project Application*	**2**
Project HMIS user/s in compliance with Training Standards	2	*2020 HMIS Report Card*	**2**
		Part D Subtotal (Max possible points 10):	**10**

Part E: Central Virginia Continuum of Care (CVCoC) Participation	Max Points	Source	Project Score
Recommended for renewal funding in the last CVCoC Monitoring and Evaluation Audit	5	*2020 M&E Review*	**5**
Participation in the CVCoC Coordinated Entry wherein all vacancies are filled through this process	15	*Project Application*	**15**
Active member of the CVCoC and on one or more CVCoC Committees	10	*CVCoC Membership Records*	**10**
		Part E Subtotal (Max possible points 30):	**30**

Part F: Financial	Max Points	Source	Project Score
Project has reasonable costs per permanent housing exit, as defined locally	5	*Project Application*	**5**
Project is financially feasible	5	*Project Application*	**5**
Documented, secured minimum match	5	*Project Application*	**5**
No returned CoC funds in the last 3 years	5	*Last 3 APRS*	**5**
		Part F Subtotal (Max possible points 20):	**20**

RRH PROJECT ONLY Part G: Performance Outcomes	Max Points	Source	Project Score
Average length of time from enrollment to housing is 25 days or less	5	*Last completed APR*	
90% or more of exits will be to permanent housing	5	*Last completed APR*	
85% or more of exits to permanent housing will not become homeless again within a year	5	*HMIS*	
65% or more of adults will exit with mainstream (non-cash) benefits	5	*Last completed APR*	
50% or more of adults will exit with employment income	5	*Last completed APR*	
70% or more of adults will exit with income	5	*Last completed APR*	
85% or more of adults will exit with insurance	5	*Last completed APR*	
Part G Subtotal (Max possible points 35):			

PSH PROJECT ONLY Part H: Performance Outcomes	Max Points	Source	Project Score
85% of participants remain stable in PSH or exit to PH	7	*Last completed APR*	**7**
65% or more of adults will have cash income at annual review or exit	7	*Last completed APR*	**0**
55% or more of adults will increase cash income at annual review or exit	7	*Last completed APR*	**0**
75% or more of adults will have mainstream (non-cash) benefits at annual review or exit	7	*Last completed APR*	**0**
90% or more of adults will exit with health insurance	7	*Last completed APR*	**7**
Part H Subtotal (Max possible points 35):			**14**

Total of all parts (Max possible points 150):	**124**

_____   ___9/22/2021_____

Signature of Organization CEO/Executive Director   *Date*

3. Final project scores for ranked new and renewal projects (e.g., spreadsheet with all projects and all scores).

Central Virginia
Continuum of Care

HUD Continuum of Care Program Funds
Project Submissions for FY2021

New and Renewal Project Submissions

RANK	STATUS	AGENCY	PROJECT NAME	PROJECT TYPE	PRIORITY GROUP	SCORECARD SCORE	TOTAL REQUEST	FY20 AWARD
1	Renewal	Miriam's House	Community First Rapid Re-Housing	RRH	1	93%	$31,872	$31,872
2	Renewal	Lynchburg Redevelopment & Housing Authority	Housing First Lynchburg	PSH	1	89%	$228,384	$228,384
3	Renewal	Miriam's House	Magnolia Street Supportive Housing	RRH	1	81%	$81,785	$81,785
4	New	Miriam's House	Central VA Supportive Housing	PSH	1	95%	$26,461	N/A
5	Renewal	Miriam's House	HMIS	Core CoC Services	2	N/A	$21,357	$21,357
N/A	Renewal	Miriam's House	CoC Planning	Planning *(this project type is not ranked)*	N/A	N/A	$15,877	$14,998

There were no rejected nor reduced projects for VA 508 FY2021 CoC Competition funding. Below are the minutes from the CoC's Review and Ranking Committee which met on October 21, 2021 which demonstrates that all projects were approved at the funding levels requested.

Ad hoc Review and Ranking Committee
October 21, 2021

Members Present: Stephanie Andrews, Tab Robertson, Chelsey Tomlin, Sarah Warner, Brittany Melvin, Olyvia Brown-Coles, Tim Saunders, Evelyn Jordan

Visitors Present: Sarah Fuentes

I.   **Welcome**: Tab Robertson called the meeting to order at 1:05pm.

II.   **Review and Ranking Policy Overview**: Sarah Fuentes reviewed the policy approved by the CVCoC Board on September 1, 2021 along with the objective tools used to review and rank programs such as the New Project Checklist and Scorecard and the Renewal Project Scorecard.

III.   **Review and Discuss FY21 Project Applications**: Sarah Fuentes

FY21 Project Submissions Summary: Each member of the Review and Ranking Committee received access to the project applications and tools ahead of time. On July 7, 2021, the CoC Board voted to adopt the Monitoring and Evaluation Committee's recommendation for renewal funding for all HUD CoC funded projects. Therefore, only new project funds were available in the FY21 HUD CoC competition. Sarah reviewed the project submissions (listing below) and asked for discussion.

IV.   **Rank Project Applications in Groups**

a.   **Priority Group 1: Permanent Housing Projects**

Olyvia Brown-Coles made a motion for Priority Group 1 part 1 projects to be ranked using the score from the objective Renewal Project Scorecard tool ranking the projects in the following order:

1.   Community First Rapid Re-Housing (Rapid Re-Housing Renewal)- Miriam's House
2.   Housing First Lynchburg (Permanent Supportive Housing Renewal)- Lynchburg Redevelopment and Housing Authority
3.   Magnolia Street Supportive Housing (Permanent Supportive Housing Renewal)- Miriam's House

Evelyn Jordan second the motion. All were in favor. No opposed. Motion passed.

Review and Ranking Committee Member, Pat Young, submitted her vote via email prior to the Review and Ranking Meeting to accept the ranking of projects using the score from the scorecards.

Sarah Warner made a motion for Priority Group 1 part 2 projects to be ranked using the score from the objective New Project Checklist and Scorecard tool ranking the projects in the following order:

4.   Central VA Supportive Housing (Permanent Supportive Housing New) – Miriam's House

Evelyn Jordan second the motion. All were in favor. No opposed. Motion passed.

Review and Ranking Committee Member, Pat Young, submitted her vote via email prior to the Review and Ranking Meeting to accept the new project funding request as submitted by Miriam's House and to rank of projects using the score from the scorecards.

b. **Priority Group 2: CoC Core Services**

Evelyn Jordan made a motion for Priority Group 2 projects to be ranked using the score from the Renewal Project Scorecard ranking the projects in the following order:

1. Miriam's House HMIS (HMIS Renewal)- Miriam's House

Tim Saunders second the motion. All were in favor. No opposed. Motion passed.

Review and Ranking Committee Member, Pat Young, submitted her vote via email prior to the Review and Ranking Meeting to accept the ranking of projects using the score from the scorecards.

c. **Priority Group 3: Joint Component TH-RRH Projects**

There were no priority group 3 project applications submitted.

V.   **Final Project Applications Prioritization**

Tim Saunders made a motion for the final prioritization to be ranked using the score from the scorecards ranking the projects in the following order:

1. Community First Rapid Re-Housing (RRH Renewal)- Miriam's House
2. Housing First Lynchburg (PSH Renewal)- Lynchburg Redevelopment and Housing Authority
3. Magnolia Street Supportive Housing (PSH Renewal)- Miriam's House
4. Central VA Supportive Housing (PSH New) – Miriam's House
5. Miriam's House HMIS (HMIS Renewal)- Miriam's House

Olyvia Brown-Coles second the motion. All were in favor. No opposed. Motion passed.

Review and Ranking Committee Member, Pat Young, submitted her vote via email prior to the Review and Ranking Meeting to accept the ranking of projects using the score from the scorecards.

Tab Robertson will notify each application of their ranking and provide the grievance policy should the applicant wish to appeal the decision.

VI.   Meeting adjourned.

Meeting minutes submitted by Chelsey Tomlin, CVCoC Board Secretary, and Sarah Fuentes, representative of the CoC Lead Agency.

Central Virginia
CONTINUUM OF CARE

HUD Continuum of Care Program Funds
Project Submissions for FY2021

New and Renewal Project Submissions

STATUS	AGENCY	PROJECT NAME	PROJECT TYPE	PRIORITY GROUP	SCORECARD SCORE	TOTAL REQUEST	FY20 AWARD
RENEWAL	Miriam's House	CoC Planning	Planning *(this project type is not ranked)*	N/A	N/A	$15,877	$14,998
NEW	Miriam's House	Central VA Supportive Housing	PSH	1	95%	$26,461	N/A
RENEWAL	Lynchburg Redevelopment & Housing Authority	Housing First Lynchburg	PSH	1	89%	$228,384	$228,384
RENEWAL	Miriam's House	Community First Rapid Re-Housing	RRH	1	93%	$31,872	$31,872
RENEWAL	Miriam's House	Magnolia Street Supportive Housing	RRH	1	81%	$81,785	$81,785
RENEWAL	Miriam's House	HMIS	Core CoC Services	2	N/A	$21,357	$21,357

Central Virginia Continuum of Care (VA-508)

Projects Accepted-Public Posting.

The ad-hoc Review and Ranking Committee met on October 21, 2021 to objectively review and rank submitted projects. Meeting minutes below:

Ad hoc Review and Ranking Committee
October 21, 2021

Members Present: Stephanie Andrews, Tab Robertson, Chelsey Tomlin, Sarah Warner, Brittany Melvin, Olyvia Brown-Coles, Tim Saunders, Evelyn Jordan

Visitors Present: Sarah Fuentes

I.   **Welcome**: Tab Robertson called the meeting to order at 1:05pm.

II.   **Review and Ranking Policy Overview**: Sarah Fuentes reviewed the policy approved by the CVCoC Board on September 1, 2021 along with the objective tools used to review and rank programs such as the New Project Checklist and Scorecard and the Renewal Project Scorecard.

III. **Review and Discuss FY21 Project Applications**: Sarah Fuentes

      FY21 Project Submissions Summary: Each member of the Review and Ranking Committee received access to the project applications and tools ahead of time. On July 7, 2021, the CoC Board voted to adopt the Monitoring and Evaluation Committee's recommendation for renewal funding for all HUD CoC funded projects. Therefore, only new project funds were available in the FY21 HUD CoC competition. Sarah reviewed the project submissions (listing below) and asked for discussion.

IV.   **Rank Project Applications in Groups**

      a. **Priority Group 1: Permanent Housing Projects**

          Olyvia Brown-Coles made a motion for Priority Group 1 part 1 projects to be ranked using the score from the objective Renewal Project Scorecard tool ranking the projects in the following order:

          1. Community First Rapid Re-Housing (Rapid Re-Housing Renewal)- Miriam's House
          2. Housing First Lynchburg (Permanent Supportive Housing Renewal)- Lynchburg Redevelopment and Housing Authority
          3. Magnolia Street Supportive Housing (Permanent Supportive Housing Renewal)- Miriam's House

          Evelyn Jordan second the motion. All were in favor. No opposed. Motion passed.

          Review and Ranking Committee Member, Pat Young, submitted her vote via email prior to the Review and Ranking Meeting to accept the ranking of projects using the score from the scorecards.

          Sarah Warner made a motion for Priority Group 1 part 2 projects to be ranked using the score from the objective New Project Checklist and Scorecard tool ranking the projects in the following order:

          4. Central VA Supportive Housing (Permanent Supportive Housing New) – Miriam's House

          Evelyn Jordan second the motion. All were in favor. No opposed. Motion passed.

Review and Ranking Committee Member, Pat Young, submitted her vote via email prior to the Review and Ranking Meeting to accept the new project funding request as submitted by Miriam's House and to rank of projects using the score from the scorecards.

b. **Priority Group 2: CoC Core Services**

Evelyn Jordan made a motion for Priority Group 2 projects to be ranked using the score from the Renewal Project Scorecard ranking the projects in the following order:

1. Miriam's House HMIS (HMIS Renewal)- Miriam's House

Tim Saunders second the motion. All were in favor. No opposed. Motion passed.

Review and Ranking Committee Member, Pat Young, submitted her vote via email prior to the Review and Ranking Meeting to accept the ranking of projects using the score from the scorecards.

c. **Priority Group 3: Joint Component TH-RRH Projects**

There were no priority group 3 project applications submitted.

V. **Final Project Applications Prioritization**

Tim Saunders made a motion for the final prioritization to be ranked using the score from the scorecards ranking the projects in the following order:

1. Community First Rapid Re-Housing (RRH Renewal)- Miriam's House
2. Housing First Lynchburg (PSH Renewal)- Lynchburg Redevelopment and Housing Authority
3. Magnolia Street Supportive Housing (PSH Renewal)- Miriam's House
4. Central VA Supportive Housing (PSH New) – Miriam's House
5. Miriam's House HMIS (HMIS Renewal)- Miriam's House

Olyvia Brown-Coles second the motion. All were in favor. No opposed. Motion passed.

Review and Ranking Committee Member, Pat Young, submitted her vote via email prior to the Review and Ranking Meeting to accept the ranking of projects using the score from the scorecards.

Tab Robertson will notify each application of their ranking and provide the grievance policy should the applicant wish to appeal the decision.

VI. Meeting adjourned.

Meeting minutes submitted by Chelsey Tomlin, CVCoC Board Secretary, and Sarah Fuentes, representative of the CoC Lead Agency.

Central Virginia
CONTINUUM OF CARE

HUD Continuum of Care Program Funds
Project Submissions for FY2021

New and Renewal Project Submissions

STATUS	AGENCY	PROJECT NAME	PROJECT TYPE	PRIORITY GROUP	SCORECARD SCORE	TOTAL REQUEST	FY20 AWARD
RENEWAL	Miriam's House	CoC Planning	Planning *(this project type is not ranked)*	N/A	N/A	$15,877	$14,998
NEW	Miriam's House	Central VA Supportive Housing	PSH	1	95%	$26,461	N/A
RENEWAL	Lynchburg Redevelopment & Housing Authority	Housing First Lynchburg	PSH	1	89%	$228,384	$228,384
RENEWAL	Miriam's House	Community First Rapid Re-Housing	RRH	1	93%	$31,872	$31,872
RENEWAL	Miriam's House	Magnolia Street Supportive Housing	RRH	1	81%	$81,785	$81,785
RENEWAL	Miriam's House	HMIS	Core CoC Services	2	N/A	$21,357	$21,357

The Review and Ranking Minutes were sent to the full CoC mailing list on October 29, 2021.

The CVCoC announced the Review and Ranking outcome via its Facebook page on October 29, 2021.

The CVoC posted the Review and Ranking outcomes (minutes and priority listing) on the CVCoC Website on November 1, 2021.

Applicants were notified of their project's ranking via email on October 26, 2021:

Tue 10/26/2021 9:48 AM
Tabatha Robertson <Tabatha.Robertson@horizonbh.org>
Project Ranking Letter

To   Sarah Quarantotto
Cc   Sarah Francis

📄 MiriamsHouse-Project Ranking-10-2021.pdf
33 KB

Sarah-

On Thursday, October 21st, our Ranking and Review Committee met and ranked the project applications according to our policies and our objective measurement tools. Attached is a letter notifying you of the results of the ranking process. The letter also outlines our appeals process.

Please let me know if you have any questions or concerns!
Tab ☺ (CVCoC Board Chair)

Tabatha "Tab" Robertson, LPC, LMFT
Portfolio Director, Case Management
Horizon Behavioral Health
PHONE: 434-948-4810
FAX: 434-948-4855
Tabatha.Robertson@HorizonBH.org
HorizonBH.org | 2215 Langhorne Road-Suite 102-B, Lynchburg, VA 24501

October 21, 2021

Sarah Quarantotto, Executive Director
Miriam's House
PO Box 3196
Lynchburg, VA 24503

Dear Ms. Quarantotto,

This letter serves as notification that the Review and Ranking Committee of the Central Virginia Continuum of Care met on October 21, 2021 to review and rank project applications for the FY 2021 Continuum of Care competition. All submitted applications were accepted.

The project ranking is as follows:

1. Community First Rapid Re-Housing (RRH Renewal)- Miriam's House
2. Housing First Lynchburg (PSH Renewal)- Lynchburg Redevelopment and Housing Authority
3. Magnolia Street Supportive Housing (PSH Renewal)- Miriam's House
4. Central VA Supportive Housing (PSH New) – Miriam's House
5. Miriam's House HMIS (HMIS Renewal)- Miriam's House

If you wish to appeal the position of your application's ranking, you may do so within two business days of this communication. The appeal must be made in writing either through a letter or email to Sarah Fuentes at francis@miriamshouse.org. The appeal must state the following:

- Agency name
- Project name
- Reason for appeal (no longer than 2 pages)
- Documentation to support the appeal

Applicants will be notified of the outcome no later than 5 business days after the appeal has been received.

Sincerely,

Tab Robertson
Chair, Central Virginia CoC Board

File   Message   Tell me what you want to do...

Delete | Reply Reply Forward | ES Referral   To Manager | Move | Mark Unread Categorize | Translate | Zoom
               All   Team Email   Done   Follow Up
               Reply & Delete   Create New

Delete | Respond | Quick Steps | Move | Tags | Editing | Zoom

Tue 10/26/2021 9:47 AM

Tabatha Robertson <Tabatha.Robertson@horizonbh.org>

Project Ranking Letter

To   Mary Mayrose (mmayrose@lynchburghousing.org)

Cc   Sarah Francis

LRHA-Project Ranking-10-2021.pdf
34 KB

Mary-

On Thursday, October 21st, our Ranking and Review Committee met and ranked the project applications according to our policies and our objective measurement tools. Attached is a letter notifying you of the results of the ranking process. The letter also outlines our appeals process.

Please let me know if you have any questions or concerns!

Tab ☺ (CVCoC Board Chair)

Tabatha "Tab" Robertson, LPC, LMFT
Portfolio Director, Case Management
Horizon Behavioral Health
PHONE: *434-948-4810*
FAX: *434-948-4855*
Tabatha.Robertson@HorizonBH.org
HorizonBH.org | 2215 Langhorne Road-Suite 102-B, Lynchburg, VA 24501

October 21, 2021

Mary Mayrose, Executive Director
Lynchburg Redevelopment and Housing Authority
918 Commerce Street
Lynchburg, VA 24504

Dear Ms. Mayrose,

This letter serves as notification that the Review and Ranking Committee of the Central Virginia Continuum of Care met on October 21, 2021 to review and rank project applications for the FY 2021 Continuum of Care competition. All submitted applications were accepted.

The project ranking is as follows:

1. Community First Rapid Re-Housing (RRH Renewal)- Miriam's House
2. Housing First Lynchburg (PSH Renewal)- Lynchburg Redevelopment and Housing Authority
3. Magnolia Street Supportive Housing (PSH Renewal)- Miriam's House
4. Central VA Supportive Housing (PSH New) – Miriam's House
5. Miriam's House HMIS (HMIS Renewal)- Miriam's House

If you wish to appeal the position of your application's ranking, you may do so within two business days of this communication. The appeal must be made in writing either through a letter or email to Sarah Fuentes at francis@miriamshouse.org. The appeal must state the following:

• Agency name
• Project name
• Reason for appeal (no longer than 2 pages)
• Documentation to support the appeal

Applicants will be notified of the outcome no later than 5 business days after the appeal has been received.

Sincerely,

Tab Robertson
Chair, Central Virginia CoC Board

Central Virginia Continuum of Care (VA-508)

Web Posting of CoC-Approved Consolidated Application.

Upload a screenshot of a website posting that legibly displays a system generated date and time that demonstrates your CoC posted the final version of your CoC's Consolidated Application at least 2 days before the FY 2021 CoC Program Competition application submission deadline (e.g., screenshot displaying the time and date of the public posting using your desktop calendar).

1. Posting of the full Collaborative Application draft as a PDF to the CVCoC's website on November 5, 2021:
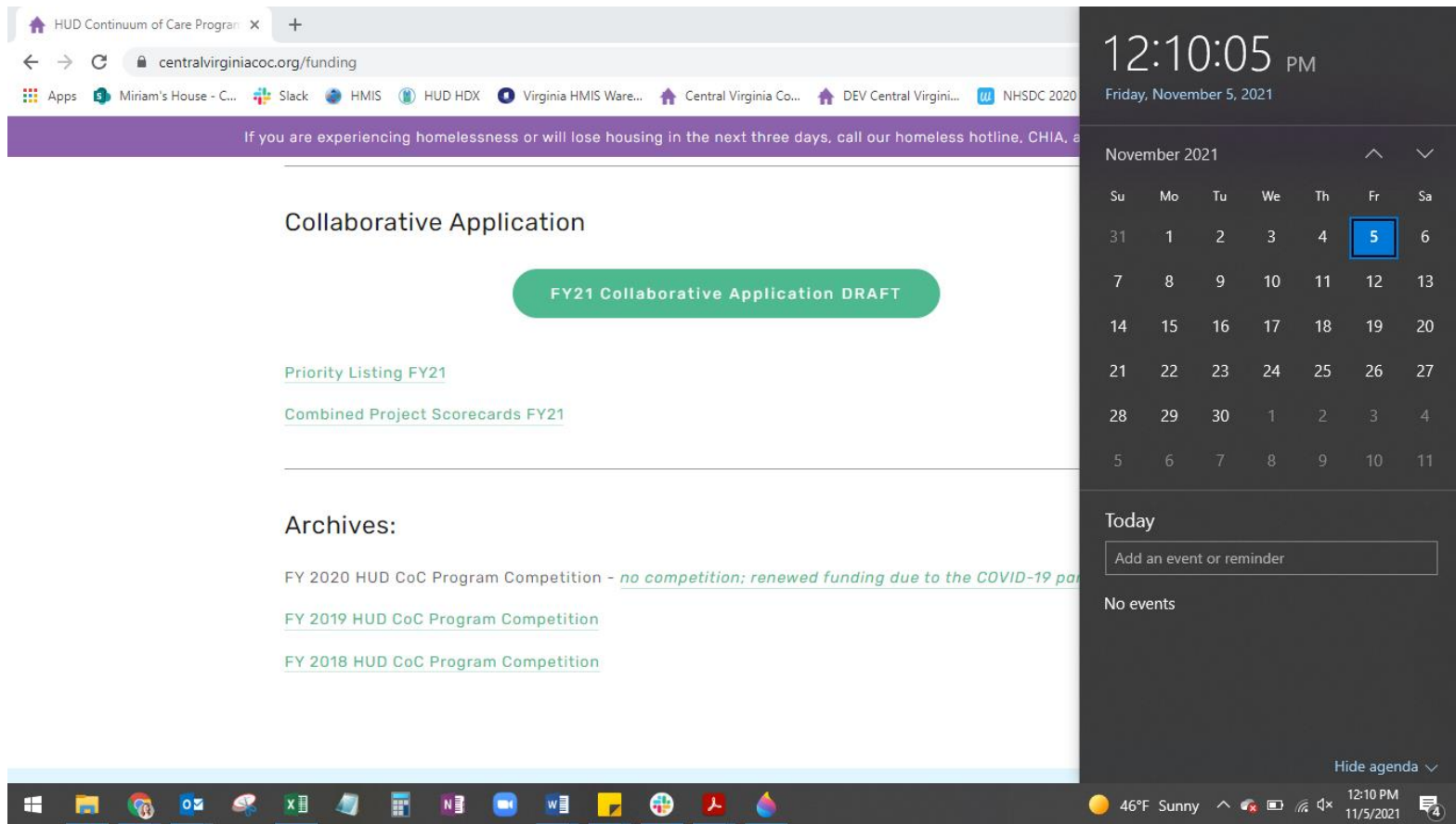
2. Email to the entire CVCoC Mailing List on November 5, 2021:

FY21 CVCoC Collaborative Application Draft Review

Lynchburg ContinuumOfCare <hhcofcv@gmail.com>   11:54 AM (26 minutes ago)

to bcc: Beverly, bcc: Alex, bcc: Amanda, bcc: Andrea, bcc: Andy, bcc: Andy, bcc: Angela, bcc: Angie, bcc: Aquanda, bcc: Ashley, bcc: Ashley, bcc: Ashley, bcc: Ashton, bcc: Ayanna, bcc: Bambi, bcc: Beau, bcc: Ben, bc ▾

The Central Virginia Continuum of Care made the FY21 HUD CoC Competition Program Collaborative Application draft public on the CoC's website for community review and comment. Individual projects were reviewed and ranked according to the CVCoC Review and Ranking Policy. Please find the priority listing and the project scorecards here on the CVCoC's website: https://centralvirginiacoc.org/hud-funding.

Please direct comments to Sarah Fuentes at francis@miriamshouse.org.

Thank you!

Sarah Fuentes
Homeless System Coordinator
Miriam's House
phone: 434-847-1101
email: francis@miriamshouseprogram.org

You are receiving this email because you have worked with or shown an interest in the Homeless Response System in the Central Virginia Continuum of Care. If you would prefer to receive these emails at a different address (or not at all), please respond with further instructions.

3. Social media post on the CVCoC's Facebook page on November 5, 2021:
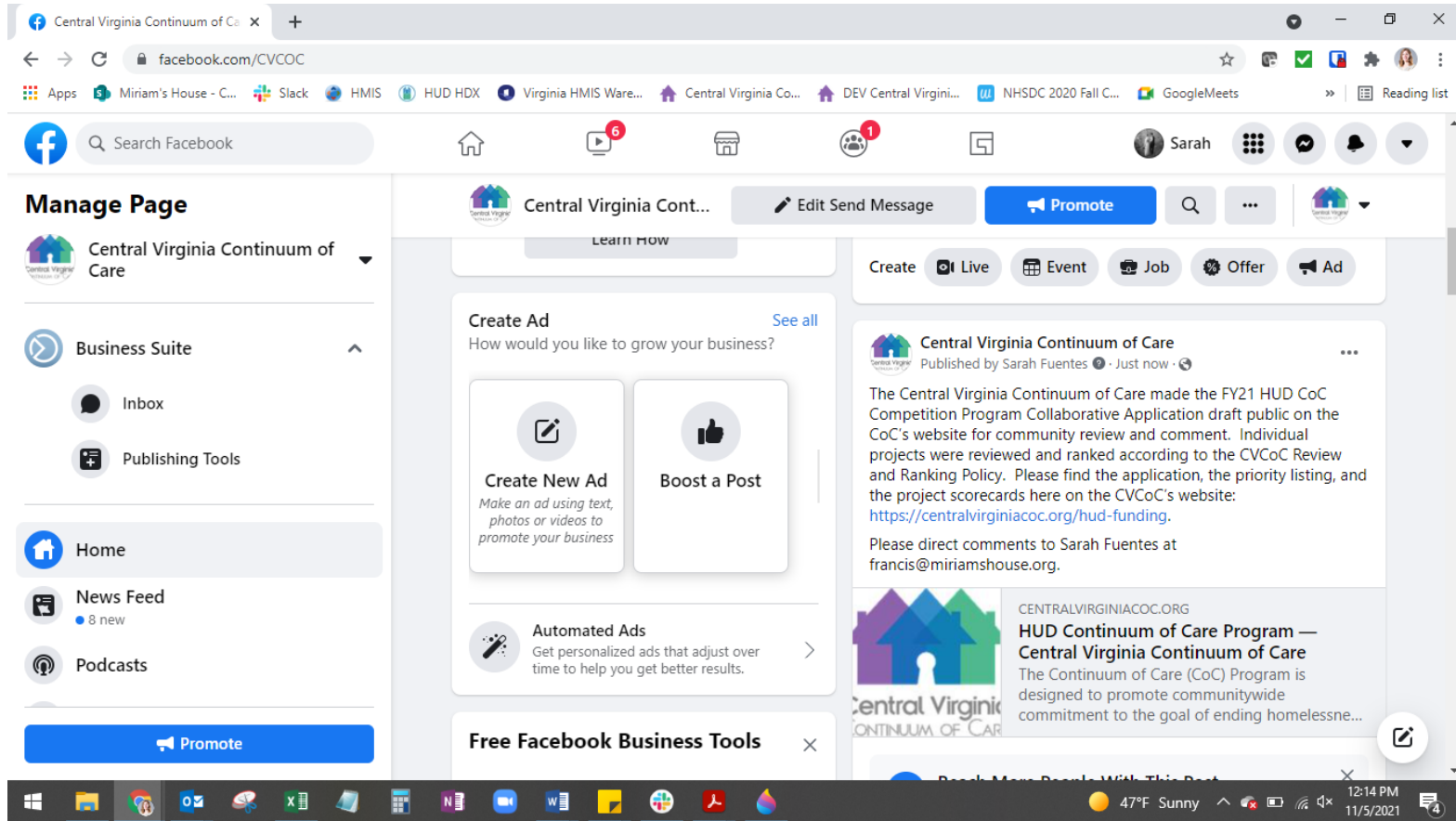
4. Board members of the Central Virginia Continuum of Care were given 10 days to review the draft of the application and to request changes. Meeting minutes are below:

HUD CoC Collaborative Application Approval Electronic Decision
November 10, 2021

Members: Evelyn Jordan, Sarah Warner, Pat Young, Jeremy White, Olyvia Brown-Coles, Chelsey Tomlin, Tim Saunders, Caleb Prieto, Brittany Melvin, Stephanie Andrews.

On November 5, 2021, the Central Virginia Continuum of Care Board members received access to the FY2021 HUD CoC Collaborative Application draft. The CVCoC Board Chair, Tab Robertson, asked all CoC Board members to review and request changes to the application draft by Wednesday, November 10th. No changes were requested. All responding Board members voted to approve the application draft. No opposed. Motion passed to approve the FY2021 HUD CoC Collaborative Application draft for submission per the CVCoC's Policies and Procedures on electronic voting.

Decision verified by:

Sarah Fuentes

Sarah Fuentes

Homeless System Coordinator

Miriam's House, CoC Lead Agency

Memorandum of Understanding

This Memorandum of Understanding (MOU) has been created and entered into on November 5, 2021.

Lynchburg Redevelopment and Housing Authority, 918 Commerce Street, Lynchburg, VA 24504

Miriam's House, 409 Magnolia Street, Lynchburg, VA 24503

I. Introduction and Goals

To ensure the housing stability of homeless households receiving vouchers, LRHA and Miriam's House enter into an agreement regarding the provision of supportive services. LRHA provides targeted vouchers to households experiencing homelessness, with at least 10 dedicated to chronically homeless households. Through a new permanent supportive housing project, Central Virginia Supportive Housing, these households will receive supportive services to assist them with housing stability which will be paired with a voucher through LRHA.

II. Define the populations eligible for Central Virginia Supportive Housing

    a. Chronically homeless

    b. Dedicated Plus

III. LRHA Roles and Responsibilities

    1. Accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.

    2. Commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.

    3. Commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.

    4. Designate a staff to serve as the lead liaison.

    5. Comply with the provisions of this MOU.

IV. Miriam's House Roles and Responsibilities

    1. Designate and maintain a lead liaison to communicate with the PHA.

    2. Accept referrals for supportive services using the community's coordinated entry
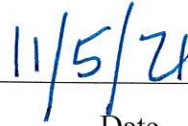
system.

3. Support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the PHA (i.e. self-certifications, birth certificate, social security card, etc.).

4. Assess all households for mainstream benefits and provide supportive services to support eligible individuals and families through their transition.

5. Identify and provide supportive services to enrolled program participants.

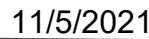6. Comply with the provisions of this MOU.

Signed by:

_____   11/5/21
Lynchburg Redevelopment and Housing Authority,   Date
Executive Director

_____   11/5/2021
Miriam's House, Executive Director   Date