

## Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

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

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

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

**1A-1. CoC Name and Number:** NC-504 - Greensboro, High Point CoC

**1A-2. Collaborative Applicant Name:** Guilford County DHHS

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Partners Ending Homelessness

## 1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

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

1. To solicit new members, the Guilford County CoC published its annual invitation in the CoC newsletter and on the CoC website. There are no fees required to be a member of the CoC; an applicant simply fills out a two-page application which is given to the Membership Committee to review. The CoC is proactive in seeking new members to ensure a variety of stakeholders, which reflects all who participate in directing homeless services in Guilford County. Additionally, the CoC invites participation in a variety of ways: the CoC website and the CoC weekly email newsletter list all Board and Membership meeting dates, times, and locations. All CoC Membership meetings are open for the public to attend.

2. All Guilford County CoC information is available on the CoC website. In addition, the CoC makes reasonable accommodations to any person wishing to participate in the CoC, so they can participate without hindrance. In response to the COVID-19 pandemic, all CoC and committee meetings are being held virtually.

3. The CoC understands the importance of having persons with lived experience participate in the CoC. The Governance Charter requires that the CoC have a person with lived experience on the Board. Currently, the CoC Board includes two formerly homeless persons, who are employed at CoC-member agencies and do committee work. All HUD-funded agencies are required to have a person with lived experience on the agency’s board. The CoC also seeks input from persons with lived experience through its coordination activities and implementation work.

4. The CoC has active engagement from organizations serving culturally specific communities experiencing homelessness in its geographic area. The CoC took steps in its 2021-2023 strategic planning to address equity issues and submitted a CE Equity Demonstration grant. The CoC will continue to ensure diverse representation and engagement in all CoC work, especially among Black, Latino, Indigenous, and persons with disabilities.

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1. The Guilford County CoC’s Governance Charter lists targeted stakeholders it proactively seeks to join the CoC including nonprofit service providers, victim service agencies, faith-based organizations, government, local municipalities, businesses, advocates, public housing authorities, schools, mental health agencies, hospitals, universities, affordable housing providers, law enforcement, veteran service organizations, and persons with lived experience. The Membership Committee is responsible for seeking a representative from those stakeholders. In 2020, the CoC participated in a strategic planning process for a 2021-2023 plan. To inform the process, a strategic planning consultant interviewed CoC members, Board members, and community stakeholders including governmental and foundation leadership and those with lived experience.

2. The Guilford County CoC Membership meetings are open to the public. The dates, times, and locations of those meetings are listed on the CoC’s website and in the weekly email newsletter. In addition, the CoC Membership meetings are an opportunity to discuss, solicit, and collect feedback on a variety of topics. As an example of its efforts to solicit public information, in Fall 2021, the CoC held a virtual forum to gather feedback on how Guilford County should prioritize American Rescue Plan funding to respond to homelessness issues in the community.

3. As discussed in the first point, the feedback that was received from multiple stakeholders was incorporated in a 2021-2023 strategic plan. The strategic plan

was reviewed and approved by the entire CoC Board and Membership. The CoC utilizes committees to do vital work of the CoC including HMIS, Coordinated Entry, Advocacy, Housing Resource, Nominating, System Performance and Evaluation, and Strategic Planning. Committees give members the opportunity to share their specific skills, knowledge, or experiences around topics in which they are interested as the CoC works to prevent and end homelessness.

<b>1B-4.</b>	<b>Public Notification for Proposals from Organizations Not Previously Funded.</b>	
	NOFO Section VII.B.1.a.(4)	

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

**(limit 2,000 characters)**

1. The Guilford County CoC, via its Administrative Agent - Partners Ending Homelessness, notified the public through its Request for Proposals (RFP) that the CoC's local competition was open and accepting project applications on September 1, 2021. The email notification was sent to the entire membership, which is comprised of many organizations who have not previously received CoC Program funding. The RFP was posted on the Guilford County CoC website and Facebook page.

2. The RFP clearly communicated the CoC was open to receiving new project applications and considering project applications from organizations that have not previously received CoC funding. The Administrative Agent (AA) provides one-on-one assistance and instruction to new project applicants in understanding the CoC NOFO and local requirements, as well as using e-SNAPS.

3. Project applicants received detailed information (e.g., instructions, timeline, HUD resources, etc.) and ongoing support throughout the project application submission process. From the initial release of the RFP, renewal and new project applicants receive regular updates via email.

4. The CoC's AA informed all applicants about the CoC's project review and selection process via email, web postings, and meetings. The System Performance and Evaluation Committee (SPEC) reviews and confirms all projects meet threshold requirements. Renewal projects are performance scored by a third-party consultant with decades of CoC experience and no affiliations with Guilford CoC agencies. New projects are scored by SPEC with regards to organizational capacity, strategic priority, project approach and design, cost effectiveness, and alignment with CoC goals and priorities. Then, SPEC evaluates both new and renewal projects using the Guilford County CoC

review, reallocation, selection, and ranking process to make its recommendation.

5. All publications are via digital, electronic means and formats and accessible to person with disabilities.

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

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

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

In the chart below:

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

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



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

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

**(limit 2,000 characters)**

1. The City of Greensboro is the ESG entitlement recipient, and since July 1, 2019, it has worked directly with CoC agencies to distribute and manage City ESG entitlement funds. As Administrative Agent (AA) for the Collaborative Applicant, (CA) Partners Ending Homelessness (PEH) serves as the Local Planning Area Lead for the State of NC ESG funds from HUD. PEH does not provide any payment or contract management for State ESG funds, but does provide oversight, application coordination, and HMIS reporting assistance for State ESG-funded providers. The CoC engages ESG program recipients and the System Performance and Evaluation (SPE) Committee to help inform the planning and allocation of State ESG funds. For both ESG sources, the CoC uses System Performance Measures to monitor efforts. RRH performance expectations are in the Written Standards and aligned with HUD requirements. Agencies applying for funds are screened against those standards.

2. The CoC's SPE Committee, a diverse group of individuals representing the CoC's demographics, scored the NC ESG applications and made recommendations for funding to the CoC. SPE Committee members represent non-CoC funded agencies (i.e., no conflicts of interest). The AA reports performance to state ESG office, reviews client files, and performs additional monitoring tasks as requested.

3. PEH, as AA and HMIS Lead, provided data, including PIT count, HIC data, System Performance Measures, and demographic data in a timely manner to the ConPlan jurisdictions within the geography (Greensboro and High Point).

4. The CoC's AA and former CA distributed an email from the City soliciting input, promoted member participation in feedback sessions, participated in the ConPlan for both jurisdictions (Greensboro and High Point), attended meetings as invited, wrote specific sections as needed, and provided data/guidance to both jurisdictions. The CoC weekly newsletter sent out via email included information on ConPlan issues and updates.

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

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

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

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

Describe in the field below:

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

**(limit 2,000 characters)**

1. The CoC regularly collaborates with our youth (18-24) education providers, which includes GTCC, NC A&T, UNCG, HPU, Bennett College, Greenboro College, Guilford College, and Goodwill Industries. It is our goal to ensure that students remain stably housed while advancing their education, especially during the summer when housing is more precarious for college students. Members of the youth education community operate student food pantries and support various aspects of our work, when it aligns with their needs, service interests, or research.

2. Their membership in our CoC signifies the formal partnership.

3. With a long history of collaboration, the CoC works closely with our LEA, Guilford County Schools (GCS), serving preK-12. The Homeless Liaison ensures that all children and youth experiencing homelessness have access to educational services to which they are entitled under the federal McKinney-Vento Act, and coordinates with CoC-funded providers to all children and youth with access to schools and LEA services. Our SEA, the NC Department of Public Instruction (NCDPI), maintains regular communication with GCS and the Office of the Homeless Liaison through reports and through the State Coordinator for Homeless Education, who is located at the SERVE Center on the campus of UNC-G. The Homeless Liaison serves on the Youth and System

Performance & Evaluation (SPE) Committees and ensures that the CoC is kept abreast of news and updates from NCDPI.

4. Guilford County Schools (LEA) is a CoC member, signifying its formal partnership with our CoC. The GCS Homeless Liaison is a member of the Youth and SPE Committees. Through the LEA's formal partnership with NCDPI (the SEA), our CoC partners with both entities and remains abreast of all preK-12 homeless issues.

5. Guilford County Schools is our school district and LEA. Collaboration is described in #3.

6. GCS, our school district, is a CoC member, signifying its formal partnership with our CoC. Partnership is described in #4.

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)**

As part of Guilford County CoC's Written Standards (latest version approved on 6/14/18 by CoC membership), for all projects serving households with children, a staff person must be designated as the educational liaison that will ensure children are enrolled in school and connected to appropriate services in the community, including early childhood project such as Head Start. Federal legislation also requires LEAs to be in compliance with Title VII-B of the McKinney-Vento Homeless Assistance Act. Guilford County Schools (GCS), a CoC-member agency, identifies and serves students who are eligible for homeless services. To provide public notification of the educational rights of children and youth experiencing homelessness, the GCS Homeless Liaison distributes homeless educational rights posters and literature to each GCS school and Central Office site. Homeless educational right posters and literature are also distributed to local churches, local shelters, health and human services offices, CoC agencies, laundromats, and grocery stores. The GCS Homeless Liaison actively serves and participates in CoC meetings and serves on the Youth Committee and System Performance and Evaluation Committee. The GCS Homeless Liaison communicates updates and or amendments to GCS's homeless education eligibility process and procedures.

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
FY2021 CoC Application	Page 11	11/13/2021

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

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

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

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

**(limit 2,000 characters)**

Guilford County CoC outlines training for providers within their Guilford County CoC Written Standards and their Coordinated Entry (CE) Policies and Procedures.

1. The CoC's DV service provider, Family Service of the Piedmont (FSP), provides training annually to CoC-funded project staff regarding the dynamics of DV, how to recognize DV homelessness and how to address the issue when identified. CoC DV-Dedicated Project Staff receive a minimum of 20 hours of DV program-specific training upon hire and annually thereafter which includes training on safety planning. Training is provided through The Office for Victims of Crime Training & TA Center. Case management (CM) is one of the most vital services for survivors, and DV CM staff receive specialized CM training to ensure services are trauma-informed and victim-centered. The NC Coalition against Domestic Violence Best Practices Manual, which includes preferred procedures for advocacy, shelter, and crisis line, guides day-to-day services and program structure, helping provide services that are effective, efficient, and survivor-friendly.

2. CE staff receive training annually, according to the CE training plan, regarding DV best practices including assessment and development of safety plans, cultural competency, and trauma-informed assessment. The CoC's DV service provider, FSP, provides training to CE staff regarding the dynamics of domestic violence, how to recognize domestic violence homelessness, and how to address the issue when identified. FSP staff also provides training on distinguishing between Homeless because of domestic violence versus Homeless with domestic violence. The CoC continually works to establish and

maintain client-driven, trauma-informed, and culturally relevant assessment/screening tools and referral policies/procedures to ensure the CE process addresses the physical/emotional safety, privacy, and confidentiality needs of participants. This includes separate access points, if necessary.

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)**

Family Service of the Piedmont (FSP), the Domestic Violence service agency of the CoC, collects client data and reports it in a manner that de-identifies clients, in accordance with the Violence Against Women Act regulations. FSP utilizes Apricot client tracking software that specializes in Victim Services data management and is a comparable HMIS database that produces electronic reports with de-identified aggregate data including the Consolidated Annual Performance Evaluation Report downloaded as an e-Card and the HUD Annual Performance Report, as well as other data requests for all State and Federal reporting and evaluations. Examples of data that is collected and tracked include numbers served, victim demographics, type of victimization, victim services received, referrals, length of service engagement, number of calls to the 24/7 Crisis Line, and if alternate shelter needs to be secured due to the Guilford County Victims Shelters being at capacity.

Specific Victim Services' program outcomes include: exits to permanent housing; increase in financial resources/income; victims feel that services received effectively minimized the impact of their victimization; victims receive strategies to enhance their safety; victims will receive helpful information regarding available resources to assist in recovery; and victims will receive education regarding the dynamics of domestic & sexual violence.

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

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

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

**(limit 2,000 characters)**

1. Guilford County CoC's CE policies and protocols specifically prioritize safety. To ensure the greatest safety for individuals and families fleeing domestic violence, they can access the CE system directly from the DV Shelters or the Victim Service Providers located in both Greensboro and High Point. Staff at DV

shelters and VSPs conduct assessments and work confidentially with participants to ensure equal access to the CoC's housing, services, and other resources, while prioritizing safety. To further assure the safety of the individual/family, DV shelter staff conduct the assessment. When a homeless individual/family shows up at a non-victim service agency and is identified as fleeing or attempting to flee DV, they are immediately referred to their local 24-hour Crisis Line. All ES staff and case managers, as well as CE Assessors, are trained by Family Services of the Piedmont (DV provider) annually on assessing safety issues and developing Safety Plans with those fleeing DV.

2. The Guilford County CoC adopted an emergency transfer plan on December 7, 2017, and all agencies are required to follow the plan. A tenant who is a victim of domestic violence is eligible for an emergency transfer if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

3. To maintain confidentiality, full VI-SPDATs are kept anonymous, and clients are only represented by their initials and score throughout assessment, case conferencing, and referral.

<b>1C-6.</b>	<b>Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.</b>	
	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

<b>1C-7.</b>	<b>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.</b>	
	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?
Housing Authority of the City of Greensboro (NC011)	10%	Yes-Both	Yes
Housing Authority of the City of High Point (NC006)	10%	Yes-Both	Yes

<b>1C-7a. Written Policies on Homeless Admission Preferences with PHAs.</b>	
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)**

1. Guilford County CoC has taken several steps with its two PHAs, Housing Authority of the City of Greensboro (aka GHA) and Housing Authority of the City of High Point, to adopt a homeless admission preference. GHA has a preference for CoC homeless participants or homeless Veterans referred by the VA, who are chronically homeless and receiving documented supportive services. Housing Authority of the City of High Point has Public Housing preferences for chronically homeless persons, and operates targeted programs for HCV (both FUP and VASH). These preferences assist the CoC with opening up CoC-funded beds (i.e., Moving On) and serving more clients on the By-Name List. The CoC has executed an MOU with GHA to administer the EHV program. Other CoC agencies have executed an MOU with the GHA in order to refer clients through the Coordinated Entry process.

2. N/A

<b>1C-7b. Moving On Strategy with Affordable Housing Providers.</b>	
Not Scored—For Information Only	

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

1. Multifamily assisted housing owners	No
2. PHA	Yes
3. Low Income Tax Credit (LIHTC) developments	No
4. Local low-income housing programs	No
Other (limit 150 characters)	
5. Nursing Home/Assisted Living for Elderly/Disabled	Yes

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

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

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

**(limit 2,000 characters)**

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. Guilford County CoC worked with the Housing Authority of the City of High Point to submit a joint application for mainstream vouchers. The HPHA submitted its application with feedback from the NC Housing Finance Agency and Partners Ending Homelessness, as part of this joint application process. The CoC, in coordination with Greensboro Housing Authority, has 113 FUP vouchers, but has not had an opportunity recently to submit a new application. Other joint applications submitted by GHA in coordination with the CoC included two mainstream vouchers (section 811) applications in 2018 and 2019.

2. The HPHA received mainstream vouchers and continues to issue and/or has leased to eligible applicants. GHA's mainstream vouchers (section 811) applications in 2018 and 2019 were competitive and not awarded.

3. Guilford County CoC benefits from coordination with the PHAs, as any vouchers available to serve families experiencing homelessness helps us more efficiently use resources and accelerate housing placement. Expanding the availability of vouchers for families experiencing homelessness is critical to our future success and to ensuring positive outcomes for those we serve.



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

<b>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?</b>	No
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1C-7e.1.	<b>Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.</b>	
	Not Scored–For Information Only	

<b>Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?</b>	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.

<b>PHA</b>
Housing Authority...

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

**Name of PHA:** Housing Authority of the City of Greensboro  
(NC011)

## 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.	12
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.	12
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)**

Projects with HUD CoC and ESG funding are required to commit to a Housing First approach. Partners Ending Homelessness (the CoC's Administrative Agent), in collaboration with the CoC System Performance and Evaluation Committee, monitors these projects on an annual basis. The evaluation tool that

is used for monitoring projects includes questions about the Housing First approach. During the monitoring session, an agency is asked if the project follows a Housing First approach, if the project quickly moves participants into permanent housing, if the project screens out clients, and if the project uses a criteria for terminating clients. For the CoC and ESG funding applicants, the CoC System Performance and Evaluation Committee uses a scoring tool to evaluate if an agency utilizes the Housing First approach or a low barrier implementation. Project applicants must describe a plan for rapid implementation and a schedule of proposed activities.

<b>1C-9b.</b>	<b>Housing First–Veterans.</b>	
	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?	No
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<b>1C-10.</b>	<b>Street Outreach–Scope.</b>	
	NOFO Section VII.B.1.j.	

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

**(limit 2,000 characters)**

1. The Guilford County CoC collaborates with street outreach teams from Partners Ending Homelessness (PEH), Tiny House Community Development (THCD), the Interactive Resource Center’s PATH, the VA, and other local ministries on all street outreach efforts. These agencies utilize Coordinated Entry and HMIS. Street outreach teams use a client-centered approach to engage and identify clients. Clients who are identified through these efforts are added to the CoC’s By-Name List for further engagement, housing, and other support resources. Some outreach teams provide meals at common locations such as bridges, public parks, and parking decks. Other teams engage with clients at encampment sites to provide assessment and necessities such as hygiene items. The Behavioral Health Response Team, Greensboro Police Dept., supports outreach teams.

2. Street outreach covers 100% of the NC-504 Guilford County CoC geographic area.

3. Street outreach teams conduct outreach daily, including weekends and evening hours. The Street outreach teams partner with diverse community members including libraries, community centers, schools, clinics, hospitals, law enforcement, and mental health providers to identify additional households. Street outreach teams are available by phone, text, and/or email with clients.

4. The Street Outreach teams assist those who are least likely to request assistance. The PATH team’s outreach is specifically tailored for people who are experiencing homelessness and mental health challenges. The THCD’s outreach is available for all who are experiencing homelessness and targeted to engaging Veterans. The street outreach efforts provided by street outreach teams and local churches are available to all people who are experiencing homelessness. The teams go out to streets, into the woods, and encampments to engage with clients. Engagement includes assessment of needs and presenting the clients with necessities including water, snacks, toiletries, tents, and sleeping bags.

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

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

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

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

	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.”	80	189

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

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

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

3. <b>Nonprofit, Philanthropic</b>	Yes	Yes
4. <b>Other (limit 150 characters)</b>		
2 Dedicated SOAR Outreach Workers for Guilford County based at Servant Center	Yes	Yes

1C-13a. <b>Mainstream Benefits and Other Assistance—Information and Training.</b>	
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. Case managers from agencies involved in the Guilford County CoC are updated regarding mainstream resources through trainings, Coordinated Entry meetings, and interactions with other partner agencies. CoC-funded case managers report that their collaborative relationships and meetings with other agency case managers and staff are an integral part of staying connected to resources available within the community.
2. Current information and training opportunities are communicated to the CoC Membership via a weekly CoC newsletter listserv. The weekly newsletter serves as the primary means to keep program staff up to date regarding mainstream resources available for persons experiencing homelessness.
3. Member agencies within the Guilford County CoC work with projects to collaborate with healthcare organizations to assist participants with enrolling for health insurance benefits. When clients have no income, case managers work with the clients through a local community clinic or the Guilford County Department of Social Services (DSS) to acquire an "Orange Card" that allows them to assess healthcare services. The "Orange Card" covers the cost for doctor appointments, prescriptions, and other medical care. Agencies partner with hospitals, mental health service providers, and the VA to assist clients as they navigate their health care needs.
4. Member agencies within the Guilford County CoC help with the effective utilization of Medicaid and other benefits through working with clients directly via online assistance, working with Guilford County DSS, and through the SOAR (SSI/SSDI, Outreach, Access, and Recovery) Program. With two dedicated SOAR Outreach workers in Guilford County, the SOAR program receives referrals from local health systems and shelters. After a referral is received, Disability Specialist will meet with the client. The Disability Specialist collects and submits information from the client as well as their medical and employment records.

1C-14. <b>Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
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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 Coordinated Entry (CE) system covers 100% of the NC-504 Guilford County CoC geographic area.

2. With City of Greensboro and County EMS support, the CE strives to reach people who are least likely to apply for homeless assistance. The Street Outreach teams target both locations of known encampments across the county and remote areas to serve our hardest to reach sub-populations (e.g., unsheltered families, chronically homeless persons, unaccompanied youth, people experiencing mental health challenges, etc.). The CoC recently updated its CE partnership agreement with partner agencies including local assessment partners (e.g., law enforcement, government, healthcare systems, and mental health care providers) and housing providers.

3. The CoC prioritizes all PH resources based upon the vulnerabilities captured by the VI-SPDAT. The CoC has developed an integrated system that actively engages and assesses individuals with the greatest need, then proactively documents eligibility, and keeps households engaged throughout the referral and rehousing process.

4. Marketing, assessment, and ongoing engagement ensures that households most in need are being actively enrolled in the system and have access to housing opportunities quickly and efficiently. In response to COVID-19, temporary changes were made to the CE policies and procedures. The CE process was modified to assist clients with finding immediate shelter placement, so the CoC could coordinate system-wide capacity and safety issues. After assessment, individuals and families are tested for COVID-19, they are isolated at the quarantine/isolation hotel, then transferred to shelter, and housed through Coordinated Assessment. The addendum is in effect for the duration of the pandemic. As possible, the CE system will assist with prevention and diversion, such as referring clients to the city and county Emergency Rent Assistance Programs as well as to UNCG Center for Housing and Community Studies' eviction mediation program.

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

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

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

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

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

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

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



1C-15c.	<b>Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.</b>	
	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)**

Our CoC's most recent and in-depth effort in promoting racial equity within the homeless service system was led by the Coordinated Entry Committee, which submitted a letter to express interest in participating in Cohort 2 of the SNAPS Coordinated Entry Equity Demonstration program. The Coordinated Entry Committee noted that 78% of all people in poverty experiencing homelessness in our CoC are Black or from other communities of color. Of the families experiencing homelessness within our CoC, 96% are from Black, Indigenous, and other People of Color communities (BIPOC). 89% of all youth experiencing homelessness are BIPOC. These numbers are startling, but even more so when analyzed by the disparity ratio. BIPOC residents make up only 44% of the entire population served by the CoC. The key area for addressing the racial disparity of the homeless population in our CoC begins at coordinated entry, and with the recent expiration of the eviction moratorium, it is critical to move forward.

Noting these challenges, our CoC seeks to design and implement a more equitable coordinated entry system and improve outcomes for BIPOC. Our CoC is willing to do transformational equity work to prioritize input and strategies from people with lived experience and BIPOC in ending homelessness, by conducting qualitative analysis with these populations and gain their perspectives. Our CoC envisions using a multitude of tools to gather necessary data including surveys, focus groups, public meetings (in-person and virtual), phone surveys, and meetings at shelters and day centers. Targeted interventions will include redirecting funding streams towards race and equity work, restructuring the CoC board to reflect the racial and equity needs in the community, providing compensation for individuals who have lived experience and work with the CoC, developing and maintaining a racial and equity task force, increasing the number of agencies that include people with lived experience and BIPOC, and advocating for diverse areas in our county.

1C-16.	<b>Persons with Lived Experience–Active CoC Participation.</b>	
	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.	3	2

2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	1	1
3.	Participate on CoC committees, subcommittees, or workgroups.	2	1
4.	Included in the decisionmaking processes related to addressing homelessness.	3	2
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	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).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	
	Provider organization staff work with program participants on budgeting and maximizing income to maintain stability in permanent housing.	Yes

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

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

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

1D-1.	<b>Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</b>	
	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)**

Since March 2020, the Guilford County CoC has developed a plan to implement protocols that address safety needs in response to the COVID-19 pandemic.

1. Unsheltered situations: Throughout the community, the City of Greensboro, City of High Point, and other agencies within the CoC have used hotel and motels to provide space for those who are unsheltered during the winter. Local street outreach teams have provided unsheltered individuals with safety items such as masks and hand sanitizers. The street outreach staff members have encouraged these individuals to be tested if they are displaying symptoms and to be vaccinated.

2. Congregate emergency shelters: The Guilford County CoC in collaboration with the Guilford County Public Health Department has utilized a quarantine/isolation hotel. Individuals and families who are looking for space at an emergency shelter are tested and are quarantined at the hotel until they receive a negative test result. If an individual or family at a congregate shelter test positive or is showing symptoms, these clients are quarantined at the hotel. Most of the congregate shelters have reduced their bed utilization to 50% capacity. The shelters have implemented social distancing (such as not using bunk beds or reducing the number of people in a room), and safety mandates as provided by the CDC.

3. Transitional housing: Transitional housing programs are utilizing the quarantine/isolation hotel. Both congregate shelters and transitional housing programs have worked with the county public health and local healthcare

systems to provide on-site and mobile clinics for testing and vaccinations. Transitional housing programs have been able to remain at capacity while implementing appropriate safety protocols.

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)**

In March 2020, the Guilford County CoC created a COVID-19 Homeless Response Task Force. The Task Force includes representation from congregate shelters and transitional housing programs, local City and County governments, the Guilford County Public Health Department, local health care systems, local school system, and other community advocates. The Task Force meets to provide updates on the CoC collaborative response to the pandemic as well as disseminate information on safety protocols such as testing and vaccination.

The Guilford County CoC has also developed a Crisis Response Team. The team has representatives from multiple agencies, and organizations have a protocol in place to facilitate gathering quickly to respond to crisis situations.

The congregate shelters and transitional housing programs have implemented safety and social distancing protocols. The Guilford County Public Health Department has assisted the programs with developing safety plans, such as available space to quarantine clients, appropriate social distancing practices, PPE products, as well as effective cleaning and disinfecting guidance/products.

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 participated in a competition for two rounds of State of NC ESG-CV funding in 2020, as well as City of Greensboro ESG-CV funding. The CoC released the RFP for State ESG-CV funding and agency applications were reviewed and evaluated for effective utilization of funds by the CoC System Performance and Evaluation Committee.

1. Congregate shelters used ESG-CV funds to provide additional safety

measures to ensure social distancing, such making repairs to buildings, providing deep cleaning and disinfection, and plexiglass barriers.

2. Housing assistance was provided by agencies with rapid rehousing and homelessness prevention programs who applied for these funds. The victim service provider received ESG-CV funds for housing assistance and eviction prevention to house more quickly and safely those who are fleeing domestic violence situations.

3. The City of Greensboro & Guilford County received eviction prevention funds. Both entities provided information to apply for the funds via web & print. The Ctr. for Housing Community Studies (CHCS), with County support, operates an Eviction Resolution Clinic in the courthouse. CHCS educates on applying for rental/utility support and offers Mediation Services between landlords and tenants to decrease evictions. The County Manager has an Advisory Committee addressing issues around prevention & diversion, advocacy, landlord engagement, and evictions.

4. Additional healthcare supplies were available from the State's ESG Office, which was communicated & distributed to agencies who requested additional supplies. At Membership meetings and in CoC newsletters, agencies announce if they have additional supplies of face masks and hand sanitizers for others to use.

5. Sanitary supplies were available from the State's ESG Office, which was communicated and distributed to agencies who requested additional supplies. Congregate shelters and transitional housing programs hired professional cleaning services to deep clean and disinfect spaces.

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)**

The Guilford County CoC COVID-19 Homeless Response Task Force includes representation from the Guilford County Public Health Department and local health care systems. The Task Force meets bi-weekly to provide updates on the CoC collaborative response to the pandemic as well as disseminate information on safety protocols such as testing and vaccination. The Guilford County Public Health Department provides weekly updates on the numbers of positive cases, hospitalizations, and vaccinations. The CoC Program Manager attends State of NC COVID-19 meetings, ensuring the CoC coordinates with federal and state health resources and/or updates.

1. Decrease the spread of COVID-19: The Guilford County Public Health Department has utilized a quarantine/isolation hotel, which has successfully maintained a positivity rate fluctuating between 6-8%, for clients before they enter congregate shelter or transitional housing programs. The County public

health and local healthcare systems have provided on-site and mobile clinics for both testing and vaccinations at congregate shelter and transitional housing programs. The Task Force has also helped the Public Health Department and healthcare systems to identify additional public locations for testing and vaccinations, such as local churches and community centers.

2. Safety measures: The congregate shelters have reduced their bed utilization to 50% capacity. The shelters have implemented social distancing (such as not using bunk beds or reducing the number of people in a room), and safety mandates as provided by the CDC. The City of High Point made available portable toilets and hand washing stations for those experiencing homelessness in the community. CoC agencies have implemented local mask mandates. The Guilford County Public Health Department has assisted the programs with developing safety plans, such available space to quarantine clients, appropriate social distancing practices, and effective cleaning and disinfecting guidance.

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 Guilford County CoC created a COVID-19 Homeless Response Task Force which includes representation from congregate shelters and transitional housing programs, local City and County governments, the Guilford County Public Health Department, local health care systems, local school system, and other community advocates. The Task Force provides updates on the CoC collaborative pandemic response as well as disseminates information on safety measures, changing local restrictions, and vaccine implementation. The information is provided by the Guilford County Public Health Department, NC DHHS, and HUD, all entities are informed by CDC and other federal health guidelines.

1. Safety measures: The Guilford County Public Health Department has met virtually or through phone calls to assist congregate shelter and transitional housing programs to develop plans to implement safety measures. The plans have included social distancing, quarantine spaces, etc.

2. Changing local restrictions: Both the CoC monthly Membership and the COVID-19 Task Force meetings have included representatives from the Guilford County’s departments of Public Health and Health and Human Services, the City of Greensboro, and the City of High Point. These representatives have been able to communicate the changing local restrictions, such as mask mandates and capacity restrictions. Updated information is included on the CoC’s Facebook page and in the weekly CoC email newsletter that is sent to all involved in the CoC as well as other community advocates.

3. Vaccine implementation: The Guilford County Public Health Department has

provided regular updates on the vaccines, including dates/locations of vaccine clinics, the latest information on vaccine rollouts, and when homeless providers and clients were eligible for vaccinations. The weekly CoC email newsletters contain links to sign up for vaccine clinics available in the community.

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)**

The CoC operates a 24/7 CE phone line available to answer questions and make referrals for persons seeking homeless assistance and services, which includes sharing information about COVID-19 vaccinations for homeless persons. The CoC has local street outreach teams who interact and engage with unsheltered individuals and families. These individuals are identified from referrals from the local law enforcement, local businesses and organizations, and self-referrals. The street outreach teams have provided unsheltered individuals with safety items such as masks and hand sanitizers. The street outreach staff members have encouraged and provided information for these individuals if they need to be tested if they are displaying symptoms and to be vaccinated. Staff members at congregate shelters and transitional housing programs have assisted in identifying eligible individuals and families for vaccinations based on local protocols, such as persons at a particular age or who have a pre-existing medical condition. The Guilford County Public Health Department and local healthcare systems have provided on-site and mobile clinics for both testing and vaccinations at congregate shelter and transitional housing programs. The Guilford County Public Health Department is assisting shelters to provide and train staff on COVID-19 antigen self-testing kits. At the September 2021 Stand Down, the Public Health Department also administered vaccines for our CoC's Veterans.

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)**

Family Service of the Piedmont (FSP), the CoC's victim service provider, has noted a significant increase of domestic violence in Guilford County since the COVID-19 pandemic began. If other agencies in the CoC are contacted by clients in domestic violence situations, those clients are referred to FSP for assistance. FSP has continued to provide necessary services and resources to those who contact them for emergency shelter or housing resources. FSP has two emergency shelter locations in Guilford County and both have made

building repairs to provide services for additional clients while also maintaining social distancing protocols. FSP also received ESG-CV funds for housing assistance and eviction prevention to expedite safely housing those who are fleeing domestic violence situations. Lastly, FSP has their own DV-focused RRH program, allowing them to rapidly address housing and service needs for those fleeing domestic violence and facing homelessness.

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

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

**(limit 2,000 characters)**

In response to the COVID-19 pandemic, temporary changes were made to the Guilford County CoC’s Coordinated Entry Policies and Procedures in order to mitigate the impact of COVID-19 on those experiencing homelessness. In September 2020, an addendum to the Coordinated Entry Policies and Procedures was approved. The Guilford County CoC in collaboration with the Guilford County Public Health Department has utilized a quarantine/isolation hotel. Individuals and families who are looking for space at emergency or transitional shelters are tested and are quarantined at the hotel until they receive a negative test result. If an individual or family at a congregate shelter test positive or is showing symptoms, these clients are quarantined at the hotel. The CE process has been modified during COVID-19 to coordinate capacity issues, decrease community spread, and maintain overall health and safety, so CE assists clients with finding immediate shelter placement. The Coordinated Entry assessors utilize the VI-SPDAT tool for prevention and diversion. After individuals and families are assessed to be tested for COVID-19, they are isolated at the quarantine hotel, transferred to shelter, and ultimately housed through Coordinated Assessment. Based on recommendations from HUD and the CDC, the addendum included modified prioritization criteria. The criteria for the VI-SPDAT are based on the length of time homeless, if the individual or family is unsheltered at the time of assessment, and if any member of the household is considered high risk for COVID-19. The addendum is in effect for the duration of the pandemic.



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

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

<b>1E-1.</b>	<b>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.</b>	
	<b>NOFO Section VII.B.2.a. and 2.g.</b>	

<b>1.</b>	<b>Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.</b>	09/01/2021
<b>2.</b>	<b>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.</b>	09/01/2021

<b>1E-2.</b>	<b>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.</b>	
	<b>NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.</b>	

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

<b>1.</b>	<b>Established total points available for each project application type.</b>	Yes
<b>2.</b>	<b>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).</b>	Yes
<b>3.</b>	<b>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).</b>	Yes
<b>4.</b>	<b>Used data from a comparable database to score projects submitted by victim service providers.</b>	Yes
<b>5.</b>	<b>Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.</b>	Yes
<b>6.</b>	<b>Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.</b>	Yes

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

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

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

**(limit 2,000 characters)**

1. The Guilford County CoC has written standards that require projects to follow HUD Notice CPD-16-11 and prioritize based on length of time homeless and severity of service needs. Projects funded through our CoC must also participate in Coordinated Entry, which has prioritization built into the process for specific populations (i.e., chronic individuals and families, Veterans, or families). Projects are required to commit to a Housing First approach. Not all projects that submit an LOI may be eligible to move forward. The CoC uses its renewal performance scorecard to rank and select projects for funding.

2. Several performance criteria give additional points to projects serving vulnerable and/or high need populations. Also, the System Performance and Evaluation Committee's process and rating tool takes into consideration issues impacting project performance (i.e., those that provide housing and services to the hardest to serve populations), and the SPE Committee also recognizes that some projects are critical part of our CoC system, meeting a critical need and often serving a specific sub-population within the geographic area.

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1. The Guilford County CoC is very careful and deliberate in its efforts to obtain input and include persons of different races, particularly those over-represented in our local homeless population, throughout its project review and ranking process. The System Performance and Evaluation Committee, who determines the rating factors, is made up of organizations (not CoC-funded) who serve our local homeless demographic and also who represent the racial demographics of our homeless population.

2. The System Performance and Evaluation Committee is comprised of individuals who reflect the over-represented races in our local homeless populations. They bring a wealth of experience and insight into the review, selection, and ranking process, as they work for organizations representing and serving our local homeless population.

3. The Guilford County CoC is well aware of the racial demographics and equity issues in our community for both homeless individuals and homeless families, and CoC-funded project participants mirror those demographics. In addition, our Coordinated Entry is focused on ensuring that racial equity is promoted and maintained as it makes referrals to our CoC's projects. As our CoC works to identify disparities or inequities, the System Performance and Evaluation Committee will remain informed and work toward eliminating these during future project review and ranking processes.

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. System Performance and Evaluation (SPE) Committee of the CoC met, approved the results of a scoring rubric for renewal projects (shared with project applicants), reviewed project applications, and approved a recommendation for acceptance and ranking of CoC project applicants for the 2021 CoC Grant Competition. The committee's priorities favored projects that: A) perform well on HUD's System Performance Measures; B) focus on serving sub-populations that have limited housing options (chronic, veterans, unaccompanied youth, families with children, and those experiencing domestic violence); C) maximize funding for the CoC by awarding bonus projects; and D) minimize the loss of funding for renewals.

2. Our CoC identified two projects, which had significant funds recaptured, and thus, the SPE Committee recommended proportional small reductions to create funds for reallocation and fully fund new projects.

3. Among our CoC's renewal projects, SPE Committee did not identify any low performing or less needed projects that would be fully rejected during its local competition. The SPE Committee did reject one new project this year, making recommendations for a future application to improve its financial efficiency (cost per participant, cost per PH success).

4. NA

5. SPE Committee reviewed scoring, ranking, and reallocation policies and processes and shared with CoC membership via publication in weekly newsletters and on the CoC website.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/22/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/22/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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 - 24 CFR part 578

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

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

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

**(limit 2,000 characters)**

1. Both Guilford County CoC and the local HMIS Lead, Partners Ending Homelessness, have fully supported the active engagement of Family Service of the Piedmont, Inc., our CoC's DV provider, in CoC data and reporting activities. This includes utilizing a comparable database, Apricot, that collects the same data elements required in the HUD-published 2020 HMIS Data Standards and the FY 2022 HMIS Data Standards that went into effect on October 1, 2021.

2. Family Service of the Piedmont, Inc. is able to submit their necessary reports and de-identified aggregated system performance measures data for each of their projects in the comparable database to our CoC and HMIS Lead. Family Service of the Piedmont, Inc. also submits de-identified aggregated data to the System Performance and Evaluation Committee for the annual performance review of CoC Renewal Projects in following with our local review, rating, and ranking process.

<b>2A-5.</b>	<b>Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.</b>	
	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	468	52	402	96.63%
2. Safe Haven (SH) beds	6	0	6	100.00%
3. Transitional Housing (TH) beds	61	0	61	100.00%
4. Rapid Re-Housing (RRH) beds	189	8	181	100.00%
5. Permanent Supportive Housing	403	0	230	57.07%
6. Other Permanent Housing (OPH)	0	0	0	

<b>2A-5a.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.</b>	
	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)**

Guilford County CoC is actively working toward 100% with HMIS bed coverage for its PSH projects. VASH beds account for all of the non-HMIS PSH beds (173 VASH beds), which currently gives a 57.07% bed coverage rate for PSH.

1. Guilford County CoC, a member of the NCHMIS, has supported our NCHMIS Implementation Lead, MCAH, in its efforts to work with HUD, the VA, and WellSky on identifying a solution for importing VASH data into NCHMIS. However, importing is not technically possible at this time. With a newly hired

HMIS LSA, Guilford County CoC plans to take two major steps over the next 12 months to increase the bed coverage rate. First, identify a process for new VASH client data entry. Second, develop an action plan for obtaining ROIs and collecting data on existing VASH clients, so that may either be entered or imported.

2. Guilford County CoC will continue to support MCAH, our NCHMIS Lead, on any system-wide solutions in collaboration with the VA, WellSky, and HUD. In addition, the HMIS LSA will coordinate a meeting among the involved parties (VA, HMIS LSA, PHAs, and others providing VASH housing/services). They will identify a person to obtain ROIs and begin entering data on all new VASH participants. The CoC will gradually increase bed coverage with all new VASH clients. As existing VASH client data is made available, the HMIS LSA will conduct data entry or identify a more appropriate person to do so.

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

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	100.00%
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<b>2A-5b.1.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.</b>	
	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)**

<b>2A-6.</b>	<b>Longitudinal System Analysis (LSA) Submission in HDX 2.0.</b>	
	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
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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- 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
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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
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## 2C. System Performance

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

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- 24 CFR part 578

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	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 Guilford County CoC analyzes HMIS data of those who have entered the system as homeless for the first time to identify trends. Population trends are compared to historical data to identify current risk factors specific to the community. National data and recommendations of high-risk populations are also taken into consideration and used to understand local vs. national trends. The CoC has reviewed the UNCG Center for Housing and Community Studies’ data to better understand historical issues, racial inequities, and health disparities which influence homelessness. As reported in HDX, there was an 11.2% decrease in first-time homelessness, from 34.5% in FY2019 to 23.3% in FY2020.

2. The 2021 Guilford County PIT Count included a 20% decrease in sheltered individuals and families as compared to the 2019 PIT Count and a 3.5% decrease as compared to 2020. The CoC’s strategy for addressing individuals and families at risk of becoming homeless includes: A) Identify risk factors that inform CoC prevention strategies and programs; B) Coordinate provider agencies with prevention funds to provide cash assistance and supportive services to households at risk; C) Increase support and collaboration efforts with discharge planning across systems (e.g., foster care, mental hospitals, jail), so persons leaving systems do not enter homelessness; D) Refer to mediation in housing programs to preserve tenancy; E) Advocate for expanded local affordable housing opportunities and other mainstream programs to reduce the number of housing-cost burdened families at risk of homelessness due to poverty and advocate for resources to be uniformly low barrier and accessible; F) Maintain relationships with housing providers to aid and identify at-risk households; and G) Provide education opportunities and training to case

managers across system interventions.

3. The CoC Program Manager at Guilford County Department of Health and Human Services, the CoC's Collaborative Applicant, will oversee this strategy.

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

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

**(limit 2,000 characters)**

1. Guilford County CoC's strategy to reduce the length of time homeless includes providing well coordinated and robust RRH & PSH programs that serve all sub-populations and meet community need as well as supporting local efforts to increase the stock of affordable housing units in our CoC to reduce the average length of time. In addition, the CoC operates a Coordinated Entry system that A) Prioritizes the most vulnerable for housing; B) Uses assessment tools to match households to programs and interventions that are appropriate; C) Works closely with first responders and outreach teams to quickly engage and link clients to resources and interventions; D) Uses streamlined admission criteria and forms for PSH programs; and E) Employs diversion strategies to quickly connect people to self-resolution options. As reported in HDX, there was a slight increase in average length of time homeless (7.7%), which is linked to the impact of COVID-19 in the community. While average LOTH increased by a few days, median LOTH decreased by 8.2% as reported in HDX SPM for Metric 1.2.

2. The CoC identifies and houses persons with the longest length of time homeless using the Coordinated Entry system, prioritizing housing for persons with the greatest need. The CoC's partners have used the data point that the length of homelessness most correlates with vulnerability. The CE system engages with persons experiencing homelessness, including long-term homelessness, by having multiple access points including day centers, shelters, street outreach programs, medical clinics, jails, and call-in phone options. Efforts have been made to recruit property management partnerships to ensure that they are able to rent to households with housing barriers associated with the longest periods of homelessness.

3. Partners Ending Homelessness is the lead agency for the CoC 's CE system, and will work in collaboration with the CoC's CE Committee to oversee the strategy to reduce the length of time homeless.

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

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

**(limit 2,000 characters)**

1. ES, SH, TH, and PH-RRH exits to PH destinations increased from 39% in FY2019 to 42% in FY2020, which is a 3% improvement in the overall HDX SPM measure. The CoC's strategy to increase the rate of persons in ES, SH, TH, and PH-RRH exiting to PH destinations include: A) Using the CE system to connect to appropriate PH and prioritizing vulnerable households; B) Supporting shelter transformation to become housing-focused; C) Improving the system flow of HMIS data quality related to exits for all projects, including emergency shelter which shows a high rate of missing exit destination information; D) Monitoring project performance by housing outcomes; E) Training case managers to implement best practices that promote housing stability and preservation; and F) Working with local resources to create a bridge between payments and housing options.

2. As reported in HDX SPM for PSH projects, there was a 2% increase in the percentage of successful exits/retention from 95% in 2019, to 97% in 2020. The CoC's strategy to increase the rate of persons in PSH projects retaining or exiting to PH involves the following. A) Monitor PSH rates of successful retention and exits to PH destinations. PSH projects are competitively ranked for renewal based on their performance. B) Partner with property managers for access to units and lease negotiation for vulnerable people in PSH projects. C) Train case managers to implement best practices to promote housing stability and retention. D) Utilize a Move-On Strategy with local housing authorities and streamlining access to mainstream Housing Choice Voucher for individuals in PSH for move-on housing. E) Utilize a robust VAWA policy and procedures and an Emergency Transfer Plan to ensure that households experiencing DV maintain housing stability by quickly connecting to safe housing resources. F) UNCG Center for Housing and Community Studies in collaboration with Guilford County has started an eviction mediation program as a preventative measure to retain PH.

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

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

**(limit 2,000 characters)**

1. The CoC uses two methods to identify individuals and families who return to homelessness: A) HMIS system where returns to homelessness can be identified and B) CE system that encourages households to immediately request assistance again upon a return to homelessness. HMIS identifies cases where a prior exit to permanent housing now has a new emergency shelter or

street outreach contact, then flags the case as a potential return to homelessness in need of further engagement. Marketing, intensive outreach, and highly accessible locations ensure that all households can request assistance quickly, conveniently and are being affirmatively offered the opportunity.

2. As reported in HDX, there was a 2% decrease in the rate at which persons returned to homelessness in FY20 (9%) as compared to FY19 (11%) for persons <6 months out, and a 3% increase in the rate of return for persons 6-12 months out (FY20: 7%; FY19: 4%). To reduce the rate of returns to homelessness, the CoC utilizes CE to match households to programs with the appropriate support and services to ensure long-term stability in the housing situation. CE offers households the active choice in determining which potential option is best suited to meet their needs. These housing programs utilize a Progressive Engagement approach to ensure that households with higher needs receive more intensive services and increased program enrollment duration if needed. Once in PH, the CoC's strategy is to provide person-centered case management after housing to prevent returns. If a return does occur, then the CoC analyzes common factors among all returning cases on both an individual household and project-specific lens to identify areas of needed support, resources, or staff training, and to further inform the development of the CE matching process.

3. Partners Ending Homelessness (PEH) is the lead agency of the CoC's Coordinated Entry system and local HMIS Lead. PEH works closely with both the CoC's Coordinated Entry and HMIS Committees to oversee this strategy.

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

**(limit 2,000 characters)**

1. As reported in HDX, the CoC showed an 11% improvement with employment cash income (Metric 4.1 FY20: 17%; FY19: 6%). The CoC's employment income strategy relies on the relationships that have been established between the mainstream employment agencies, job training programs, employers, and our homeless service providers. Our CoC agencies assist mainstream employment agencies by bringing more employers to the table. Our CoC partners with our local colleges, universities, and job training programs that provide education to those we serve and increase their ability to access to the job market. Each CoC homeless provider also has organizational strategies that are specific and appropriate for the specific sub-population they serve.

2. Many of the households we serve want more than a job, they want and need employment that will provide them with income that will equal the cost of living. Our agencies collaborate with several mainstream employment agencies that

have proven track records in our community. These organizations include WRLP Community Action, Vocational Rehab, Goodwill, Step-up, Tiny House Community Development, GTCC, Greensboro Housing Authority. Each of these partners, along with local colleges/universities, provide training, life skills classes, and job fairs.

3. Guilford County Department of Health and Human Services will oversee the strategy as Guilford County CoC’s Collaborative Applicant. The CoC Program Manager will be the position to oversee the strategy to increase income from employment.

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

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

**(limit 2,000 characters)**

1. The Guilford County CoC works diligently within our sphere of organizations and agencies to ensure that we are providing services to our clients to move them to stable housing and self-sufficiency. We understand that this includes opportunities to gain employment that pays a living wage, as well as opportunities to attend trainings. To that end, we are developing relationships with private employment organizations, such as Goodwill Industries, WRLP Community Action, GTCC, Step-up, and others to assist our clients to become gainfully employed. Our participants are apprised of opportunities to attend job fairs, and other hiring events in the community. For example, Goodwill hosted a job fair with representation from 40+ local businesses, and the employers took applications and were prepared to hire. The City of High Point recruited new businesses to increase employment opportunities for residents and assisted with hosting job fairs. Second Harvest provided culinary training and job connections with private employers. Lastly, CoC agencies conducted outreach to private employers, such as Lawson and Associates, who not only serves as a landlord for our units but as an employer who will hire those with criminal backgrounds.

2. The Guilford County CoC has members and officers that are representative of both public and private entities that provide supportive services to the CoC membership in areas of job-training, employment, soft skills training, and other needed services. These partnerships represent community action, health care and training providers, as well as the faith community. CoC-funded agencies work with participants to encourage their pursuit of meaningful education and employment opportunities that support recovery and improve well-being. From construction with Tiny Houses to food preparation & service with Second Harvest, there are a wealth of on-the-job training opportunities for program participants.

2C-5b.	Increasing Non-employment Cash Income.	
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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. As reported in HDX, the CoC showed a slight decrease in non-employment cash income (Metric 4.2 FY20: 8%; FY19: 11%). The Guilford County CoC's first strategy to increase non-employment cash income is to provide training and resources to Case Managers working with participants. In this role, they monitor non-employment cash income gains for CoC program participants using HMIS data and reporting. In addition, the CoC has two other strategies for increasing non-employment cash income: a) developing targeted partnerships with non-employment cash income sources so that services can be affirmatively brought to the clients least able to apply for them through standard channels, and b) advertising the availability of these income sources at all possible points of system entry and service so that barriers to existing application pathways are minimized or removed.

2. To increase access through these strategies, the CoC has implemented the following steps: A) improving access to SSI/SSDI disability benefits through SOAR (e.g., Guilford County has two dedicated SOAR outreach workers); B) integrating income benefits planning into multiple steps of the Coordinated Entry System (CES); C) encouraging all housing and service providers to assist clients in applying for all cash assistance opportunities such as SNAP, WIC, TANF, and SSA Retirement Benefits; and D) facilitating access to legal aid for clients struggling to access any of these mainstream cash assistance sources. Pre-screening for income pathways as well as other non-employment cash income sources is built into CES and occurs simultaneously with vulnerability and program-specific screening. Service providers such as emergency shelters, transitional housing, street outreach, and day resource staff are trained on these income sources and how to assist households in applying for them locally.

3. The CoC Program Manager at Guilford County Department of Health and Human Services, the CoC’s Collaborative Applicant, will oversee 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](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

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

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

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

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

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

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

<b>1.</b>	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.)?	Yes
<b>2.</b>	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?	Yes

<b>3A-3.</b>	<b>Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.</b>	
	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
Room At The Inn's...	RRH	12	Healthcare



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

**1. What is the name of the new project?** Room At The Inn's Rapid Re-Housing Program

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

**3. Enter the rank number of the project on your CoC's Priority Listing:** 12

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

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

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

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

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	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
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	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)**

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

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

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

<b>3C-2.</b>	<b>Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	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)**

## 4A. DV Bonus Application

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

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

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

<b>4A-1a.</b>	<b>DV Bonus Project Types.</b>	
	NOFO Section II.B.11.	

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

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

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

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

1.	Enter the number of survivors that need housing or services:	5,784
2.	Enter the number of survivors your CoC is currently serving:	1,876
3.	Unmet Need:	3,908

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

Describe in the field below:

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

**(limit 2,000 characters)**

1. The above calculations used statistical data from Family Service of the Piedmont (FSP), as well as data from the Greensboro and High Point Police Departments, the Guilford County Sheriff’s Department, and the NC Administrative Office of the Courts. FSP served 1,876 survivors in FY2021 (7/1/20 – 6/30/21) through advocacy and shelter services. The overall number consists of DV-related calls that resulted in arrest charges, the number of 50B protective orders served and the number of charges filed for assault on a female or assault by strangulation. Local law enforcement reported a total of 16,468 DV-related calls in 2019 (latest available data). Law enforcement also reported a 10% overall increase in DV-related calls in the third quarter of 2020 as compared to the same time period in 2019. FSP’s Crisis Line received a total of 1,052 DV-related calls in FY2021. Of these calls, 409 reported issues with homelessness. 104 callers requiring shelter had to receive shelter services in another county due to FSP’s shelters being at capacity. FSP’s Victims’ Shelters served 363 individuals in FY2021.

2. The data was collected from FSP’s comparable database, Apricot. Law Enforcement numbers are based upon latest available data from these sources.

3. There are various barriers associated with meeting the service and housing needs of survivors, with COVID-19 being the recent and primary barrier. Many survivors were hesitant to engage in emergency shelter services due to the pandemic and the nature of shelter living, making it harder to engage them in ongoing housing and case management services. Guilford County, NC has a significant lack of affordable housing, and during the pandemic landlords were hesitant to enter into new leases due to fear of non-payment of rent and the renter protections of COVID-related eviction moratoria. The supports that RRH, TH, case management and other supportive services provide serve to assist survivors in quickly moving into permanent housing.

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

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

<b>Applicant Name</b>
Family Service of...

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

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

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

1.	Applicant Name	Family Service of the Piedmont, Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	100.00%

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

Describe in the field below:

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

**(limit 1,000 characters)**

1. The 100% reported above represents eligible clients engaging in the Victim RRH program. No clients who participated in the RRH program dropped out of the program or lost housing.

2. Rates reported were calculated via Apricot, Family Service of the Piedmont's comparable database.

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

Describe in the field below how the project applicant:

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

**(limit 2,000 characters)**

1. Our CoC works closely with Family Service of the Piedmont (FSP) to ensure that DV survivors experiencing homelessness are assisted in a trauma-informed manner that quickly moves them into permanent housing. FSP is the Victim Services Provider in Guilford County, NC. Safe, sustainable housing is the goal for all survivors. For survivors, safety is the first priority, and housing is addressed once a reasonable level of safety is achieved.
2. FSP participates on the CoC's Coordinated Entry (CE) Team which meets weekly. SPDAT and lethality assessments for survivors are presented anonymously and scoring accounts for their status as a DV survivor. The CE Team reviews SPDAT assessments, strategizes about housing options, and assesses an organization's ability to serve the clients presented.
3. The dynamics of DV pose unique challenges to securing housing and necessitate different strategies when working with survivors. Case management works to address the housing barriers many survivors face, including landlord hesitancy to lease to DV victims, survivor choice and safety concerns, economic barriers, hesitancy to engage in services and confidentiality issues. Weekly case management addresses the survivor's DV in a trauma-informed manner and housing choice is survivor driven.
4. Supportive services include budget counseling/credit repair/financial capability building, behavioral health and primary care services, connection with legal assistance, job training or education assistance, transportation, and childcare assistance. FSP's Consumer Credit Counseling (CCCS) provides Housing Counseling services by HUD-certified housing counselors. Programs utilize a multidisciplinary team (MDT) approach, including key supportive service providers in case staffing with the goal of eliminating barriers and assisting the survivor in moving forward and sustaining housing. Inclusion in the MDT is at the consent of the survivor and participation in services is completely voluntary.

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

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

**(limit 5,000 characters)**

Family Service of the Piedmont (FSP) operates two victims' shelter for survivors of domestic violence, sexual assault and human trafficking. These shelters are solely for survivors and their locations are confidential.

1. FSP Victim Services staff receive a minimum of 20 hours of program-specific training upon hire and annually thereafter which includes training on safety planning. Training is provided through The Office for Victims of Crime Training & Technical Assistance Center. Case management is one of the most vital services for survivors and FSP Case Management staff receive specialized case management training to ensure services are trauma-informed and delivered in a manner that is specific to serving survivors. Case Managers administer lethality assessments and are trained to maintain a fluid approach with safety planning—encouraging participants to focus on daily tasks, surroundings and accommodations, and personal interactions with a constantly evolving eye.
2. FSP ensures all intake spaces with participants are in a private location to ensure safety and confidentiality at all times. Staff are only authorized to discuss a survivor's specific circumstances with the survivor themselves, unless the participant signs a specific release of information authorization.
3. FSP serves survivors who have fled an abusive situation, so they are not working with couples.
4. When determining what housing is safe for DV participants, FSP staff takes many things into consideration, including abuser location. One of the criteria for participation in FSP's RRH and Joint TH and PH-RRH Programs is the achievement of a reasonable expectation of safety from the abuser. Anticipatory safety planning is a huge part of assisting participants who are moving into housing.
5. FSP's facilities are equipped with security cameras and alarms and staffed 24/7 with trained, paid staff. The Facilities Manager works with staff regularly to ensure all aspects of the facilities are in good, working order and inspections are conducted on a quarterly basis.
6. FSP operates the only two fully accredited victims' shelters in Guilford County for survivors fleeing domestic violence, sexual assault or human trafficking and has been providing these services since the 1970s. Safety of survivors is the main priority, whether participants are residing in the Emergency Shelter or participating in the RRH program. FSP also has victim advocates embedded with local law enforcement and is the victim services provider for the Guilford County Family Justice Center.

When case management staff work with survivors, they are always focused on identifying what types of environments feel safe for the survivor. The location of the unsafe person (jail, moved out of the area, not in contact with survivor anymore) are all considerations in regards to the existing safety plan. Case managers explore with the survivor what type of environment makes them feel safe. This can vary from person to person. Areas of consideration include whether or not the unsafe person frequents that neighborhood, proximity of neighbors and support systems, building design, transportation and/or parking considerations, school options for children, etc. Using this information, a housing assessment is created for each survivor and staff then begin looking for scattered site units that fit the individual's needs. Case management staff also work with victims regarding the Address Confidentiality Program. Increased safety and confidentiality needs, coupled with the additional economic and housing barriers survivors face as a result of the violence, often prolong the



amount of time it takes for survivors to secure safe, permanent housing.

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

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

**(limit 2,000 characters)**

Family Service of the Piedmont’s (FSP) mission is to empower individuals and families to restore hope, achieve stability, and thrive through quality support services, advocacy, and education. FSP operates Clara House (Greensboro) and Carpenter House (High Point), the only two fully accredited domestic violence/victims’ shelters in Guilford County, NC. These shelters provide a safe, nonviolent haven for survivors of domestic violence, sexual assault, and/or human trafficking and their children, and they offer services and support to empower victims to change their environment. The shelters have been in operation for more than 45 years. FSP’s shelters are Low Barrier facilities. The only service requirement is to be an active victim of domestic violence, sexual assault, or human trafficking with safety concerns.

Individuals that experience violence often also experience extreme isolation. Ensuring that survivors can access necessary resources is critical to ensuring their safety, securing permanent housing and making inroads on breaking the generational cycle of violence. The philosophy of FSP’s Victim Services programs is based on several modalities, with the primary model being Empowerment. The North Carolina Coalition against Domestic Violence Best Practices Manual, which includes preferred procedures for advocacy, shelter, and crisis line, guides day-to-day services and program structure, helping provide services that are effective, efficient, and survivor-friendly.

FSP’s Rapid Re-Housing program focuses on the exit to safe, sustainable housing as the goal for all survivors. DV and human trafficking survivors often have unique barriers or specific housing needs which can impede them from finding safe, affordable, appropriate housing. FSP’s Case Managers work with clients to secure housing, emphasizing client choice, safety and sustainability.

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

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

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

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

**(limit 5,000 characters)**

1. Family Service of the Piedmont (FSP) focuses on the exit to safe, sustainable housing as the goal for all participants. DV and human trafficking survivors often have unique barriers or specific housing needs which can impede them from finding safe, affordable, appropriate housing. FSP's Case Managers work with participants to secure housing, emphasizing client choice, safety, and sustainability. Housing assessments are completed for all survivors to ascertain individual preferences, unique safety needs, and barriers to success, and then individualized case plans are created in concert with the survivor. Safety, self-determination, and healing from trauma are the driving factors on their path to permanent housing. Once participants are housed, Case Managers deliver services by working with participants in their home or other natural setting to support their goals of maintaining stable, violence-free housing.

2. FSP’s trauma-informed approach to victim services ensures that survivors have access to services in an environment that is inclusive, de-stigmatizing, and does not re-traumatize the survivor. A survivor’s emotional safety is addressed, in addition to their physical safety.

3. Each year victim services staff complete 20 hours of CE, which includes trauma-focused service delivery, and FSP offers psycho-educational support groups and in-house Adult Victim Trauma-Focused therapy services at no charge to the client.

4. FSP program’s modalities stem from a strengths-based perspective where service solutions are geared toward a client’s strengths, rather than a prescriptive “correct” route. Services are provided in a manner that respects the dignity and worth of each individual and promotes self-determination. Participants are offered resources and education to help them identify their strengths and goals, and then staff work with them on the steps needed to make the best decisions for themselves and their families and achieve those goals.

5. FSP strives to ensure that staff and Board members represent the racially diverse population that is served. Racial Equity is addressed through FSP's annual diversity training, during monthly divisional meetings, and through weekly staff supervision. Staff attend additional trainings, as applicable, throughout the year. FSP’s commitment to operating and providing services in a racially equitable manner is reflected in the organizational culture. FSP will not deny service to anyone based on cultural, individual, and role differences including those related to race/ethnicity, creed, national origin, language, gender, age, sexual orientation, physical and/or cognitive ability, social class, economic status, education, marital status, religious affiliation, and residency or immigration status.

6. Through case management and supportive services, FSP encourages

participants to build social supports and community, which are critical to long-term success. Effective social connections can look different depending on the individual. FSP offers support groups – both psycho-social for a facilitated peer support setting and clinical groups to address specific instances of trauma. When searching for housing, case managers always incorporate spiritual and familial needs and connections into the assessment. Case managers work to help the participant re-establish past bonds where they can, such as reconnecting with family where possible if they are estranged. Other support services offer group settings that can facilitate connection such as CCCS financial education groups, continuing education classes, parenting classes, and wellness classes through Integrated Primary Care Services.

7. Staff work with parenting survivors to create individualized service plans designed to eliminate housing and sustainability barriers and to further success. Case management services are holistic and include assessment of eligibility and assistance with filing paperwork for mainstream benefits/income, such as SNAP, WIC, Medicaid, TANF, Section 8, SSI/SSDI, earned income, and unemployment, as well as victims' compensation to ensure maximum benefits for a family with children. Supportive services that are available include but are not limited to support groups, budget counseling/credit repair/financial capability building, the provision of behavioral health and primary care services, access to parenting classes and supports, connection with legal assistance, protection orders, court advocacy, job training or education assistance, transportation, access to preK-12 educational services (LEA), and assistance with childcare if necessary.

4A-4e.	<b>Meeting Service Needs of DV Survivors–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

**(limit 5,000 characters)**

1. FSP strives to be a leader in victim service delivery excellence through professional, knowledgeable, confidential, honest and compassionate approach to persons victimized by crime or tragic circumstances. FSP believes that every person that experiences a crime or tragedy does so in a unique way and each individual needs a victim centered, safe, secure, inclusive, supportive and non-judgmental environment to share these experiences. Safety plan and planning resources and information is provided for any person receiving victim services, which includes family members and friends. Safety planning is one of the most effective tools to help reduce the risk of injury or death.

For more than 45 years, Carpenter House in High Point and Clara House in Greensboro, have provided emergency shelter and other services to survivors, with or without children, who are homeless due to an imminently dangerous domestic violence and/or human trafficking situation. FSP began offering Rapid Re-Housing services to survivors in 2017. Safe, immediate, sustainable permanent housing is the goal for all participants. Weekly case management

sessions are offered that focus on locating safe, affordable housing of the participant's choice, addressing issues that may impede access to housing (e.g., credit history, lack of income), and negotiating leases. Case Managers monitor housing stability, help resolve crises, provide connections to community resources, assist participants with creating honest monthly budgets, and encourage participants to achieve greater autonomy.

Operating supports for survivors and their children help to empower clients to work toward meeting long-term needs such as safe, stable housing and mainstream benefits; employment; child care; 50B protection orders; victim/court advocacy; psycho-educational groups; life skills training; and financial coaching. Additional services available from our Victim Services Division include a 24/7 Crisis Line, legal referral services; court advocacy and accompaniment; hospital accompaniment; two nationally accredited Children's Advocacy Centers; and a Supervised Visitation and Exchange Center with expertise in serving victims of domestic violence.

2. One of FSP's strategies to assist survivors in achieving and maintaining housing is offering Financial Education, Coaching, and Credit Counseling sessions. FSP's Consumer Credit Counseling Services Division can provide survivors with information on budgeting, saving money, banking, and other basic financial topics. In addition, for clients who wish to engage and have specific goals they wish to work toward, CCCS Counselors will provide ongoing, long-term individual coaching services to assist clients with their goal of increasing financial capability, increasing income, and working toward safe, sustainable housing. All services are provided by HUD-certified Housing Counselors. Clients have responded positively to this service offering and outcomes have included credit score improvement, sustainable budgeting, and making strides toward many more financial goals. After completing the program, one survivor stated "He used our finances to control me, I used my new understanding of finances to propel my family forward!"

FSP collaborates with Elon Law and the Children's Law Center for issues of Child Custody. Legal Services are addressed through Guilford County Family Justice Center (FJC) partners which include Elon Law & Legal Aid. Criminal History issues are addressed through our partner relationships at the Guilford County FJC and FSP's Victim Advocacy services. Bad Credit History can be addressed through FSP's Consumer Credit Counseling Services. Physical and Mental Healthcare, along with Drug and Alcohol Treatment, are addressed via FSP's Counseling Services Division and are provided at no cost to the survivor. FSP is a multi-service Agency and referrals among service divisions are common. It is part of the Agency's culture to provide holistic services to all clients served. Education, Job Training, and Employment needs are referred to community partner organizations. Childcare referrals are made in the community and assistance with cost can be provided if necessary.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	
	Provide examples in the field below of how the new project will:	
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;	

2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

The two proposed DV Bonus projects will build on existing trauma-informed, victim-centered approaches, but significantly increase the number of participants served, as well as the frequency and intensity of services for our participants.

1. Family Service of the Piedmont (FSP) will focus on the exit to safe, sustainable housing as the goal for all participants. DV and human trafficking survivors often have unique barriers or specific housing needs which can impede them from finding safe, affordable, appropriate housing. FSP's Case Managers will work with participants to secure housing, emphasizing client choice, safety, and sustainability. Housing assessments will be completed for all survivors to ascertain individual preferences, unique safety needs, and barriers to success, and then individualized case plans are created in concert with the survivor. Safety, self-determination, and healing from trauma are the driving factors on their path to permanent housing. Once participants are housed, Case Managers will deliver services by working with participants in their home or other natural setting to support their goals of maintaining stable, violence-free housing.

2. FSP's trauma-informed approach to victim services will ensure that survivors have access to services in an environment that is inclusive, de-stigmatizing, and does not re-traumatize the survivor. A survivor's emotional safety is addressed, in addition to their physical safety.

3. Each year victim services staff will complete 20 hours of CE, which includes trauma-focused service delivery, and FSP will offer psycho-educational support groups and in-house Adult Victim Trauma-Focused therapy services at no charge to the client.

4. FSP program's modalities stem from a strengths-based perspective where service solutions are geared toward a client's strengths, rather than a prescriptive "correct" route. Services will be provided in a manner that respects the dignity and worth of each individual and promotes self-determination. Participants will be offered resources and education to help them identify their strengths and goals, and then staff will work with them on the steps needed to make the best decisions for themselves and their families and achieve those goals.

5. FSP strives to ensure that staff and Board members represent the racially diverse population that is served. Racial Equity is addressed through FSP's

annual diversity training, during monthly divisional meetings, and through weekly staff supervision. Staff will attend additional trainings, as applicable, throughout the year. FSP's commitment to operating and providing services in a racially equitable manner is reflected in the organizational culture. FSP will not deny service to anyone based on cultural, individual, and role differences including those related to race/ethnicity, creed, national origin, language, gender, age, sexual orientation, physical and/or cognitive ability, social class, economic status, education, marital status, religious affiliation, and residency or immigration status.

6. Through case management and supportive services, FSP will encourage participants to build social supports and community, which are critical to long-term success. Effective social connections can look different depending on the individual. FSP offers support groups – both psycho-social for a facilitated peer support setting and clinical groups to address specific instances of trauma. When searching for housing, case managers will always incorporate spiritual and familial needs and connections into the assessment. Case managers will work to help the participant re-establish past bonds where they can, such as reconnecting with family where possible if they are estranged. Other support services will offer group settings that can facilitate connection such as CCCS financial education groups, continuing education classes, parenting classes, and wellness classes through Integrated Primary Care Services.

7. Staff will work with parenting survivors to create individualized service plans designed to eliminate housing and sustainability barriers and to further success. Case management services will be holistic and include assessment of eligibility and assistance with filing paperwork for mainstream benefits/income, such as SNAP, WIC, Medicaid, TANF, Section 8, SSI/SSDI, earned income, and unemployment, as well as victims' compensation to ensure maximum benefits for a family with children. Supportive services that will be available include but are not limited to support groups, budget counseling/credit repair/financial capability building, the provision of behavioral health and primary care services, access to parenting classes and supports, connection with legal assistance, protection orders, court advocacy, job training or education assistance, transportation, access to preK-12 educational services (LEA), and assistance with childcare if necessary.

## **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:**

## **Attachment Details**

**Document Description:** Healthcare Formal Agreements

## **Attachment Details**

**Document Description:**



## Submission Summary

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

<b>Page</b>	<b>Last Updated</b>
<b>1A. CoC Identification</b>	10/13/2021
<b>1B. Inclusive Structure</b>	11/12/2021
<b>1C. Coordination</b>	11/12/2021
<b>1C. Coordination continued</b>	11/12/2021
<b>1D. Addressing COVID-19</b>	11/12/2021
<b>1E. Project Review/Ranking</b>	11/11/2021
<b>2A. HMIS Implementation</b>	11/11/2021
<b>2B. Point-in-Time (PIT) Count</b>	09/21/2021
<b>2C. System Performance</b>	11/12/2021
<b>3A. Housing/Healthcare Bonus Points</b>	11/08/2021
<b>3B. Rehabilitation/New Construction Costs</b>	09/28/2021

  

FY2021 CoC Application	Page 65	11/13/2021
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<b>3C. Serving Homeless Under Other Federal Statutes</b>	09/21/2021
<b>4A. DV Bonus Application</b>	11/12/2021
<b>4B. Attachments Screen</b>	11/12/2021
<b>Submission Summary</b>	No Input Required