Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
Answering Multi-Part Narrative Questions
Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

1A-2. Collaborative Applicant Name: United Way of Central New York

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of Central New York

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

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

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

By selecting "other" you must identify what "other" is.

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

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

(limit 2,500 characters)

1. The CoC holds its Annual Housing & Homeless Coalition Membership Meeting in June of each year. Leading up to that meeting, potential new members are solicited through a variety of methods including in the CoC's bi-weekly newsletter, communication via listserv, the CoC's website, and social media. The CoC also solicits and accepts new members year-round. The CoC staff provides presentations about the coalition and extends training opportunities to new or potential members. New partners are also invited to give presentations of their services in CoC meetings.

2. CoC announcements are posted in PDF or DOCX format that include searchable and machine-readable text. In addition, the CoC's data dashboard was designed with a color scheme visible to people with color blindness. The CoC also has partnerships to translate documents to Braille and/or other language translations, if requested.

3. The CoC has many member organizations that serve culturally specific communities including Black/African American, Latino, LGBTQ+, and persons with disabilities. The CoC continues to reach out to organizations to extend membership. These efforts have included conducting demographic surveys of the CoC Board to identify gaps in representation of culturally specific communities to ensure that board recruitment and CoC membership are reflective of the communities served in the homelessness system. The CoC has connected with members of local tribal nations to invite them to join the CoC. The CoC is developing those relationships to ensure equitable representation. The CoC staff and board intentionally invite and engage new member organizations and individuals in a commitment to ensuring an equitable and just homelessness response system.

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

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

(limit 2,500 characters)

1. The CoC solicits and considers opinions from a broad array of organizations by targeting board recruitment to sectors both directly and indirectly involved in ending and preventing homelessness. This includes board representation from local government, the health sector, disability advocates, private foundations, Lived Experience Boards, fair housing, legal services, public housing authorities and other affordable housing providers, housing service providers, victim service providers, and youth service providers. The CoC holds various committees, most of which are open to the public, to discuss strategies for ending and preventing homelessness. The CoC also has two Lived Experience boards, one for youth and one for adults, with lived expertise to guide community strategies to end homelessness. The CoC solicits opinions from stakeholders in committees and the Advisory Board in all decision-making, such as Coordinated Entry policies, HMIS policies, and governance policies.
2. The CoC's general membership meetings are open to the public and accessible to all who are interested. The CoC announces meetings to its listserv and on all social media platforms. The CoC also sends out a bi-weekly newsletter with meeting times, dates, and updates on efforts to end and prevent homelessness. The CoC opens all policies annually for edits and feedback from the community. This includes an annual gaps and needs survey to solicit feedback from people who have experienced homelessness. The CoC uses a variety of methods to capture stakeholder feedback such as using surveying tools, open discussions, presentations, and online collaboration tools.
3. CoC announcements are posted in PDF or DOCX format that include searchable and machine-readable text. In addition, the CoC's data dashboard was designed with a color scheme visible to people with color blindness. The CoC also has partnerships to translate documents to Braille and other languages, if requested.
4. The CoC debriefs from all meetings and public forums in the Advisory Board and general membership meetings. Decisions regarding policies created by the CoC are discussed openly and require a vote and approval from CoC member organizations, Lived Experience Boards, and CoC Advisory Board when changing policies or processes in the homelessness system. Minutes and audio/video recordings are kept on all CoC board meetings and available to the public by posting on the CoC website.

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

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

(limit 2,500 characters)

1. On July 24, 2023, the Collaborative Applicant released the notice that it was accepting and considering proposals for new and renewal applications on the CoC's website, sent to its listserv, and announced on social media. The CoC staff also hosted two sessions, open to the public, reviewing the RFPs, funding priorities, and review of the ranking and reallocation protocols. The release of the materials communicated that the CoC was accepting proposals from agencies that have previously not been funded. This year, the CoC had two non-funded organizations submit applications.

2. Application instructions, an application schedule, and ranking protocols were released alongside the funding opportunity. Agencies applying for new funding were asked to submit narrative RFPs, project budgets, proof of financial stability, and match documentation to the Collaborative Applicant via email. Renewal applicants were provided with a competition report scoring the agency based on past performance and a short narrative RFP. Responses to all narrative applications were due August 18, 2023.

3. As outlined in the publicly posted CoC Ranking and Rating Protocol, new applications are scored by the CoC's Performance Evaluation and Selection committee. The Committee is made up of CoC Board Members whose agencies are not directly funded by CoC or ESG, including members from the Lived Experience Boards. The Committee first confirms that a project application meets all threshold criteria which includes being an eligible project applicant, commitment to using HMIS or a comparable database, using the CoC's Coordinated Entry system, CoC Membership, commitment to housing first, and proof of agency's good financial management. Projects meeting all threshold requirements are then scored based on narrative responses regarding project design, community need, agency's capacity, ability to serve intersectional identities, and performance measures. The top scoring applications are ranked in the submission to HUD until the funding threshold. Any projects that do not score high enough to be submitted to HUD are notified and provided technical assistance to prepare the organization for the following year's competition.

4. The CoC posted all funding materials on its website in accessible formats, including written and video/audio postings of the informational funding sessions. The CoC hosted one informational session via zoom, with the option for closed captions, and one session in person.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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   - Frequently Asked Questions

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

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

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

18.		

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

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

(limit 2,500 characters)

1. The CoC and ESG Administrators collaborate on planning and allocating ESG funding. The CoC Director and Deputy Director review funding applications in the local ESG funding competitions. Prior to the release of ESG RFPs, the CoC and ESG Administrators discuss priorities for funding opportunities and community needs, using local HMIS data to direct priorities. CoC Staff and ESG Administrators meet monthly to review and discuss community priorities.
2. The CoC HMIS Administrator assists the ESG recipients in evaluating performance of subrecipients using data from the HMIS, including tracking returns to shelter and other system performance measures. The CoC provides ESG recipients with up-to-date data analysis about community needs to inform funding decisions based on local data. The CoC also conducts HMIS monitoring annually, monitoring ESG projects on data privacy and security practices, performance measures, and data accuracy and integrity. ESG projects are also monitored by the CoC for adherence to the Coordinated Entry System policies and procedures.
3. The CoC provides reports of localized PIT and HIC data to the Consolidated Planning jurisdictions, including analysis of need as well as the raw data. This includes separating data into county-level data to allow clearer analysis of needs and trends in each consolidated planning jurisdiction.
4. The CoC Director assists in developing and updating the Consolidated Plans for its Consolidated Plan Jurisdictions. The CoC Director provides data on gaps and needs and trends in homelessness to update the plan. The CoC uses meetings and its listserv to assist jurisdictions in gathering information to inform the Consolidated Plan. The CoC also provides written priorities for use in the Consolidated Plans.

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

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

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

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

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

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

(limit 2,500 characters)

The CoC has formal partnerships with LEAs in its Runaway and Homeless Youth (RHY) Committee in each of its three counties, designed to provide collaboration and coordination related to ending youth homelessness. These RHY Advisory Committees are attended by school district McKinney-Vento liaisons, educational and workforce development providers, juvenile justice personnel, and homeless services providers. During each RHY Advisory Committee meeting, McKinney-Vento liaisons give updates regarding overall federal and state policies and procedures or provide information regarding changes and events taking place within their own specific school district. Problem solving occurs during Committee meetings as issues such as eligibility and transportation are discussed among the McKinney-Vento liaisons and RHY service providers. The Onondaga County Youth Bureau Coordinator currently acts as Chair of the CoC Advisory Board. CoC members and staff regularly attend training, advocacy meetings and quarterly McKinney-Vento Liaison meetings comprised of liaisons from across the CoC region. The CoC also works with McKinney Vento liaisons in school districts to share data during the Point in Time and Youth Needs Assessment. The RHY Coordinator and members of the various RHY programs also attend annual training events conducted by NYS TEACHS, the McKinney-Vento Advocacy Program contracted by the NYS Department of Education. NYS TEACHS provides CoC staff and RHY staff with in-depth individual assistance when dealing with families seeking to maintain their educational status despite being homeless. RHY staff also provide clients and family members with direct NYS TEACHS contact information so families can also understand and advocate as they choose.

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

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

(limit 2,500 characters)

All emergency shelters have policies and systems in place to ensure children receive educational services via the McKinney-Vento Act. Family shelters work closely with the school districts to coordinate bussing and enrollment so that students miss the fewest possible days of school while experiencing homelessness. Shelter staff transport students as early as day one to their home school until bussing has been arranged. For families who are placed in emergency hotels, case managers facilitate buses. In the rural counties of the CoC, the local districts charged with hotel/motel placement take into account children's school district to place families in as close proximity as possible to the child's district. School districts have three business days to ensure children can attend school while experiencing homelessness. Every CoC funded agency also has a designated staff person to educate families and children about their rights regarding accessing school.

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

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

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

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

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

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

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

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

(limit 2,500 characters)

1. The CoC opens CoC wide policies for feedback and changes from organizations and members of the CoC annually. This includes Victim Service Providers from all CoC-covered counties and other organizations providing services to survivors. CoC policies are sent out to members for review in advance. The CoC Collaborative Applicant sits on New York State's regional domestic violence and sexual assault Coalition and uses information gathered from that Coalition to direct policy changes and proposals. Meetings are then held CoC-wide to discuss feedback and proposed changes. Members of the CoC's Lived Experience Boards are also a part of this process to include their expertise in all policy decisions. Some of the lived experience board members are survivors of domestic violence and/or sexual assault.

2. The CoC uses planning funding to ensure that at least annually trauma informed care trainings are offered and available to CoC and ESG funded programs and Coordinated Entry staff, as well as safety planning and informational sessions provided by local VSPs. The CoC discusses trauma informed care practices with all CoC programs during workgroup meetings. The CoC provides trauma informed care information during Coordinated Entry and assessment training. During CoC monitoring, training logs for CoC project staff are assessed to ensure that staff have been trained in trauma informed practices. The Victim Service Providers can provide advocacy services, such as support in court, legal services navigation, and safety planning. VSPs provide these services whether someone is being temporarily housed in DV specific emergency shelter or in other housing placements or emergency shelters. The VSPs also work with CoC organizations to provide trauma informed services. The CoC provides written materials and policies guiding agency's response to safety planning protocols. Coordinated Entry staff attend all HUD trainings and updates regarding VAWA, and update protocols accordingly

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

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

(limit 2,500 characters)

1. Using planning dollars, the CoC provides free semi-annual trainings to the community on trauma informed care and best practices in serving survivors of domestic violence. These CoC trainings are open to both member and non-member organizations, especially those working directly with people experiencing homelessness. The CoC has also hosted panels of Victim Service Advocates to do presentations and do question and answer sessions for case managers working in CoC and non-CoC funded programs. All CoC and ESG funded project staff are required to attend a training that addresses best practices. The CoC Collaborative Applicant staff check agency training logs during monitoring to ensure all staff have received the training.
2. The Coordinated Entry System has been developed to ensure anonymity of survivors whereas Victim Service Providers are providing access to Coordinated Entry, ensuring that best practices of serving survivors are used to not re-traumatize survivors during the assessment process. The CoC does not currently have dedicated CE staff, and staff from community agencies serve as assessors for the Coordinated Entry System. Assessors are trained annually in administering assessments and Coordinated Entry policies and procedures, including serving survivors of domestic violence. The CoC staff offers specialized Coordinated Entry training designed for VSPs whenever requested or when there has been staff turnover.

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

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

(limit 2,500 characters)

1. The CoC's Coordinated Entry System is decentralized so that all shelter case managers and appropriate staff can be trained as Coordinated Entry Assessors. This includes shelter staff at emergency shelters operated by victim service providers. This allows the Coordinated Entry process to be incorporated into a survivor's safety plan. The Coordinated Entry system has been designed to protect the anonymity and safety of survivors by not requiring the disclosure of location and PII and not requiring the survivor to meet directly with Coordinated Entry staff. Survivors who are in emergency shelters not operated by Victim Service Providers have access to the same protections. If the survivor needs to relocate to another program or utilize another shelter, they do not have to be reassessed for Coordinated Entry to limit re-traumatization.
2. The CoC has created a separate de-identified Coordinated Entry list for survivors as a safety protocol. Survivor's referrals are not completed in HMIS, they are placed in a safe Drop Box only accessible to assessors and Coordinated Entry staff. The referrals are de-identified of all PII by shelter staff and contain only the minimum information required for proper prioritization. Once a referral is received, the participants are placed on the CoC prioritization list using the deidentified number. When a participant is matched to a housing program, the program staff reaches out to shelter providers using the deidentified number to determine if the participant is interested in the program. The participant is only identified once they meet with the housing program staff to maintain safety and confidentiality during the planning process. Participants are free to decide what information they provide during any assessment process. Providers are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility. Providers are also prohibited from denying services to participants if the participant refuses their data to be shared via HMIS. All CoC and ESG funded programs are required to have and adhere to confidentiality policies. The location of all family violence shelters, and all program participant housing locations are kept confidential.

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

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

(limit 2,500 characters)

1. The CoC collects Point in Time and annual aggregate data from comparable databases from the three agencies providing Victim Service programming within the CoC to assess the needs related to those experiencing domestic violence, dating violence, sexual assault, and stalking. The data elements collected include gender, race, ethnicity, household composition & type, youth, veteran status, and any disabling conditions. The CoC also collects limited data for the Coordinated Entry process as well as APRs from CoC domestic violence projects.

2. The CoC uses data from comparable databases, along with the data pulled from HMIS, such as housing, referrals, advocacy, and specialized services used by survivors of domestic violence to assess need. The CoC uses the number of referrals to Coordinated Entry both from VSPs and anyone who reported fleeing domestic violence in non-VSP shelters, to determine the number of people with housing needs and the number of people who have those needs met to establish a gap and needs assessment. With this data, the CoC is able to assess trends in this population and services needed in order to ensure that specialized needs are addressed for not just those experiencing domestic violence, dating violence, sexual assault, and stalking, but for all vulnerable populations. This data is then used by organizations within the CoC to help support the allocation of funding for these vulnerable populations.

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

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

(limit 2,500 characters)

1. The CoC's written standards policy includes an emergency transfer plan that all CoC and ESG agencies must follow, created using guidance from HUD. All CoC projects are required to provide participants with documentation regarding rights to VAWA protections and emergency transfer. Project participants sign off that this documentation is provided, and the signed certification is kept in the client file. The CoC monitors adherence to this requirement in annual CoC monitoring. The CoC also reviews Permanent Supportive Housing leasing programs' sub-leases and rental agreements to ensure that VAWA protections are outlined. Rental Assistance programs are strongly encouraged to work with landlords to include protections in leases. Victim Service Providers also work with survivors in programming to better understand legal rights and protections.
2. Individuals and families can request an emergency transfer to the agency providing their CoC program assistance. The request does not need to include investigation or further documentation to move the client out of danger and into safety as soon as possible.
3. The CoC housing program staff collects all necessary information and sends the transfer request to the CoC Coordinated Entry staff. The participant requesting the transfer is immediately prioritized for a new housing placement within the current housing program. If an internal transfer is not an option, the CoC looks for external transfer options within other housing programs. If there are no units immediately available, the participant is prioritized on the CE list and matched to the next available safe unit. In the meantime, the survivor is connected to victim services to create a safety plan and provide emergency housing in shelter if necessary while waiting for an open unit.

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

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

(limit 2,500 characters)

1. Survivors of domestic violence, dating violence, sexual assault, or stalking can access all housing and services available by appearing at any homeless assistance agency within the community. The CoC is in a Right to Shelter state and no prioritization is needed to access shelter services. The CoC has a No Wrong Door policy. Survivors gain access to projects through referral to the Coordinated Entry System. The referrals are de-identified by shelter staff and contain only the minimum information required for proper prioritization. Once a referral is received, the client is placed on the CoC prioritization list using the deidentified number. Participants may not be denied access to the Coordinated Entry process on the basis that the participant is or has been a victim of domestic violence (DV), dating violence, sexual assault, or stalking. Survivors have equal access to all available CoC programs and services that fit the client's needs.

2. The CoC proactively identifies systemic barriers within its homeless system through committee discussion, gaps and needs surveys, and assessments of homelessness response systems. The CoC also seeks feedback on the homelessness response system from its Lived Experience Boards, especially with specific members of those boards who identify as survivors of domestic violence, dating violence, sexual assault, or stalking. The CoC monitors CoC funded agencies and the system at large to ensure that survivors are able to gain adequate access and services.

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

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

(limit 2,500 characters)

1. The CoC has multiple members on its lived experience boards and the full CoC board who have experienced domestic violence, dating violence, sexual assault, and stalking. The CoC ensures that is representation not only on the CoC's lived experience boards, but in roles not exclusively held by LEB members, because domestic violence, dating violence, sexual assault, and stalking can happen to anyone. In an anonymous survey of the full CoC Board, 36% of members reported having lived experience with domestic violence, dating violence, or sexual assault and in an anonymous survey all CoC member service providers, 54% reported experience with domestic violence, dating violence, sexual assault, or stalking. All policies are brought forth to the lived experience boards for feedback and approval before being finalized. Members of both the Lived Experience Boards and full CoC Advisory Board members give approval and oversight of all policies and procedures. The CoC is always actively recruiting members for the lived experience boards and works with local agencies serving survivors to identify potential new members. The CoC relies on trusted messengers to recruit and involve survivors in the CoC work. All members of the lived experience are compensated for every hour spent in meetings or tasks completed outside meetings, at an hourly rate. The inclusion of survivors has been critical in creating and updating safety planning protocols, emergency transfer planning, and confidentiality policies.

2. The CoC works constantly to ensure that all meetings, committees, and workgroups of the CoC are affirming and safe. This work includes asking preferences for pronouns, gender, name, and language before each meeting. This includes the work of the Lived Experience Boards. The CoC is careful to meet with each new member of any of the Lived Experience Boards one on one or in anonymous surveys whether there are any subjects that would be potentially triggering to them. The CoC's main goal is to create a safe space where trauma and experiences are respected and not exploited. Lived Experience Board members are not asked to ever disclose their status and are asked to only share information that they feel is comfortable and relevant to the work of the CoC.

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

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

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

Describe in the field below:

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

(limit 2,500 characters)

1. The CoC offers Equal Access training annually and requires all CoC project staff to attend. The CoC also offers a Social Agency training that covers the basics of sexuality and gender, statistics, health disparities, and misconceptions around the LGBTQ+ community, and offers suggestions on best practices or approaches when working with or conversing with the community. The CoC has also implemented a portion of monitoring and the CoC competition that demonstrates how CoC agencies will implement antidiscrimination policies. Initially, all funded organizations were required to submit antidiscrimination policies to the CoC for monitoring. The CoC then gave feedback to strengthen those policies and practices.
2. The CoC opens all policies and procedures, including the CoC-wide anti-discrimination policy annually for comment and edits. The CoC has a Racial, Equity, Diversity, and Inclusion Committee that meets monthly. The CoC encourages members from all CoC and ESG agencies to sit on the committee. The CoC has representation from Fair Housing, Volunteer Lawyers Project, and County members on the committee. The committee created a CoC-wide plan to create an equitable system free of discrimination at all levels. The CoC encourages the community to follow the CoC-wide plan and monitors CoC funded agencies for anti-discrimination policies and practices.
3. During project monitoring CoC staff check that all agencies adhere to their agency's requirements, along with the CoC's requirements for incorporating cultural and linguistic competencies surrounding all special populations; including immigrants, refugees, and other generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) persons. CoC staff review agencies' nondiscrimination and equal opportunity policies. The CoC also reviews agency training logs to ensure that all staff received the required HUD Equal Access training along with other nondiscrimination and equity trainings.
4. The CoC sends a written monitoring report that addresses noncompliance with the CoC's anti-discrimination policies. The report includes all recommendations and is sent to the agency's Executive Director. The CoC provides the agency with HUD resources and offers technical assistance to get the project in compliance. The CoC requires a Corrective Action Plan to be completed and sent back to the CoC staff for review.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Syracuse Housing Authority	53%	Yes-HCV	No
NYS Housing Trust Fund Corporation	100%	Yes-HCV	No

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

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

(limit 2,500 characters)

The CoC maintains partnerships with the two largest area PHAs, Syracuse Housing Authority (SHA) and NYS Housing Trust Fund Corporation. The CoC also maintains designated seats on the CoC Advisory Board, currently held by Syracuse Housing Authority and Auburn Housing Authority, to facilitate better partnerships and strategic planning. The CoC continues to encourage PHAs to adopt homeless preference. Currently, there are homeless preferences in the largest PHA (SHA) for veterans receiving HUD VASH vouchers and people who are fleeing domestic violence. The CoC has a partnership with Syracuse Housing Authority for the mainstream voucher program to facilitate moving on from PSH and for the emergency housing voucher program which prioritized literally homeless households and households moving on from CoC programs, using the coordinated entry system. The CoC partners with its second largest PHA, NYS Housing Trust Fund, connecting Coordinated Entry for both moving on and in shelter prioritization for emergency housing vouchers and stability vouchers for its two rural counties. The CoC was able to house over 70 households using EHV, many of which were coming directly from shelter or at risk of returning to homelessness after a Rapid Rehousing placement.

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

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

1.	Multifamily assisted housing owners		Yes
2.	PHA		Yes
3.	Low Income Housing Tax Credit (LIHTC) developments		Yes
4.	Local low-income housing programs		Yes
	Other (limit 150 characters)		
5.			

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

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

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

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

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

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

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

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

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

PHA
Syracuse Housing ...
NYS Housing Trust...
City of Fulton

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

Name of PHA: Syracuse Housing Authority

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

Name of PHA: NYS Housing Trust Fund Corporation

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

Name of PHA: City of Fulton

1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	27
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	27
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

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

(limit 2,500 characters)

1. The CoC requires all new project applicants to submit a Housing First attestation as a threshold requirement. The attestation outlines the components of a Housing First program that must be signed off by agency staff. The CoC reviews narrative responses and project design to ensure that recipients are designing projects that promote and use a Housing First approach. Reviewers scoring local projects are given rubrics that assess, and score based on Housing First commitments, outlined in the scoring rubrics for reviewers. If a project does not incorporate the Housing First approach in its narrative responses, it would be scored low and not moved forward into the priority list for funding.

2. The Housing First Attestation required as a threshold requirement outlines 11 components of a Housing First program, including low barrier entry to projects, tenant driven supportive services and goal planning, using harm reduction, and using termination as an absolute last resort. The CoC uses the following factors and performance indicators to ensure a new project is using a Housing First approach: person-centered planning, project implementation including how projects plan to begin housing project participants quickly, housing placement and retention which includes discharging planning, limiting returns to homelessness, and Coordinated Entry commitment.

3. The CoC regularly evaluates outside of the competition to ensure programs are using a Housing First approach through its Coordinated Entry and CoC & ESG project monitoring. The CoC requires that 100% of CoC and ESG programs operate under the Housing First model to prioritize rapid placement and stabilization in permanent housing in the written standards and trains housing providers and CES assessors in Housing First practices. Housing programs are required to have Housing First policies that are reviewed during CoC monitoring visits. The CoC checks that all program participants were taken from the Coordinated Entry list by pulling an annual compliance report. The CoC requires all housing providers to document attempts to contact clients matched to their programs and justification of a rejection of a match in HMIS. Participants terminated from CoC funded programs that are selected for monitoring charts are reviewed for adherence to a Housing First discharge plan. The CoC staff also monitor client files and case notes for evidence of non-Housing First practices.

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

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

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

(limit 2,500 characters)

1. The CoC conducts street outreach through homeless street outreach teams, as well as food give aways, mental health crisis response teams, and acute medical care. Street outreach teams respond to calls received through the local 211 referral resource reporting people sleeping outside and visiting frequented sites to engage new people sleeping outside, as well as being on call and dispatched during Code Blue to ensure that people who are unsheltered are given the opportunity to seek shelter or a warming center in the winter months. Anyone engaged with street outreach is connected to Coordinated Entry, all street outreach teams have at least one trained assessor on staff. There is a monthly street outreach meeting that includes substance use providers, housing service providers, the local business district, local police, emergency shelter providers, mental health crisis response teams, and street outreach teams. The meeting allows for case conferencing to avoid duplication of services, as well as coordination with local downtown business district and police. Having a coordinated approach, using case conferencing and collaboration, allowed the CoC to continuously avoid criminalization of homelessness and achieve great success in addressing unsheltered homelessness.
2. 100% of the geographic area is covered with a strong presence in urban areas.
3. Outreach is conducted 7 days/week and on call 24/7 during code blue months.
4. Outreach is conducted on a continuous basis even to those who are least likely to receive assistance or who refuse assistance. Street outreach teams provide food, water, hygiene items, medical care, and clothing to attempt engagement with people least likely to request assistance. The CoC uses street outreach to build relationships with those experiencing unsheltered homelessness through repeat engagement. Street Outreach providers have strong relationships with shelter providers, allowing Outreach staff to coordinate tours and/or special accommodations in shelters. The local shelters being low barrier has helped Outreach workers facilitate moves into shelter. By forming relationships while outdoors, the CoC has increased the ability to move directly from the street into housing for the shelter resistant. In 2022, People in street outreach projects exited to permanent housing destinations (31% of all exits) nearly as often as they exit to positive temporary destinations (40%).

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

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

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes

4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	530	441

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

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

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

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

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

(limit 2,500 characters)

1. Quarterly CoC membership meetings have standing agenda items for updates to available mainstream resources, including updates from all local departments of social services and local governments. Providers, agencies, or other coalitions are welcome to present any new information about programs at these meetings. These meetings have included updates on new substance use resources, expanded SNAP benefits, and changes to access for the Social Security Administration. Each county of the CoC also maintains a county-level committee that meets bi-monthly to update county-specific services and changes to mainstream benefits. These meetings also keep standing agenda items for county and city representatives to give updates.
2. The CoC has started a Health & Housing sub-committee of its Program, Planning, and Advocacy Committee. This committee is comprised of CoC program staff and representatives from healthcare organizations, including local hospitals, substance use, and mental health treatment providers. This committee works to identify gaps in program participants receiving healthcare services and create pathways for better service delivery. The committee has created a list of strategic goals to improve healthcare services. The CoC also uses planning dollars to provide training to front line staff in mental health first aid and harm reduction strategies to improve staff ability to assist with healthcare navigation.
3. The CoC has hosted a CoC-wide SOAR implementation meeting to improve the community's rate of SOAR applications. This implementation meeting was hosted by the SAMHSA SOAR Technical Assistance Center. The CoC brought together agency leadership as well as county department of health and human services representatives to create a plan to implement SOAR communitywide. CoC Agencies work to have all front-line staff trained in SOAR.

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

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

(limit 2,500 characters)

The CoC has added 115 non-congregate shelter beds since the start of the COVID-19 pandemic. The local departments of social services maintain contracts for non-congregate shelter in each county of the CoC. Additional non-congregate sheltering is funded through local county funding as well as state reimbursement. FEMA funding was also used to increase non-congregate sheltering in response to COVID-19.

Non-congregate shelter beds were also added in the CoC to accommodate the increase in cases of people fleeing domestic violence. Non-congregate sheltering is used for overflow of local area congregate shelters, isolation and/or quarantine for people with infectious diseases, and for people who are shelter resistant or unable to stay in a congregate shelter setting. Non-congregate shelter beds are also used for people who cannot stay in congregate shelter due to behavioral, mental, or physical health, or other vulnerabilities.

Case management services are available to all individuals and families in non-congregate shelters. In each county of the CoC, a CoC membership organization is contracted to provide housing case management to non-congregate shelters, including assessment and referral to the Coordinated Entry System.

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

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

(limit 2,500 characters)

1. The CoC has created invaluable partnerships with health departments and county governments to improve readiness for future public health emergencies. Each county in the CoC has created plans to respond locally that includes input from CoC staff, stakeholders, and community service providers that follow national guidelines but also respect the unique needs of each community in the CoC. These plans have created a framework to be used for a coordinated response in future public health emergencies and were designed based on best practices as well as identified gaps from the COVID-19 pandemic. These plans were made collaboratively through CoC hosted feedback meetings, using online collaborative tool Mural, to identify best practices for emergency shelter, street outreach, and the housed population, as well as challenges/future considerations, and key partnerships.
2. Plans are in place for public health emergencies, including non-congregate sheltering options and how to quickly adapt the homelessness response system to respond safely. This included communication strategies, transportation services, as well as protocols for operating congregate shelters as safely as possible. Many public benefits can be accessed remotely, and the framework now exists for continuing case management services during a public health emergency. Investment has been made to congregate shelters to assist in the preparedness for future health emergencies, like sanitization machines and upgrades to HVAC systems. The CoC has also set forth policies adapting to CoC program staff working from home, including HMIS and Coordinated Entry policies. CoC agencies, including shelters and permanent housing programs, have developed agency policies regarding staff safety, hazard pay, and adapting technology for clients and staff to provide services. Local shelters partnered with their health departments to facilitate testing and receive guidance on best practices, especially in congregate settings. The local Federally Qualified Health Center (FQHC) had staff on site at local shelters to assist in the mitigation of COVID-19 spread. Congregate shelters are able to test regularly for COVID-19, Tuberculous, HIV, and other communicable diseases on site or are able transport to locations offsite.

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

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

(limit 2,500 characters)

1.The CoC used its listserv, weekly newsletter, and various committees, including its quarterly membership wide meetings to communicate changing safety measures, changing local restrictions, and vaccine implementation. State and local guidance was communicated regularly throughout the pandemic as well as communication of waivers for CoC and ESG programs to continue operations as needed. The CoC worked with local county departments of social services and health departments to keep updated information on local restrictions.

2.The CoC worked with public health agencies, as well as local health providers to ensure providers are equipped to prevent or limit infectious disease outbreaks. These efforts have included creating a framework for pop-up clinics, using HMIS and Health Department data to triage and prioritize people experiencing homelessness for vaccines, and representation of the CoC on the Central New York Regional Healthcare Equity Taskforce- a taskforce made up of public health agencies, local and state governmental representatives, local healthcare providers and advocates working to ensure equity in healthcare provision among the most vulnerable in the community, including people experiencing homelessness. This committee also provided monthly updates regarding COVID cases, hospital capacity, and vaccine rollout during the height of the pandemic. The Committee has since expanded focus to all public health crises. The CoC representative meets regularly with street outreach and emergency shelter providers to communicate changing guidelines and disseminating information obtained to community partners.

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

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

(limit 2,500 characters)

1. The Coordinated Entry system covers 100% of the CoC geographic area which includes Onondaga, Cayuga, and Oswego counties. Households entering homelessness for the first time are assessed by shelter, street outreach, or CE staff using the standardized assessment tool after two weeks of entering homelessness, giving time for potential self-resolution.
2. All referrals to the Coordinated Entry system are required to have an assessment completed upon entry by trained shelter or street outreach staff. The CoC recently analyzed data on the disparity that exists in the VI-SPDAT questions and, along with community partners, created a new standardized assessment called the Central New York-Vulnerability Index (CNY-VI) that was implemented in October 2022. The CoC currently uses the CNY-VI as a standardized tool to assess all incoming clients to ensure that all clients are assessed the same way. The CNY-VI assesses based on length of time homeless, chronic homelessness status, vulnerabilities related to homelessness, and unsheltered status. The CNY-VI also has additional assessments for youth and families.
3. The Coordinated Entry Committee meets quarterly to discuss issues or concerns with the Coordinated Entry process, CE data for the past quarter, and policy changes when they are open for feedback and adjustment. The CoC's Lived Experience Boards provide feedback on the CE system, review, and approve proposed Coordinated Entry policy changes. The CoC has a grievance process where clients currently in the Coordinated Entry system can submit any concerns regarding the system to the Coordinated Entry lead for review and response, which are taken into consideration when updating the CES policies and procedures. For example, during the height of the COVID-19 pandemic, the CoC heavily weighted the assessment scoring element associated with having severe health complications from COVID-19, prioritizing those folks to the top of the CE list. Once the pandemic had waned in severity, the CoC received feedback from people in shelter that it was no longer fair that people who have been in shelter for short periods of time were being housed prior to people who had been there longer. The CoC has since rebalanced the prioritization to more heavily weight length of time in shelter scoring element to respect the wishes of people currently in shelter.

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

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

(limit 2,500 characters)

1. Street outreach and shelter providers engage in ongoing outreach to those least likely to apply for housing to offer services on a weekly basis, even to those refusing housing options. The CoC has been successful at building relationships with the hardest to serve and has housed several people experiencing chronic homelessness that previously refused housing assistance. With its Coordinated Entry grant, starting in October 2023, the CoC will also offer over the phone or in person assessments to anyone not currently engaged in services.
2. The Coordinated Entry system currently prioritizes households based on the CNY-VI score and length of time homeless in the last three years. Those with the highest scores, which corresponds with vulnerability criteria set by the community, are identified as the highest priority individuals, ensuring that those most vulnerable are matched with appropriate housing opportunities. The Collaborative Applicant staff monitors the Coordinated Entry system to ensure that people experiencing homelessness are entering housing in a timely manner.
3. The Coordinated Entry assessment requires shelter and street outreach staff that are assessing clients to select the client's housing preferences in addition to screening for eligibility for chronically homeless status. Although the CoC utilizes the CNY-VI for assessment and prioritization, the resulting scores do not determine what housing projects clients can or cannot be referred to. The CoC also has a monthly workgroup to case conference difficult to serve cases, persons refusing housing, persons who have been on the list for longer than 90 days, possible evictions from PH programs, and potential Permanent Supportive Housing transfers. Case conferencing these specific needs aids in keeping clients permanently housed and working towards permanent housing for those that are most vulnerable.
4. The Coordinated Entry system referral process is person-centered and meets clients where they are by coming to them through street outreach or completing the process at the shelter where they are staying. This makes Coordinated Entry accessible and greatly reduces barriers, such as transportation or technology, that many folks within the homeless population face. The responsibility of documentation collection for project eligibility falls on project staff rather than the client to limit burden.

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

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

(limit 2,500 characters)

1. All CoC projects are required to maintain outreach and marketing materials that are affirmatively marketed. Marketing materials are monitored by CoC staff during CoC monitoring.
2. The CoC requires all projects to inform program participants of their rights and remedies under federal, state, and local fair housing and civil rights laws at program entry during the intake process. All programs must provide documents and policies to participants as well as go through and thoroughly explain the documents. Participants must sign off that they received this information and the sign off sheet must be placed in each participants file. The CoC staff monitors this by checking program policies and checking participant files for the sign off sheet stating that they have received the information.
3. The CoC has an MOU with the local Fair Housing organization, CNY Fair Housing, which is funded by the local jurisdictions. This organization sits on the CoC board and provides annual training to CoC member organizations. All fair housing concerns are reported to the fair housing organization for investigation.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	04/01/2022

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

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

(limit 2,500 characters)

1. Every three years, the CoC conducts a comprehensive racial disparity report, including statistical analysis of the inflow and outflow of the homelessness service system. The report analyzes disparities of HMIS data in overall population, living situations prior to entering homelessness, length of time homeless, exits to permanent housing including exits with and without subsidies, exits to homeless situations, and returns to homelessness within 6 months of exit to permanent housing. The CoC also uses STELLA to disaggregate housing outcomes annually to track progress in eliminating disparities.

2. The CoC identified key findings from the racial equity assessment. The first key finding is that upstream causes of homelessness disproportionately affect Black/African American households, specifically that Black/African American households are represented disproportionately in emergency shelter. The report also found that Black/African American households arrive at emergency shelter more often after staying with friends or family and that Black/African American households are more likely to exit to permanent housing with some form of subsidy and are less likely to exit to homelessness. Black/African American and Latinx households have substantially higher rates of returns to permanent housing than white households.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
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.		

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

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

(limit 2,500 characters)

The CoC reported the following recommendations in response to the findings in the report: ensure shelter providers hire staff that are representative of the communities and backgrounds that they serve, incentivize providers to offer peer services across the continuum of homelessness response to supplement case management, formalize the coordinated entry process and continue to improve its quality, right-size housing interventions using standardized housing barrier assessments, and advocate for increased compliance to and enforcement of rental registries and housing code compliance in the geographic coverage area.
The CoC is currently assessing its homeless response system to assess staff representation of the homeless population. The CoC has surveyed its Advisory Board in comparison to the homelessness population data to identify where to concentrate board recruitment to be more reflective of the demographics of the homeless population. After completing this survey with the Advisory Board, the CoC partnered with a local university (Syracuse University) to conduct a larger scale survey of the entire CoC membership to compare makeup of service providers as compared to the makeup of the homelessness population. These findings include that 73% of service providers are White, while 51% of clients are either Black, Indian/Alaska Native, or Asian and a majority of service provider respondents who identified as Black, African American, or African or Hispanic/Latin(a)(o)(x) reported having a direct-service job title. The CoC is using these findings to assist agencies' work to better reflect the population served and to better promote leadership opportunities to those service providers.
In fall 2022, the CoC created its own assessment, isolating questions from the VI-SPDAT that had no evidence of racial disparity in the response, to assist in curbing disparities in the Coordinated Entry process. The CoC hopes to better right size housing opportunities to combat the disparity in Black/African American and Latinx households returning to homelessness.

The CoC also prioritized homelessness prevention services through ESG-CV to census tracts determined to be most at risk by the Urban Institute, including census tracts that were in the 99th percentile of risk in New York State. This effort was to ensure that services were directed to underserved populations, attempting to reduce the disparity of people of color entering homelessness.

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

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

2.	the tools your CoC uses.

(limit 2,500 characters)

1. The CoC maintains a Racial Equity, Diversity, and Inclusion Committee tasked with tracking progress on preventing and eliminating disparities in the homeless response system. This committee has created a concrete set of goals and oversees the community's response to racial disparity. The Committee tracks progress on its overarching goals: building anti-racist organizations, elevating people with lived experience, equity-based assessment, and prioritization, focusing on at-risk groups, using data with an equity lens, cross-sector collaboration, and long-term solutions. Each of these areas of practice have action steps, outputs, and outcomes. The long-term solutions outputs include tracking the number of available units of affordable housing, the percentage of people entering the homelessness system that are people of color, the diversity of agency leadership and boards including the CoC's, and agencies having anti-racist policies and practices that address disparities. The Committee sets workplans based on this set of goals and presents annually to the CoC Advisory Board on progress alongside the presentation of disaggregated HMIS data.
2. The CoC uses STELLA to track housing outcomes and system flow disaggregated annually. The CoC also uses its three-year Racial Equity report to track progress on preventing and eliminating disparities. The CoC assesses the full homeless population as well as sub-populations to assess pathways and outcomes. The CoC has also worked with its HMIS vendor to create a new report that can be disaggregated to track reasons for entering homelessness to better prevent homelessness and target resources.

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

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

(limit 2,500 characters)

The CoC supports and maintains two Lived Experience Boards, the Client Advisory Board and Youth Action Board. Both have been actively involved in decision-making since February 2019. The CoC is always actively recruiting for lived experience individuals as the importance of the diverse viewpoints help the homelessness system meet the needs of the most marginalized populations. Outreach for lived experience individuals is done through referrals from current members, stakeholders, and direct service providers.
The Lived Experience Boards are currently working with local emergency shelters to set up tabling opportunities to recruit new members as well as assist in peer support services, which has resulted in three new members in the past two months.

The Youth Action Board also designed a social media campaign to market the YAB to recruit new members.
The CoC places a large emphasis on lived experience board input. The Client Advisory Board and Youth Action Board are presented with all procedures and policies for the homelessness system for the CoC prior to any advisory or governance input. The boards are given time and priority for feedback to ensure the lived expertise perspectives shape how those who are currently experiencing homelessness are engaged. The CoC recently increased the number of representatives of the Lived Experience Boards on the full CoC Advisory Board. The LEB members elect their own representatives to the full CoC Advisory Board rather than election by the CoC membership. This is an effort to empower the LEBs with their own voice to limit any potential stifling by CoC member organizations.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	10	2
2.	Participate on CoC committees, subcommittees, or workgroups.	10	2
3.	Included in the development or revision of your CoC's local competition rating factors.	10	2
4.	Included in the development or revision of your CoC's coordinated entry process.	10	2

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

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

(limit 2,500 characters)

The Lived Experience Boards of the CoC crafted questions based on lived expertise development and employment opportunities for the local competition applications to assess applicant's ability to provide employment opportunities and promote people with lived experience in project design. Peer support and a mutual understanding of the lived experiences of all types of homelessness has been slated as one of the most effective ways of engagement. All participating agencies and programs of the CoC are highly encouraged to prioritize those with lived experience in their employment postings. CoC funded agencies are required to maintain policies and procedures of how people with lived experience will be employed and professionally developed.
The CoC provides professional development opportunities to its Lived Experience Boards which has included mock interviews, resume building, and training opportunities. The CoC Collaborative Applicant strongly encourages people with lived experience to apply for open employment positions.

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

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

(limit 2,500 characters)

1. The HHC requires all Coc and ESG funded projects to have policies in place describing how they gather feedback from people experiencing homelessness. The policies should include how the feedback obtained is applied to improve program practices and quality of services. Examples of client feedback include surveys, grievances, focus group discussions, and organizational board representation. HHC staff review all program feedback policies along with examples of actual client feedback during bi-annual monitoring visits. During these visits, HHC staff requires program staff to explain their processes and changes that were made to improve services based on client feedback that was received. The feedback that the CoC has received from the lived experience individuals shapes the types of trainings that the CoC offers to its direct service providers.
2. The CoC gathers feedback from people who have received CoC or ESG assistance by providing participant surveys, which are then reviewed during monitoring. The CoC also requires that programs use the feedback to adjust the program that will be better for the participants.
3. The CoC's Client Advisory Board meets monthly, and the Youth Action Board meets biweekly to discuss challenges within the system. During these meetings, members of the board review policies and make recommendations for changes. Appointed members of both boards sit on the full CoC Advisory Board and hold voting power to approve changes to the policies. Members are also encouraged to join other CoC community-wide meetings to voice their opinions and concerns about the homelessness system. The CoC has also incorporated questions and requirements within the application process, monitoring process, and the 10-year strategic plan to address challenges raised by people with lived experience.

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

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

(limit 2,500 characters)

1. The CoC Director sat on a steering committee for a Market Housing Study that was completed in the City of Syracuse, advocating for the inclusion of expanded zoning reform. The CoC also made public statements in favor of zoning reform in its urban center, as well as submitting written statements. The CoC advocated for the inclusion of an affordable housing requirement in new development, as well as expanded development opportunities. The zoning reform legislation passed this year with the affordable housing requirement in place. The CoC also distributes opportunities for advocacy to all CoC members through its bi-weekly newsletter to ensure that all member organizations are participating in campaigns.

2.   The CoC has created an affordable housing sub-committee in the past year that will oversee the CoC's advocacy efforts in housing development. This committee is working to frame the CoC's goals for local development, including how the CoC will provide public and written support to specific housing development projects that are responsive to the needs of the homelessness population. The CoC has engaged in advocacy with local elected and non-elected officials in support of affordable housing projects that will benefit people experiencing homelessness. This has included direct advocacy with officials, submissions of formal letters of support or dissent to legislative bodies, public hearing comments, and submission to local newspapers to voice support or dissent of specific policies and development.

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

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

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

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

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	07/24/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	07/24/2023

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

	5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
	6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	24
3.	What renewal project type did most applicants use?	PH-PSH

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

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

(limit 2,500 characters)

1.   For renewal project applications, the CoC uses Annual Performance Reports (APR) to create the 'Competition Report' for the CoC Local Competition. The CoC used APR data to assess whether a project had successfully housed program participants in permanent housing. Using averages of CoC funded agencies permanent housing placement rates from HMIS or from a comparable database for DV projects, projects were scored based on whether they exceeded community averages to receive full points, met community averages to receive partial points, or fell below community averages to receive no points.

2.   The CoC used APR data to assess how long it took projects to house people in permanent housing. Using averages of CoC funded agencies housing move-in dates from HMIS or comparable database for DV projects, projects were scored based on whether they exceeded community averages to receive full points, met community averages to receive partial points, or fell below community averages to receive no points.

3.   The populations having more severe service needs identified by the CoC were youth and people experiencing chronic homelessness. Project data on outcomes, duration of services, and intensity of services were considered to identify these populations that could contribute to lower performance.

4.   The CoC awarded points to projects that served people with severe service needs, which included projects serving 75% or more of the following populations- youth and people experiencing chronic homelessness. These points are designed to give consideration that performance may be affected by the severity of needs of the populations served.

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

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

(limit 2,500 characters)

1.The CoC obtained input including those of different races by including those with lived experience, the NOFO workgroup, and the Performance Evaluation and Selection committee in the rating and review process. All boards include BIPOC members.
2.The Lived Experience Boards of the CoC, which includes people of different races who have experienced homelessness, developed a set of questions for the local application narrative response that made up 25% of the possible points an applicant could receive. These questions included asking applicants to outline how the project would address racial disparities in homelessness and how the applicant would serve intersectional identities.
3.People of color are disproportionately represented in the local homelessness population. The CoC has included people of color who have lived experience of homelessness in the review, selection, and ranking process. "
4.The CoC did not directly use the demographic makeup of program participants to rate and rank projects. However, all projects receiving CoC Funding are required to use the CES for 100% of referrals, which relies on objective criteria to make decisions about project referrals rather than administrator or case manager discretion. This process is assessed for disparities and projects' participation in CES was a factor in determining their rating and ranking.

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

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

(limit 2,500 characters)

1. The CoC has guidelines in its governance that state when a project will be up for reallocation. Agencies will be subject to reallocation discussion due to the following reasons:
Project has not expended 100% of grant funds for two or more consecutive years
Projects are out of compliance and have had the same significant finding two or more consecutive years
Projects have been in the bottom 10% of CoC Ranking due to low performance for two or more consecutive years, as evidenced by the project's Annual Performance Report, performance measures, and CoC Ranking Process
The project no longer meets community need by serving a population not represented in the homeless service system, or project and/or agency is no longer operational.
An agency does not complete the local renewal application process
If a project falls under one of the categories, the project is brought to the Performance Evaluation and Selection Committee (ranking and rating committee) for reallocation discussion. The committee makes the determination on whether a project will be subjected to full, partial, or no reallocation based on the criteria above.
2. The CoC identified three projects that had not expended more than 90% of grant funds for two or more consecutive years
3. The Committee reallocated partial funds from all three projects during the local competition this year.
4. N/A

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	08/31/2023

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/12/2023

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

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

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

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

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

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

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

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

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

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

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

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

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

(limit 2,500 characters)

1. Prior to the implementation of the CoC funded DV housing projects, the HMIS and CoC staff met with the DV Housing Service providers to review the comparable database selected to ensure DV service providers collect data in a comparable database. The CoC staff held several meetings to review the abilities of the database, reporting capabilities, and compliance with the HUD data standards. At the time of project implementation, database used by the DV service providers was HUD compliant, and the projects started data entry into the system. Since then, the database is no longer meeting HUD standards. The CoC Lead staff and HMIS Lead staff assisted VSPs and DV Housing Service Providers in the transition to another comparable database. The CoC staff has also assisted in the development of securing new funding to support the cost of a comparable database. The HMIS Lead staff continues to assist the VSP and DV Housing Service Providers with technical assistance and training during the implementation of the comparable database. The HMIS lead monitors data entry and compliance to ensure the providers are collecting the necessary data.
2. DV housing and service providers in the CoC that are not permitted to enter PII into HMIS all use a comparable database that is compliant with the FY22 HMIS Data Standards
3. The CoC's HMIS is compliant with the 2022 HMIS Data Standards

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

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

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	580	24	529	95.14%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	160	0	160	100.00%
4. Rapid Re-Housing (RRH) beds	441	0	424	96.15%
5. Permanent Supportive Housing (PSH) beds	946	0	946	100.00%
6. Other Permanent Housing (OPH) beds	538	0	353	65.61%

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

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

(limit 2,500 characters)

The CoC will work closely with the Public Housing Authorities over the next 12 months to increase the Permanent Housing bed coverage rate to at least 85%. The CoC has acknowledged that the Emergency Housing Voucher beds have not been tracked in HMIS. The CoC and HMIS lead staff are currently working with the PHAs and developing a plan to input all EHV beds into HMIS. Moving forward, the PHA will notify the CE staff of bed information. The HMIS lead staff will then enter client level data directly into HMIS. The PHA staff will send client information and updates when a client leaves the Emergency Housing Voucher project so the HMIS staff can exit that client in HMIS.
The CoC, HMIS, and Coordinated Entry Lead staff are in the process of creating a system of data collection to present to all housing authorities operating Emergency Housing Voucher programs in the CoC. The CoC is developing an MOU to outline all aspects of the data collection, including the steps to collect the data, responsible parties for each stage of the data collection, and the timeframes for each data point. Each responsible agency will sign the agreed upon MOU and the data entry will start. Historical data for these projects will also be backdated into HMIS to ensure the information is available for the LSA and SPM submissions.

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

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

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

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

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

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

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

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

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

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

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

(limit 2,500 characters)

1. In the 2023 PIT the CoC staff organized and conducted a separate youth PIT count to collect data on youth who are unaccompanied and living in a doubled-up situation, which are known to be a high percentage of youth experiencing homelessness in the CoC. With the help of a variety of stakeholders, such as RHY Coordinators, McKinney Vento Liaisons, the Youth Action Board, and the youth providers within the CoC, the CoC advertised the importance of completing these surveys to collect this data. CoC staff attended local McKinney Vento liaison meetings prior to the PIT date to engage the liaisons in Onondaga, Cayuga, and Oswego counties to encourage participation in survey collection. CoC staff attended local RHY Committee meetings and county taskforce meetings to make contacts with school staff and providers that work with schools to educate about the importance of collecting this data. Providers who sit on these workgroups include RHY providers, Youth Center staff, DV providers, McKinney Vento liaisons, youth probation, LGBTQ providers, mental health & substance use providers, job readiness providers, and providers who work with victims of sex trafficking.
2. The CoC partnered with street outreach to do same day and next day surveys of youth who may have been unsheltered on the night of the PIT to ensure that youth were captured in the PIT surveying.
3. The CoC's Youth Action Board was engaged in the process when the CoC was creating data points to collect for the youth survey and provided feedback that was valuable to the process. There was a questionnaire sent to all liaisons across the CoC to submit aggregate data to the PIT count. The CoC also obtained known locations from both the Lived Experience Boards and street outreach providers to visit on the night of the PIT count

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

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

(limit 2,500 characters)

Not Applicable

2C. System Performance

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

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

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

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

(limit 2,500 characters)

1. The CoC added ten potential risk factors to homelessness to HMIS and has been collecting if any of the factors were experienced in the last 12 months prior to clients entering Emergency Shelter, Street Outreach, or Homelessness Prevention projects. The CoC contracted its HMIS vendor to be able to pull these data points to assess the risk factor data, which can be disaggregated by sub-population, including by race and ethnicity. The Lived Experience Boards of the CoC were consulted to review the list created to ensure it captured the board's experiences and potential risk factors. The CoC's Program Planning and Advocacy committee, along with the Lived Experienced Boards were consulted to create questions for the CoC's Annual Gaps and Needs Survey, which also collects information about antecedents to homelessness. The Data Administrator Committee approves locally collected data elements to examine upstream causes of homelessness from data collected in HMIS. The assessment included risk factors identified by both the Gaps and Needs surveys and data reported in HMIS.

2. The CoC has three primary strategies for preventing first-time homelessness: A) Early intervention and prevention for people at imminent risk of homelessness: Using ESG Homelessness Prevention funds, legal services are provided to low-income households at eviction court. Input from the Lived Experience Boards has suggested that eviction leads to doubling up with friends or family, which then leads to homelessness if conflict occurs between family members. B) Diversion from shelter: Intake workers at local departments of social services and staff at the 211 human services referral hotline are trained to connect clients requesting emergency shelter with family and community resources and refer to emergency shelter only when appropriate networks have been exhausted. This includes working with people in institutional stays, ensuring that they are not released into homelessness. C) Advocacy for increased affordable housing resources as primary prevention: The CoC continues to advocate for prevention funding and services at all levels of government. The CoC also takes an active role in creating local governments' Consolidated Plans to increase affordable housing.

3. The CoC's Program Planning and Advocacy Committee is responsible for overseeing strategies to reduce first-time homelessness.

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

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

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

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

	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	

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

(limit 2,500 characters)

1. The CoC's primary strategy for reducing the length of time individuals and persons in families remain homeless is to ensure that all emergency shelter residents and street outreach participants are rapidly assessed and referred to housing resources. Clients with the longest lengths of time homeless are prioritized for PSH and RRH programs, but housing case managers in emergency shelters and street outreach programs help clients seek housing resources from a variety of mainstream sources. A second strategy is to reduce barriers to housing programs by providing case management at emergency shelters who provide warm handoffs to housing programs and assist with housing search and placement. Local shelters review any cases of individuals and families residing in emergency shelters for over 30 days. Lengths of stay in emergency shelter have decreased over the last few years despite the pandemic which suggests that the strategies put in place by the CoC are effective and resilient to disruptions from events like COVID-19. Lastly, the CoC works to expand housing opportunities for people experiencing homelessness by coordinated landlord engagement, affordable housing development, and expanding priorities for homelessness in existing housing projects.
2. The CoC uses HMIS data and client self-reported time homeless to identify individuals and families with the longest lengths of time homeless. Coordinated Entry assessors are trained at least once a year on the standards of evidence for self-report of homelessness. Once a month, inconsistencies between HMIS records and self-reported lengths of time homeless are examined and rectified during case conferencing in the Chronic Homelessness Taskforce meeting and through follow-ups with shelter and outreach staff. The Coordinated Entry workgroup and Chronic Homelessness Taskforce case-conference individuals and families with lengths of stay over 90 days to ensure prioritization for housing. The length of time homeless is used as the primary prioritization factor within the locally created Coordinated Entry assessment, effectively placing those with the longest length of stay at the top of the list.
3. The CoC staff at the Collaborative Applicant and the Coordinated Entry Workgroup are responsible for the CoC's strategy to reduce length of time homeless.

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

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

(limit 2,500 characters)

1. The CoC uses its Coordinated Entry System to ensure that all individuals and persons in families experiencing homelessness are assessed within 14 days of entering homelessness. Case managers at emergency shelters and street outreach programs ensure that people experiencing homelessness are able to choose a permanent housing placement that meets their needs. All emergency shelters, transitional housing, and street outreach programs are housing focused and low barrier, allowing for better opportunities for people experiencing homelessness to exit to permanent housing. For housing subsidies, eligible applicants receive assistance applying to mainstream housing resources. The CoC is currently working with local affordable housing developers to pair subsidized units with housing program matches through Coordinated Entry, providing safe affordable housing alongside a project with supportive services, a model the CoC is planning on expanding over the next several years. This strategy is increasing the network of safe, affordable housing options to people in shelter. The CoC is working on expanding its network with local developers and private property owners to centralize housing navigation services to provide equitable access to housing options to all people experiencing homelessness.
2. The CoC works closely with permanent housing providers to ensure that participants retain or exit to permanent housing. The CoC monitors discharges from permanent supportive housing programs during CoC Monitoring and case conferences potential exits from permanent housing programs. CoC projects link clients to resources that help them maintain safe, stable housing, including employment resources, health resources, and mainstream cash and non-cash benefits. The CoC provides regular trainings on how to access these resources for caseworkers. The CoC also facilitates transfers between PSH programs to allow project participants to work with another agency if there is a reason that another agency would be successful in assisting the client. The CoC has a 97% placement and retention rate in permanent supportive housing projects. The CoC has also developed great partnerships with its PHAs through the EHV and mainstream voucher implementation to increase moving on from both PSH and RRH projects.
3. The CoC Collaborative Applicant staff and Coordinated Entry Committee are responsible for increasing the rate at which people are exited to permanent housing.

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

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

(limit 2,500 characters)

1. The CoC uses system performance measure reports in HMIS to identify returns to homelessness, which are reviewed quarterly. The CoC's HMIS is also open so when an individual or family enters homelessness, their homeless history can be viewed by shelter or street outreach case managers, as long as there is an ROI in place, helping speed up the assessment process for Coordinated Entry and assist in service coordination. The CoC also collects data on where individuals and families are coming from as they enter emergency shelter. Projects with a high level of return rates are assessed and provided technical assistance from the CoC to improve their outcomes in this area.

2. The CoC advocates for increased affordable housing resources across the CoC's geographic area to reduce the rate of returns to homelessness. Given the limited quantity of rental assistance, the majority of clients who exit shelter services to permanent destinations do so with very little or no ongoing assistance. The CoC advocates for an increase in affordable housing options for people experiencing homelessness, including leveraging state investment into supportive housing as well as advocating for homelessness preferences in housing development. The CoC reviews both quantitative and qualitative data and reports on the trends in returns to homelessness across time to the CoC's Program Planning and Advocacy committee. The CoC's Racial Equity committee also create strategies to address the disparity in people of color having a higher rate of return to homelessness, including increasing cross-sector collaboration to bring services to people least likely to access healthcare services and creating affordable housing strategies and zoning recommendations with a racial justice lens.

3. The Program planning and advocacy committee is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

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

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

(limit 2,500 characters)

1. The CoC attempts to connect all able persons to employment services to increase employment income. The CoC uses partnerships and trainings to keep CoC member organizations connected with employment services. The CoC projects are monitored and scored on the ability to increase cash income for projects. Many CoC funded agencies have job readiness and training programs embedded within the CoC program, some employing Employment Specialists and others providing direct employment opportunities at the organization.
2. CoC projects make direct referrals to CNY WORKS, New York State's ACCES-VR program for supported employment, and agencies that work with Local Departments of Social Services (LDSS) provide job search assistance or vocational training. The CoC provides information to project directors and frontline staff about available employment resources through monthly trainings and announcements in a bi-weekly newsletter transmitted to the entire CoC Membership. There are numerous training opportunities for residents of permanent housing including, connection with vocational rehab, job training programs, and employment specialists designed to connect those able to work to employment opportunities to further their recovery and well-being.
3. The Program Planning and Advocacy committee is responsible for overseeing the CoC's strategy to increase jobs and income from employment.

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

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

(limit 2,500 characters)

1. Local Departments of Social Services (LDSS) in the three counties are actively involved in the CoC, participating in the CoC Advisory Board, General Membership Meetings, Coordinated Entry Workgroup meetings, and Planning and Advocacy Committee meetings. LDSS administer federal and state non-employment cash benefits. This allows for case managers and LDSS staff to ensure a continuation of benefits and planning for future income. Emergency shelters connect residents with no income to state and federal non-employment cash benefits. LDSS have designated staff members that clients, shelter or CoC housing program case managers can contact if special accommodations are needed in the application process. LDSS staff also communicate with CoC partners about changes to state, federal, and local regulations, and changes in their organizational structure through CoC Membership and Committee meetings. The CoC hosts trainings on best practices to connect clients to non-employment cash income, like the SOAR method. The CoC encourages agencies during Membership meetings to access trainings hosted by the regional SOAR TA provider and provides meeting space and access to SOAR TA trainers
2. The Program Planning and Advocacy Committee is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare

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

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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
CCHN Rapid Rehous...	PH-RRH	26	Healthcare
HALE RRH PLUS	PH-RRH	27	Housing

3A-3. List of Projects.

1. What is the name of the new project?   CCHN Rapid Rehousing Program

2. Enter the Unique Entity Identifier (UEI):   LVF8CXM9XJR5

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 26

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project?   HALE RRH PLUS

2. Enter the Unique Entity Identifier (UEI):   KMXNXV2SBAQ3

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 27

5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

(limit 2,500 characters)

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

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

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

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

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

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

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

(limit 2,500 characters)

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

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

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

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	353
2.	Enter the number of survivors your CoC is currently serving:	245
3.	Unmet Need:	108

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

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

(limit 2,500 characters)

Data was pulled from the Coordinated Entry Lead of all referrals received from Coordinated Entry for individuals and families fleeing DV. This included data from HMIS for the Coordinated Entry provider, as well as non-HMIS referrals received from VSPs as well as other DV emergency shelter providers. This data gave the total number of survivors needing housing or services. Then data was compiled from all housing projects within the CoC, and how many people entered those projects within the reporting year who were fleeing DV. This included data from HMIS as well as from comparable databases, which included TH, RRH, OPH and PSH projects. This provided the number of survivors your CoC is currently serving.

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

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

Applicant Name
Young Women's Chr...
Cayuga/Seneca Com...

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

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

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

1.	Applicant Name	Young Women's Christian Asso of Syracuse Onondaga Co.
2.	Project Name	Women's Residence
3.	Project Rank on the Priority Listing	28
4.	Unique Entity Identifier (UEI)	HAVLSLRLMZM8
5.	Amount Requested	$676,389
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	84%

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

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

(limit 1,500 characters)

For the DV residential permanent Housing Visions Partnership (scattered site units), the rates were calculated using administrative data maintained by YWCA staff. WR staff track the DV survivors' exits. All 20 of the scattered site units are designated for DV survivors only, and all 20 were fully occupied in 2022, equaling 20% housing placement. 80% were retained. These rates account for exits to safe housing destinations. For the Women's Residence (congregated units) rates, the data sources were a combination of HMIS tracking and a YWCA administrative tracking system, enabling us to make sure we account for all DV survivors. In 2022, the WR served 77 women total. 56 women were DV survivors, and all 56 (100%) received housing placement in the WR. Of the 56 DV survivors, 49 women (87.5%) retained housing in 2022. The 7 DV survivors who did not retain housing either moved back to the WR for additional support (2 women) or moved onto permanent housing elsewhere (5 women).
These rates account for exits to safe housing destinations.

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

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

(limit 2,500 characters)

During their stay at the Women's Residence, survivors and staff create a plan to quickly move survivors into safe affordable housing.
DV survivors are referred to WR DV residential housing through the Coordinated Entry system. Clients are selected from the Coordinated Entry List, and priority is always given to DV survivors.
A phone screening is administered to ensure the client is interested in receiving services from The YWCA. The Case Manager/ Advocate and the client works together to create an individual service plan (ISP) based on person-centered service within 48 hours of program entry.
The Case Manager/Advocate helps DV survivors determine the supportive services needed and connect them with the appropriate services. When DV survivors enter the WR, they work with their Case Manager/Advocate to begin the process to obtain employment, public assistance, food stamps, medical assistance, SSI, and SSDI if they do not have a source of income (income is not required for entry). In addition to case management, YWCA services include housing search and placement, deposit, rent, and utility assistance, a DV support group, career counseling, referral services to community resources, and more. DV survivors can participate in the Women to Work Program, which provides Life skills, Customer service, Intro to computers and financial literacy along with employment opportunities to help sustain housing after the housing subsidy ends.
Once participants move into permanent housing, Case Managers/Advocates will contact them for at least 6 months to track progress and offer support and connections with the resources needed to maintain permanent housing.

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

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	

4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

The Women's Residence (WR) strives to ensure the privacy and confidentiality of DV survivors experiencing homelessness. DV survivors are referred to the Coordinated Entry System by Vera House and then matched to the WR based on the Coordinated Entry list. A DV advocate reaches out and conducts a phone screening (staff ensure the DV survivor is in a safe place). An in-person interview is then scheduled and conducted in a safe private area using a trauma-informed approach.
The Case Manager/Advocate helps transition DV survivors into our WR DV residential facility.
DV survivors' information and location, including name and address, is confidential. Staff do not provide resident names or confirm program participation when contacted. All WR visitors must stay on the first floor of WR building, until the WR front desk (9th floor) is contacted and the DV survivor gives approval for the visitor to enter.
During interviews for WR staff, the importance of DV survivors' safety and confidentiality is emphasized so that new staff understand the critical nature of client privacy. All staff are trained on safety and confidentiality policies/practices, a manual is kept at the WR front desk, and staff participate in DV trainings.
The WR takes security measures to ensure safety and privacy for all units. The front desk at the WR has 24/7 coverage; staff are always present to monitor who is entering/leaving the facility, watch video surveillance, provide crisis intervention/mediation, and provide emergency information on a 24/7 line.

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

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

(limit 2,500 characters)

YWCA leadership and Women's Residence staff have evaluated the program's ability to ensure DV survivors' safety based on the number of safety incidents that occur for residents. Our team is proud to sustain a very low incident rate. Our front desk supervisors provide 24/7 control, care, assistance, and intervention and mediation during any crisis situations at the front desk and within the WR.

When safety incidents do occasionally occur, the WR staff responds to each situation with the support needed to address and neutralize it. Most importantly, they then take proactive measures to prevent similar situations in the future, ensuring that staff actively learn from each experience and incorporate the lessons learned to improve the safety of the program.

One area recently identified for improvement was the Front Desk Supervisor's Procedure Manual. The YWCA leadership team is currently in the process of updating this manual to add a new section specific to DV Safety and Emergency Information. This will further ensure that all front desk staff have the information they need to quickly and effectively support the safety of DV survivors who are contacting and/or living at the WR.

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

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

(limit 5,000 characters)

At the WR DV residential units, staff provide survivor-centered and trauma-informed support to meet the needs of DV victims, with the goal of helping them achieve placement and stability in permanent housing. A key element of the program's success is the Safety Plan and Individual Service Plan (ISP), which the Case Manager/Advocate assist each client create within 48 hours of their move into the WR. The ISP lets program participants communicate their wishes and needs for permanent housing. Case Managers/ Advocates support this journey by helping DV survivors find and complete housing applications, writing letters of recommendation, and explaining the details of each housing option. The Safety Plan ensures that all DV survivors have a plan of action if they're in a DV situation.

In all engagement among DV survivors and staff, mutual respect is emphasized. On a yearly basis, WR staff attend training specific for DV counselors, case managers and advocates, provided by an MWBE training firm. Topics include emotional intelligence and trauma- informed, person-centered care, giving staff the tools needed to promote equity, minimize power differentials, and encourage DV survivors to pursue their ISP goals.

Staff are trained on information regarding trauma informed care annually. Staff shares the knowledge and information they have learned about the effects of trauma with clients, as slides and training notes are available resources. The WR provide needed supports to clients and advocacy efforts are done to refer to necessary resources when needed.

WR staff further support DV survivors by emphasizing program participants' strengths through the ISP and YWCA supportive services. Using the ISP, DV survivors create a road map for achieving their goals, which includes incentives along the way. Case Managers/Advocates provide support and guidance and connect DV survivors with YWCA programs like life skills training, Women to Work, and the Women of Worth (WOW) support group for DV survivors. These free programs help residents learn together and build skills that will help them be independent and successful at home and in the workplace. Simultaneously, these programs provide program participants with opportunities for connection during regular classes and sessions, which encourage togetherness, positivity, and mutual understanding among clients.

The WR is also dedicated to offering culturally responsive and inclusive services for all clients, including DV survivors. Annual staff trainings provided by an MWBE training firm also cover topics related to diversity, equity, and inclusion, equipping staff to understand the diverse perspectives and experiences of DV survivors and promote equal access, cultural competence, and nondiscrimination. Our WR staff reflects the diversity of those we serve: approximately 67% of employees are African American, 27% are Hispanic/Latino, and 7% are Caucasian, enabling the WR to offer bilingual Spanish-English services.

The WR staff will provide a variety of opportunities for connection by connecting participants to groups of interest. The WR has advocates that can offer daily support and refer participants to outside resources.

For DV survivor parents, Case Managers/Advocates work with DV survivors to understand their specific childcare needs and connect them with the community-based services available to meet those needs. DV survivors can utilize YWCA youth development programs, such as the Girls Inc. at YWCA programs for girls ages 5-18, and youth soccer programs for boys and girls.

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

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

(limit 5,000 characters)

During the process of moving DV survivors into permanent housing, the WR provides a variety of supportive services and works with DV survivors to address their safety needs. As mentioned, case management/advocate services play a key role in DV survivors' success. Case managers work with DV survivors to create and maintain an ISP, helping survivors set and follow up on goals and connect with the programs and services they need to be successful. Case Managers/Advocates are also available to help DV survivors navigate housing search and placement, deposit, rent, and utility assistance, referral services to community resources, and more.

WR DV survivors can participate in the Women to Work Program, offered for free by WR staff. Participants build paths to financial stability with small-group classes focused on life skills and job training, professional development, and access to employment. Topics include life skills training (positive self-talk, stress management, emotional intelligence, organizational skills, conflict resolution, etc.), customer service skills, and financial literacy. DV survivors can also participate in DV counseling through individual one-on-one counseling and group counseling, along with our WOW support group that helps DV survivors move toward healing from past abuse. WR staff discuss and provide training on DV, stressing the importance of safety and the warning signs of potential abusers so that DV survivors are better equipped to avoid DV situations in the future

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

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

(limit 5,000 characters)

The WR staff will prioritize placement and stabilization by preparing the participants for permanent housing. The WR staff will do this by going over the participants ISP and safety plan to determine the services that are needed to maintain stability. Staff will have all participants decide what services they wish to be connected with. Case managers will be sure that each particpant have a safe unit when being placed in a permanent housing situation after exiting the Women's Residence.

Mutual respect is emphasized with all participants at the WR. Staff are trained on tools needed to promote equity and minimize power differentials. The WR will not use any punitive interventions.

The WR staff will provide participants access to information on trauma by notifying them of trainings that are available to them. Staff will provide materials and share information that they have learned regarding the effects of trauma. The WR will provide needed supports to particpants and advocacy efforts are done to refer to necessary resources when needed.

WR staff further support DV survivors by emphasizing program participants' strengths through the ISP and YWCA supportive services. Using the ISP, DV survivors create a road map for achieving their goals. Case Managers will connect DV survivors with YWCA programs like life skills training, Women to Work, and the Women of Worth (WOW) support group for DV survivors. These free programs help residents learn together and build skills that will help them be independent and successful at home and in the workplace. Simultaneously, these programs provide program participants with opportunities for connection during regular classes and sessions, which encourage togetherness, positivity, and mutual understanding among clients.

The WR is also dedicated to offering culturally responsive and inclusive services for all clients, including DV survivors. Annual staff trainings provided by an MWBE training firm also cover topics related to diversity, equity, and inclusion, equipping staff to understand the diverse perspectives and experiences of DV survivors and promote equal access, cultural competence, and nondiscrimination.

The WR staff will provide a variety of opportunities for connection by connecting participants to groups of interest. The WR has advocates that can offer daily support and refer participants to outside resources.

WR Case Managers/Advocates will offer parental support to DV survivors by gaining an understanding for their specific childcare needs and connecting them with the community-based services available to meet those needs. Participants can also utilize YWCA youth development programs, such as the Girls Inc., and youth soccer programs for boys and girls.

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

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

(limit 2,500 characters)

DV Survivors have the opportunity to become involved in the work and decision-making of the YWCA WR. We employ WR clients and Women to Work (W2W) participants as interns and part-time staff. DV survivors may serve as Front Desk Supervisors at the WR (answering phones 24/7 and providing safety for the residents) or work at the YWCA Main Office. This gives them the opportunity to shape policy and program development for the WR and YWCA in general, based on their lived expertise and program observations. DV survivors are also able to explore other opportunities-the YWCA recently hired a former WR client who was a homeless DV survivor. She now provides DV advocacy and job coaching at the WR, helping further support and improve the program. Additionally, every year the YWCA invites teams of students from Syracuse University's Maxwell School to survey our DV survivors, then provide a report with findings and recommendations. The YWCA WR evaluates them with the entire team and makes changes to provide better support to our clients. Employees with lived experience are involved in this process and their feedback regarding policy and program development are incorporated in policy changes.

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

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

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

1.	Applicant Name	Cayuga/Seneca Community Action Agency DBA Community Action Programs Cayuga/Seneca
2.	Project Name	Domestic Violence Rapid Rehousing Program
3.	Project Rank on the Priority Listing	29
4.	Unique Entity Identifier (UEI)	LEXZG9T2LN78
5.	Amount Requested	$170,589
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	88%

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

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

(limit 1,500 characters)

The rates are calculated based on program reporting requirements and aggregating all households entering emergency temporary housing, which were able to access permanent housing.
The report accounts for exits to safe housing destinations. CAP utilizes data from HMIS and Apricot, the agency's comparable database, for domestic violence survivors.

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

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

(limit 2,500 characters)

Domestic violence survivors experiencing homelessness are quickly moved into safe affordable housing withing the first 30 days of entry into the Rapid Rehousing Program. CAP Advocates and Case Managers have cultivated relationships with area landlords to help facilitate timely placement (depending on housing availability within the local market. Emergency temporary shelter is available through CAP's Domestic Violence intervention program if necessary). CAP's Domestic Violence Rapid Rehousing program will prioritize survivors by looking at the following criteria, through Coordinated Entry, to minimize the length of homelessness: Individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or family member; chronically homeless individuals who are accepted into permanent housing or eligible for permanent supportive housing, but waiting for their housing placement; and homeless domestic violence families who currently reside in shelters (utilizing the VI-F-SPDAT tool). Referrals are accepted through HUD CoC via Coordinated Entry.
Case management includes screening, intake, assessment, service/goal planning, crisis intervention education, referrals and access to mainstream resources. Services are participant-directed, voluntary and respectful of individual rights to self-determination.
Participants receive individualized holistic service plans with access to wraparound supports including but not limited to CAP's comprehensive portfolio of domestic violence services, TANF, SSI/SSD, SBAP, WIC, HEAP, health insurance, food, clothing, household and personal care items, workforce development, financial literacy, transportation, mental health and substance abuse services through CAP and partner agencies.
The Case Manager will provide supportive services which will stabilize participants in independent living and put them on a path to permanent housing. Service plans developed together with participants will be continuously updated as they work towards their goals. The Case Manager can continue to provide referrals and tools as needed after enrollment in the program ends to help ensure that individuals and families do not move back into homelessness.

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

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

(limit 2,500 characters)

All services are confidential and CAP has existing established confidentiality policies and
release of information protocol in place. All staff receive training on and sign a
confidentiality statement upon hire. Established procedures ensure that all client
information is confidential and shared pursuant to an informed, written, time-limited
release of information signed by the survivor. Staff and volunteers are advised that
breaching a client's confidentiality can be grounds for termination and are trained on the
Violence Against Women's Act protection for survivors of domestic violence. Staff will
not discuss or share situational or personally identifying information including aggregate
data that may identify an individual without informed, written and time-limited release. If
coordinated case review is desired by clients, appropriate releases will be completed to
allow for conferencing between third parties. The survivor has the right to revoke the
consent at any time for any reason and will be informed of this right when signing the
release.
Domestic violence survivors are housed in safe options with careful consideration given
to location based on a variety of factors. Security devices are available through the
Domestic Violence Intervention Program to enhance survivor safety.
Information is kept pursuant to Agency confidentiality policies and procedures. All files
are housed in a locked room in locked filing cabinets.
All staff are trained in Agency established confidentiality policies and procedures (see
above) and explicitly understand the importance and danger that can be placed on a
survivor if information is not kept confidential and will be terminated if confidentiality is
breached.
Safety is of paramount concern in placing survivors in housing. Once safely housed,
safety devices for doors and windows are provided to participants through CAP's
Domestic Violence Intervention Program. Locks are also changed as necessary. Case
Managers and Advocates continually check in with survivors to assess their needs,
including their safety needs and concerns.

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

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

(limit 2,500 characters)

CAP has adopted the Housing First model of service delivery to ensure that at least 90% of program participants exit into permanent housing. Participants will have full rights, responsibilities and legal protections as any other tenant would. The program is designed to prevent evictions and lease violations and program guidelines are written as to not encourage violations (i.e.: no drinking in the apartment). Instead of moving immediately towards eviction for those families who have failed to pay their portion of rent, families will be offered recourse such as payment arrangements and supportive services such as budgeting assistance to assist them with paying their rent moving forward. By allowing families in the program recourse prior to eviction, the expectation is that only in rare and extreme circumstances will a family exit the program to a destination other than permanent housing. In dealing with domestic violence survivors, safety is of utmost concern and comprehensive policies and procedures are in place to ensure every need and safety precaution is being met (see above and below).

Program staff will work closely with participants to help them transition into permanent housing and prevent subsequent episodes of homelessness. This outcome will be verified through HMIS.

CAP's DV-RRH Case Manager will provide intensive case management and supportive services to help participants increase income and subsequently reduce reliance on rental assistance. The resulting impact is increased financial independence, enhanced ability to sustain permanent housing and reduced recidivism of homeless episodes among participants.

CAP will offer wraparound services to assist all RRH program participants in transitioning from a point of crisis to stability and economic security. Upon entry into the RRH Program, a participant's immediate basic need for housing will be met.

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

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;

	4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
	5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

The Case Manager will work in consultation with the Domestic Violence Intervention Program to assess the needs and concerns of the survivor. Through assessment tools they gather information, watch the body language and ask trauma related questions and walk through the unit with participants to assess whether the survivor is safe and comfortable. Participants help drive the selection process whenever possible.

All customers, including domestic violence survivors are treated with respect and afforded the dignity that is deserved. CAP respectfully supports and empowers all clients seeking assistance. Staff utilize an empowerment-based process to interventions to connect, inspire and create a sustainable pathway for a safe, self- sufficient future. The goals created within the relationship of staff and survivor are worked on as a team. Comprehensive, holistic supports are provided to meet each individuals needs and help them attain their goals. Participants are given access to information on trauma, the effects of domestic violence and on children, the response to violence and the way trauma forms in an environment of neglect. Staff uses aspects of conscious discipline in a structured way to provide education around trauma and its effects. Survivors and their children often need therapy to help integrate their life experiences, including intergenerational transmission of trauma. In-house supports are available and necessary referrals are made to partner agencies to provide comprehensive treatment.

The DV RRH Case Manager will provide supportive services that will stabilize the participants in independent living and put them on the path to permanent housing. Services are participant directed, voluntary and respectful of individual rights to self-determination. Individualized service plans are developed based on self-identified goals and assessment of needs in order to overcome barriers. CAP utilizes an organizational approach for the prioritization of addressing inequity in housing outcomes through practices, systems and structures adopted in policy and ongoing examination to adjust course if necessary. The Agency provides consistent service delivery through interventions that aim to eliminate intersectional discrimination and structural barriers so that services can be accessed, and downstream outcomes can be improved. Staff participate in regular trainings and prioritizes change based on research and evaluation tools. All individuals receiving services have equal access to resources without bias, all individuals have equal access to wraparound supports that address underlying inequities and work in partnership with communities, institutions and grassroots movements to achieve meaningful results.

Participants may immediately begin developing local support networks and investing in neighborhood and community activities necessary to maintain housing stability. The Agency's Domestic Violence Intervention Program has a mentor/volunteer (trained psychologist) that is able to provide individual counseling, participants have access to a weekly support group and outside referrals are made to partner agencies or offer resources and help facilitate enrollment in groups or memberships that help survivors integrate into the community.

Participants have access to over 40 programs and services offered through CAP including outside referrals to established partner agencies in the community. There are resources available to provide financial subsidies for participants, support groups, advocacy, legal services and necessary referrals are made based on the individuals service plan and identified goals.

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

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

(limit 5,000 characters)

CAP is the only victim service provider of both residential and non-residential services for victims of Domestic violence in Cayuga County. Our Domestic Violence Intervention Program (DVIP) provides unique services to victims; there is no overlap services within the community. In addition, CAP administers a Supervised Visitation and Safe Exchange Program, the Transitional Housing Assistance Program (THAP) a Rapid Rehousing Program with four dedicated units for survivors and partners with the City of Auburn with the Improving Criminal Response Program (ICJR).

Survivors of domestic violence receive a variety of emergency and supportive services to help them through the complex process of fleeing an abusive partner and building safe, self-sufficient futures, including safety planning, 24-hour hotline, advocacy (law enforcement, medical, housing, employment, DSS and legal), crime survivor compensation assistance, information and referral, peer support groups, individual supportive counseling, financial empowerment, transportation, child care, relocation assistance, emergency food, clothing and furniture, and safety aid devices. DVIP also operates a 9-bed emergency safe house that offers safe housing for up to 90 days for survivors of domestic violence. Last year, the program provided 2,855 bed nights of shelter to victims of domestic violence.

In serving victims of domestic violence, DVIP uses a strength-based, empowerment approach in which advocates work in partnership with victims to assist and support them in choices they make. CAP recognizes that a holistic approach to services builds a solid foundation for clients to move from crisis to stability and self-sufficiency. By partnering with each survivor and working holistically with them, on their terms, our Agency ensures that each has the tools needed to remain safe while working towards self-sufficiency.

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

	Describe in the field below examples of how the new project(s) will:
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;

	5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

The Case Manager will work in consultation with the Domestic Violence Intervention Program to assess the needs and concerns of the survivor. Through assessment tools they gather information, watch the body language and ask trauma related questions and walk through the unit with participants to assess whether the survivor is safe and comfortable. Participants help drive the selection process whenever possible.

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Participants have access to over 40 programs and services offered through CAP including outside referrals to established partner agencies in the community. There are resources available to provide financial subsidies for participants, support groups, advocacy, legal services and necessary referrals are made based on the individuals service plan and identified goals.

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

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

(limit 2,500 characters)

CAP encourages people with lived experience to apply for their open job positions. Employing individuals with a range of lived expertise gives them direct involvement in shaping operations based on their knowledge and skills gained from experience homelessness and surviving domestic violence.
CAP involves survivors in policy and program development through a variety of ways including intake, assessment, interviews, regular meetings and surveys. Client feedback is one of the most valuable resources to the Agency and often clients are encouraged to participate in shaping and guiding programming through participation on boards and committees as appropriate.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/22/2023
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/22/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/22/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/22/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Co...	09/22/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/22/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/22/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/22/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/22/2023
1E-5b. Local Competition Selection Results	Yes	Local Competition...	09/22/2023
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	09/22/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/22/2023
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

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Attachment Details

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Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	08/03/2023
1B. Inclusive Structure	09/22/2023
1C. Coordination and Engagement	09/22/2023
1D. Coordination and Engagement Cont'd	09/22/2023
1E. Project Review/Ranking	09/22/2023
2A. HMIS Implementation	09/22/2023
2B. Point-in-Time (PIT) Count	09/22/2023
2C. System Performance	09/22/2023
3A. Coordination with Housing and Healthcare	09/22/2023
3B. Rehabilitation/New Construction Costs	09/22/2023
3C. Serving Homeless Under Other Federal Statutes	09/22/2023

4A. DV Bonus Project Applicants	09/22/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

4-III.C. SELECTION METHOD

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

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

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

PHA Policy

The LA will use the following PHA local preferences, selected in the following order:

1. The LA will offer a Homeless/Rapid-rehousing preference for families referred from LA-authorized homeless service agencies, including the local COCs.

No less than 10% of each LA's general allocation of tenant-based vouchers including Mainstream vouchers (excluding all other special purpose vouchers unless otherwise specified in their corresponding section(s) of this administrative plan or required by HUD), must be dedicated to this preference, of which 5% (or half of the homeless preference threshold) shall be dedicated to households exiting rapid re-housing who have been referred by the appropriate, local Continuum of Care (CoC).

Additional instructions for this priority are provided below:

Homeless Preference, Category A (Rapid Re-Housing): The LA shall dedicate no less than half of its vouchers assigned to the homeless preference (or 5% percent of the LA's total, tenant-based voucher allocation), to qualified families exiting rapid re-housing, as defined under 24 CFR § 576.104, with a referral from a CoC. To meet this requirement, the LA must first select households with a referral from a CoC who are already on its waiting list, and then may accept referrals outside its waiting list from the CoC. The total number of households selected who qualify for Category A may exceed 5%, for up to no more than 10% of its total voucher allocation, if there are insufficient households in Categories B and C to meet the overall 10% homeless preference threshold.

Homeless Preference, Category 1(B): An individual or family who *lacks a fixed, regular, and adequate nighttime residence*, meaning:
a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; *or*
b. An individual or family living in a supervised publicly or privately operated shelter designated to provide **temporary** living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); *or*

c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Homeless Preference, Category 4(C): Any individual or family who:
a. Is ***fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking***, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; ***and***
b. Has no other residence; ***and***
c. Lacks the resources or support networks, e.g., family, friends, and faith- based or other social networks, to obtain other permanent housing.

In addition to identifying as one of the categories listed above, **HCR requires** the applicant provide or obtain written verification of their homeless status. That verification shall be accepted according to the following hierarchy:

> 1. Written confirmation from a coordinating shelter, housing provider, service agency or institution (for those being discharged) -or-
> 2. Third-party documentation such as: a recent notice of eviction, a utility shut-off notice, etc. -or-
> 3. Self-certification in a format prescribed by NYS HCR.

2. The LA will offer a preference to families that include an elderly, disabled, or minor family member.

> a. An *elderly person* is a person who is at least 62 years of age.
>
> b. *Disabled person* is defined in Exhibit 3-1.
>
> c. A *minor* is a person under 18 years of age.

3. The LA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

All LA's with closed waiting lists must continue to offer the preferences listed above to current qualified applicants and be included on the waiting list.

Homeless/Rapid Rehousing Preference Administration and Waivers

As allowed under HUD regulations, HCR has exercised its' discretion to limit the number of applicants that may qualify for a local preference. 10% of each LA's general allocation of regular and Mainstream vouchers (excluding all other special purpose vouchers unless otherwise specified in their corresponding section(s) of this administrative plan or required by HUD), must be designated for the above stated homeless preference. Half of the homeless preference allocation (equal to 5% of the general allocation of regular vouchers) must be designated for the use of families exiting rapid re-housing. Each LA will partner with one or more CoC for direct rapid re-housing referrals, as needed. LA's may execute a Memorandum of Understanding ("MOU") with each CoC referring families under this preference.

For all applicants who do not have a preference, to the extent that it is necessary to meet income targeting requirements, those who have household incomes above 30% of AMI may be bypassed.

First Preference, Special Programs

Families eligible for the following special programs will be maintained on special Waiting Lists for each program. The lists for each special program shall be organized based upon date and time of application. Persons in this preference category shall be eligible to apply for assistance even when the general Waiting List is closed. The special programs are as follows:

- Homeless Veterans with Severe Psychiatric or Substance Abuse Disorders, certified by the Syracuse Veterans Affairs Medical Center for participation in the HUD-VASH Program. SHA will accept eligible applicants for this program via a written referral form the local Veterans Administration Medical Center Housing unit.

- Eligible applicants for the SRO Mod-Rehab Program. These participants will be referred via a memo from the Syracuse YMCA.

- Household to be admitted to the program via target funding, including, but not limited to, tenant protection vouchers, enhanced vouchers, or any special purchase voucher.

Second Preference:

All of the following shall have equal preference:

- Families with children whose blood lead level is equal or greater than 20 ug/dL (micrograms of lead per deciliter) for a single test or 15-19 ug/dL in two tests taken at least three (3) months apart in children age six and under, as identified by the Onondaga County Health Department, and the lead problem is attributed to the family's present housing.

- Domestic Violence: An applicant who vacated their unit because of domestic violence or lives in a unit with a person who engages in violence. Documented actual or threatened violence directed toward self or member(s) of household by spouse or other member of applicant's household must come from a third party source, i.e. shelter advocate, social worker, law enforcement agency, etc. The domestic violence should have occurred recently or be of a continuing nature.

- Families who are involuntarily displaced via a government or government sponsored action and through no fault of their own. Persons displaced due to a foreclosure shall not be eligible for this preference.

- Eligible families and Youths (18 or older) referred by written memo to SHA from the County Child Welfare Agency for the Family Unification Program (FUP).

All persons in this preference category shall be placed on the Waiting List in order of the date and time of application. Persons in this preference category shall be eligible to apply for assistance even when the general Waiting List is closed.

Third Preference:

- Applicants and Tenants in NON-profit neighborhood based housing programs.

- Families presently under the SHA Shelter Pus Care Program and/ or VASH program who, in the opinion of their sponsoring agency and the Authority, will no longer require involvement in the "care" aspects of the program will be given a first preference. Families that have progressed to a point where they are stable and no longer require the support and aid of the partnering agencies will be given a Housing Choice Voucher. This action will make slots available in the Shelter Plus care Program for *more* homeless families who are in need and require the aid of the other partnering Agencies involved.

8. Notice and Opportunity for a Meeting where Local Preference is Denied

If SHA determines that an applicant does not meet the criteria for receiving a local preference, the applicant has the right to meet with SHA to review the decision. If requested, the Supervisor of Section 8 or their designee will conduct the meeting. The procedures specified in this paragraph will be carried out in accordance with HUD's requirements. The applicant may exercise other rights if the applicant believes that he or she has been discriminated against on the basis of race, color, religion, sex, national origin, age, or handicap.

VI. Leasing a Unit – Occupancy Policies

A. **Issuance of a Voucher (24 CFR 982.302) & Information when Family is Selected (24 CFR 982.301)**

Vouchers:

The number of unused Vouchers will be evaluated on at least a monthly basis. Once a determination has been made of available Vouchers, the next individuals/families on the waiting list will be contacted. The applicants will be mailed a letter advising them that their name has come to the top of the list for subsidy assistance and will be requested to schedule an interview/briefing for the formal application and verification of their preferences.

SHA
SYRACUSE HOUSING AUTHORITY
Building Neighborhoods. Growing Dreams.

MEMORANDUM OF UNDERSTANDING

Syracuse Housing Authority Housing Choice Voucher Program
& Mainstream Voucher Grant Service Partner Housing and Homeless Coalition of Central New York

I. Purpose of This MOU

This memorandum of understanding ("MOU") has been created and entered into on September 5, 2019 between the **Syracuse Housing Authority** ("SHA") and **The United Way of Central New York on behalf of the Housing and Homeless Coalition of Central New York ("The Coalition"),** (collectively, "the Parties") in connection with SHA's application ("the Application") in response to the U.S. Department of Housing and Urban Development (HUD) FY 2019Mainstream Voucher Program Notice of Funding Availability ("the NOFA"). This MOU outlines the basic agreement between the Parties during operation of the **Mainstream Housing Choice Voucher Program,** a tenant-based supportive housing program that assists non-elderly persons with disabilities ("the Program").

II. Program Goal and Definitions

The goal of the Program is to pair housing subsidies with supportive services to provide sustained community-based integrated housing for non-elderly persons with disabilities, with a preference for disabled non-elderly persons who are transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless ("the Preference"). SHA shall provide the housing subsidies and the Coalition shall provide appropriate referrals from housing programs funded by the Continuum of Care as a "Moving On" strategy from Continuum of Care beds. All relevant terms defined in the NOFA and Application are incorporated herein.

III. Term

This MOU is intended to facilitate the award of Mainstream Voucher Program funding to SHA and utilization of the vouchers by eligible families pursuant to HUD Notice of Funding Availability for FY2019, No. FR-6300-N-43 and shall remain in effect for the duration of such vouchers.

IV. Operational Roles and Responsibilities

A. SHA

1. Establish a preference for households that qualify for Mainstream vouchers, including those referred by the Coalition.

2. Canvas people on the SHA Housing Choice Voucher wait list to help SHA and the Agency identify any families currently on the wait list who would qualify for the Program and the Preference.
3. Commit a sufficient number of staff and other resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.
4. Commit a sufficient number of staff and other resources to ensure that inspections of units are completed in a timely manner.
5. Hold an initial SHA application and work process meeting for all involved Coalition staff.
6. Hold semi-annual evaluation meetings with Agency staff to monitor and correct issues with such benchmarks as number of referrals received, vouchers issued, units leased/families housed, service coordination and tenancy support provided, lease infraction notices, average length of time in unit, and overall utilization.
7. Maintain releases of information for each participant in the Program to ensure open communication between SHA and the Coalition.
8. Designate a staff person to meet with the Coalition's representative in person or by phone on a regular basis to exchange updates about participants' housing stability.
9. Notify the Coalition's contact person when a participant's housing is at risk due to noncompliance with the Program or their landlord.
10. Provide training to applicable staff on an ongoing basis to support operations of the Program and facilitate training and coordination between SHA and Agency.
11. Generate a quarterly report that tracks Program performance metrics, including
    a. Number of referrals received by Coalition
    b. Number of vouchers issued by SHA
    c. Number of vouchers leased-up
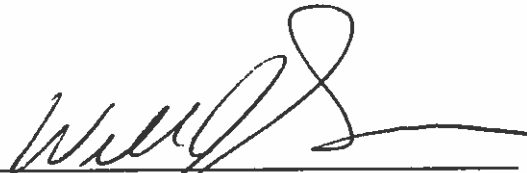   d. Program utilization rate

B. The Coalition

1. Identify and maintain a single point of contact for communication with SHA.
2. Identify households who are eligible for the Program and the preference using existing Coordinated Entry system.
3. Obtain releases of information for potential Program households to ensure open communication between the Coalition and SHA.
4. Assist applicants with application completion, paperwork and verifications, and ensure that the applications are complete prior to the Agency's submission of the application package to SHA.
5. Attend participant briefings when needed.
6. Provide training to applicable Coalition members on an ongoing basis to support operations of the Program and facilitate training and coordination between SHA and Coalition.
7. Commit to attending quarterly evaluation meetings with SHA staff.
8. Add relevant data on Program performance metrics to the monthly report generated by SHA and available to all parties.

V. Further Cooperation

The Parties hereby commit to cooperating with one another to address issues as they arise and to resolve them based on the agreements stated in this MOU.
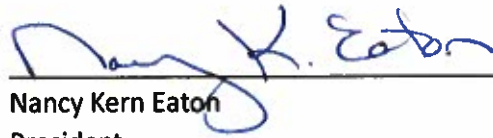
VIII. Signatures

SHA

William J. Simmons,
Executive Director

8/26/19

Date

United Way of Central New York

Nancy Kern Eaton
President

8/29/19

Date

c/o Housing and
**Housing and
Homeless Coalition**
980 James Street
Syracuse, NY 13203

Phone: 315-428-2229
Email: hhc@unitedway-cny.org

September 13, 2023

To Whom It May Concern:

This letter is a show of support for the NY 505 CoC, known as the Housing and
Homeless Coalition of Central New York, in their efforts of applying for the Notice of
Funding Opportunity. The Housing and Homeless Coalition has shown dedication to
prioritizing individuals and families experiencing homelessness with severe service
needs in Onondaga, Cayuga and Oswego Counties. The applications that were
selected have demonstrated meeting the needs of the local service area. We have all
experienced homelessness and are in support of these efforts.

The Client Advisory Board and the Youth Action Board were included in this process,
by writing questions for the local competition applications, reviewing applications and
providing the HHC Advisory Board with funding recommendations.

Rexford Beverage
Name

_9/13/23_
Date

Martha Ehlert
Name

_9/14/2023_
Date

Cheyenne Martin
Name

_9/13/23_
Date

[signature]
Name

_9/14/23_
Date

Current Voting Members:
Hunter Kusak, Advisory Board
Representative
Cheyenne Martin, Advisory Board
Representative
Jacob Butchko
Ash Carey

New Members:
Issa Ouatara
Belladior Ramos

Current Voting Members:
Rex Beverage, Chair
Martha Ehlert, Vice Chair
Angela Hightower
Timothy Donovan
Lorraine Ager

New Members:
Khalifah Ross
Griffin Black

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🐦 @hhcofcny

NY-505 New Project Housing First Attestation

All projects funded by the NY-505 Continuum of Care are required to operate under the Housing First model. Please sign and attach this form to your agency's CoC project application, confirming your commitment to using the Housing First model.

Housing First: A model of housing assistance that prioritizes rapid placement and stability in permanent housing in which admission does not have preconditions (such as sobriety or a minimum income threshold) and in which housing assistance is not conditioned upon participation in services.

By signing the following, the project agrees that[1]:

- Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.

- Project will do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."

- People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.

- Project will accept all referrals from the Coordinated Entry System.

- Housing and service goals and plans are highly tenant-driven.

- Supportive services emphasize engagement and problem-solving over therapeutic goals.

- Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants.

- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

---

[1] This list was adapted from the United States Interagency Council on Homelessness.

www.hhccny.org
hhc@unitedway-cny.org
f facebook.com/hhccny
@hhcofcny

- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

- Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.

- Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

_____

Agency Name

_____

Printed Name

_____

Signature

_____

Title

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Housing & Homeless Coalition of Central New York

Monitoring Findings and Recommendations

FY20

Significant Findings & Recommendations

Project	Significant Finding
Chadwick	None

Project	Recommendation
	Ensure that supportive services are made available throughout participant's entire time in the project
	Develop strategies to assist participants gain employment
	Ensure participant files include rent reasonableness forms
	Ensure participant files include FMR charts

REVIEW OF CoC PROGRAMS PARTICIPANT FILES			(CHECK IF PRESENT)				
Client File HMIS ID	10532	11867	26976	20387	61288		
Eligibility: Homelessness							
Each participants file contains verification of homelessness status at the time of program entry. 24 CFR § 578.103 (a)(3); 24 CFR § 576.500(b)	X	X	X	X	X		
Eligibility: Disability							
If the program provides PSH, each participant file contains verification of participant's disability. 24 CFR 578.37(a)(1)(i)	X	X	X	X	X		
Eligibility: Chronic Homelessness							
If the program has units dedicated *to persons who are chronically homeless*, participant files contain verification of chronic homelessness as defined by HUD.							
Service Assessments and Duration of Services							
The file reflects the supportive services are made available throughout resident's entire time in the project. 24 CFR § 578.53 (a)	X	X	X		X		
Participants Terminated from Program							
If participant has been terminated from the program, file includes documentation that the agency followed its written procedures for termination of assistance. 24 CFR § 578.103(a)(7)(ii); 24 CFR § 578.91	N/A		N/A	N/A			
RENTAL ASSISTANCE OR LEASING							
Rental Agreement/Lease							
The program participant has an occupancy agreement or lease with the agency or with the property owner. 24 CFR § 578.77(a)	X	X	X	X	X		
If the program participant has a sub-lease with the organization, it contains an andendum describing client rights under VAWA.	X	X	X	X	X		
Habitability							
File includes documentation that units passed Housing Quality Standards inspection prior to initial client move-in, including an inspection within the last 12 months. 24 CFR § 578.75(b); 24 CFR § 578.103 (a)(8); 24 CFR § 578.75(b)	X	X	X	X	X		
Dwelling unit is correct size: The dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room. 24 CFR § 578.75 (c)	X	X	X	X	X		
For supportive housing for persons with disabilities: the agency must take available meal preparation facilities for residents or provide meals. 24 CFR § 578.75 (d)	X	X	X	X	X		
Unit Rents							
Documentation that rents are reasonable in relation to rents charged in the same geographic area for comparable space.							
Rents do not exceed the HUD-determined Fair Market Rents (FMRs). This documentation must include chart showing current year's FMRs. 24 CFR § 578.49(b)(2)							
Annual Income/Rent Calculation							
The file contains documentation demonstrating that: · Income is reexamined annually; · Rent is calculated initially and annually and when there are any changes in income with appropriate supporting documents. 24 CFR § 578.77(c)(2); 24 CFR § 578.103	X	X	X	X	X		
LEASING							
Security deposit does not exceed two months' rent; in addition to the security deposit, the agency may also pay the final months' rent in advance. 24 CFR § 578.49 (b)(4)	X	X	X	X	X		
Leasing funds are not used to lease units or structures owned by the recipient, sub recipient, their parent organization(s), or organizations that are members of a partnership where the partnership owns the structure. 24 CFR § 578.49 (a)	X	X	X	X	X		
TRANSFERS							
Transfer Due to Domestic Violence							
If a program participant receiving tenant-based rental assistance has moved to a different CoC due to threat of imminent harm, the file must contain documentation of the domestic violence and imminent threat.							

COC NY-505 (Syracuse/Auburn, Onondaga, Oswego, and Cayuga Counties) Program Grant Management

CoC NY-505 Monitoring Team Information
Monitoring Staff: Sherrain Clark & Cassandra Montressor
Date of Monitoring Visit: 4/14/2023

CoC Program Grantee: Agency and Program Information
Agency: Chadwick.
Program Name: Chadwick Supportive Housing
Agency staff consulted: _Christine McNeely
Grant Amount: $239,929
Contract Number: NY0091L2C052013

Program Type: PSH
Number to be served: _19 units
Number of chronic beds/units:

Program serves: Individuals   Families X Both Individuals and Families

CoC Program grant funds are used for:
       Rental Assistance
     X Leasing (no match required)
     X Operations
     X Supportive Services
     X Admin

 Is there an active restrictive covenant on one or more of the projects properties?   Yes X No

Does this monitoring visit require a review of policies and procedures? X Yes   No

AGENCY OPERATIONS; POLICIES AND PROCEDURES

Conflict of Interest

The agency has a general conflict-of-interest policy for staff and Board members. 24 CFR §578.95 (c); 24 CFR § 578.103 (a) (11)	X Yes ☐No	

Involvement of homeless persons

There is at least one homeless/formerly homeless person on the Board of Directors or equivalent policymaking entity (Provide Board List). 24 CFR § 578.75 (g)(1)	X Yes ☐No	
The agency involves homeless individuals and families through employment; volunteer services; or otherwise; in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project. 24 § 578.75 (g)(2)	X Yes ☐ No	
The agency has a process in place to examine and improve client satisfaction, based on client feedback of the project(s).	X Yes ☐ No	

Equity

The agency provides equal opportunity for formerly homeless individuals to apply for employment opportunities by including in their job descriptions and postings that candidates with lived experience	X Yes ☐No	

Confidentiality

The agency has policies and procedures to ensure: · Protect identifying information of any individual/family receiving assistance will be kept confidential; · The location of any family violence project will not be made public, except with written permission of the person responsible for operating the project; and · The location of any housing of any program participant will not be made in public, except as provided in a preexisting privacy and as provided by law. 24 CFR § 578.103(b)	X Yes ☐No	

Fair Housing and Equal Opportunity

The agency has policies and procedures in place that provide: · Nondiscrimination and equal opportunity policies that apply to housing and employment 24 CFR § 578.93	X Yes ☐No	
· Reasonable accommodations and reasonable modifications for persons with disabilities. 24 CFR § 100.204 (a), 28 CFR § 25.130(b)(7)	X Yes ☐No	
· Meaningful access for Spanish-speaking and other Limited English Proficiency persons to access the agencies programs and services. 72 Fed Reg. 2732	X Yes ☐No	
2. The agency maintains and provides copies of: · Marketing, outreach, and other materials used to inform eligible persons of the program and other materials;	X Yes ☐No	
· Information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws, and;	X Yes ☐No	
· HUD's Equal Access Rule and programs have received the HUD training on the Rule. 24 CFR § 578.93 (c) (1) (3)	X Yes ☐No	

Drug-Free Workplace

The agency has a drug-free workplace policy statement which includes the requirement of notification to HUD if an employee is convicted for a criminal drug offense (Form 50070 will suffice). 24 CFR § 84.13	X Yes ☐No	

Staff Development/Training

Agency provides and documents ongoing training to program staff.	X Yes ☐No	
Agency provides and documents equity trainings to program staff.	X Yes ☐No	

Recordkeeping

The agency has written policy in place to ensure that records related to CoC-funded program are maintained for a 5-year period. 24 CFR § 578.103	X Yes ☐No	

POLICIES AND PROCEDURES FOR CoC GRANT-FUNDED PROGRAM

Termination Process

The agency has a written policy for termination of participation for violating of program policies or occupancy agreements. 24 CFR § 578.91 (b)	X Yes ☐No	

Homeless Documentation

Agency has written policies and procedures for documenting homelessness. Intake staff document eligibility at intake; documentation is required for all persons seeking assistance; written policies state the evidence that may be relied upon to establish and verify homeless status. Agency makes efforts to get the appropriate documentation. In order of preference: · Third party documentation · Intake worker observations · Certification from the person seeking assistance	X Yes ☐ No	

Program Fees

Agency does not charge program participants program fees. 24 CFR § 578.87 (d)	X Yes ☐No	

REQUIRED POLICIES AND PROCEDURES FOR SPECIFIC PROGRAMS/CIRCUMSTANCES

Family Policies

Complete this section for any program that serves families with children.

The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that received funds under this part.	X Yes No	

Faith-based Activities

Complete this section if the agency is a faith-based organization.

The agency serves all potential participants without regard to religious belief, refusal to hold a religious belief, or refusal to attend or participate in religious services. If the agency provides explicitly religious activities (including worship, religious instruction, or proselytizing), these activities are separated from HUD-funded activities and beneficiaries of HUD-funded activities are not required to participate. 24 CFR § 578.87 (b)(2)	☐ Yes ☐ No	

Part 2: Fiscal Monitoring

INTERNAL REVIEW		
Audit		
Is the agency subject to the OMB-A-133 single audit requirement? (Required if $500,000 or more in aggregate Federal funds expended) If subject, has the agency provided its most recent* audit and management letter? If not subject, has the agency provided financial statements audited by a CPA? *most recent defined as within twelve months of the last year end*	X Yes ⌴ No	
Match		
1. The agency has documentation of the source and use of contributions made to satisfy the 25% match requirement (match may be cash or in-kind). Records must indicate the grant and fiscal year for which each matching contributions is counted. The record must show how the value placed on 3rd party in-kind contributions was derived. Costs incurred by a partnering organization to provided "in kind" services to the program participants must be documented by a MOU. Cash or any in kind contributions used as a match for another grant is not an eligible match. 24 CFR 578.73; 24 CFR 578.103(a)(10); 24 CFR 84.23; 24 CFR 578.23 (c)(6)	X Yes No	
2. Match must be spent on eligible project costs.	X Yes No	
3. Where match is documented by MOU, the MOU must; establish the unconditional commitment; identify the service to be provided; identify the profession of the persons providing the service; and identify the cost of the services to be provided.	Yes No X N/A	
Internal Controls		
1. The agency has written job descriptions for all HUD funded positions.	X Yes No	
2. The agency has written · Fiscal policies and procedure specifying approval authority for all financial transactions and guidelines for controlling expenditures. · Procedures for recording financial transactions, and an accounting manual and chart of accounts.	X Yes No	
3. Review organizational chart	X Yes No	
4. Did the recipient or its subrecipients demonstrate that program expenses are allowable, allocable, and reasonable? [24 CFR 578.99(e); 24 CFR 578.103(a)(15); 24 CFR 84.21(b)(6); 24 CFR 85.22]	X Yes No	
Services Related to Housing Stability		
The supportive services funded by the CoC grant are necessary for maintenance of housing. 24 CFR § 578.53(a)	X Yes No	
Residential Supervision		
The agency provides adequate residential supervision meaning that funds may be used for supportive services and supervision of supportive services. 24 CFR § 578.75(f)	X Yes No	

COORDINATED ENTRY

Did the program reject any clients matched to the program during the previous fiscal year?	X Yes No	
Was there a valid reason for rejection, such as legal matters or safety concerns?	Yes X No	
Did the program use the alloted 2 weeks to make contact attempts with client and record such attempts in HMIS, before asking to be unmatched from the client?	Yes X No	
Did all active program participants have a Coordinated Entry referral match?	X Yes No	

REVIEW OF CoC PROGRAMS PARTICIPANT FILES						(CHECK IF PRESENT)	
Client File HMIS ID							
Eligibility: Homelessness							
Each participants file contains verification of homelessness status at the time of program entry. 24 CFR § 578.103 (a)(3); 24 CFR § 576.500(b)							
Service Assessments and Duration of Services							
The file reflects the supportive services are made available throughout resident's entire time in the project. 24 CFR § 578.53 (a)							
Rapid rehousing: the file reflects that program participant meets with case manager not less than once per month. 24 CFR 578.53 (b)(4)							
Participants Terminated from Program							
If participant has been terminated from the program, file includes documentation that the agency followed its written procedures for termination of assistance. 24 CFR § 578.103(a)(7)(ii); 24 CFR § 578.91							
RENTAL ASSISTANCE OR LEASING							
Rental Agreement/Lease							
The program participant has an occupancy agreement or lease with the agency or with the property owner. 24 CFR § 578.77(a)							
If the program participant has a sub-lease with the organization, it contains an andendum describing client rights under VAWA.							
For project-based, sponsor-based, or tenant-based permanent housing (PH) rental assistance: initial lease must be at least one year, terminable for cause. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.							
Habitability							
File includes documentation that units passed Housing Quality Standards inspection prior to initial client move-in, including an inspection within the last 12 months. 24 CFR § 578.75(b); 24 CFR § 578.103 (a)(8); 24 CFR § 578.75(b)							
Dwelling unit is correct size: The dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room. 24 CFR § 578.75 (c)							
Unit Rents							
Documentation that rents are reasonable in relation to rents charged in the same geographic area for comparable space.							
Rents do not exceed the HUD-determined Fair Market Rents (FMRs). This documentation must include chart showing current year's FMRs. 24 CFR § 578.49(b)(2)							
Annual Income/Rent Calculation							
The file contains documentation demonstrating that: · Income is reexamined annually; · Rent is calculated initially and annually and when there are any changes in income with appropriate supporting documents. 24 CFR § 578.77(c)(2); 24 CFR § 578.103							
Vacancies							
Rental Assistance Only: The agency does not pay rent for more than 30 days for any unit that has been vacated. Rent may not be paid on the vacated unit again until there is a new occupant. (NOTE: Brief periods of stay in institutions, not to exceed 90 days for each occurrence, are not considered vacancies.) 24 CFR § 578.51 (i)							
TRANSFERS							
Transfer Due to Domestic Violence							
If a program participant receiving tenant-based rental assistance has moved to a different CoC due to threat of imminent harm, the file must contain documentation of the domestic violence and imminent threat.							

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CoC Funding Competition

The Housing and Homeless Coalition of Central New York (HHC), with United Way of Central New York as its Collaborative Applicant, as the CoC Lead Agency, coordinates the process that selects the local projects that will be moved forward to the federal HUD CoC Program Competition. A local application has to be submitted in response to the Request For Proposal (RFP) released by the HHC. Projects will be reviewed and ranked by an independent project selection committee called the Performance Selection Committee. Projects that make the selection list will advance to the federal application process.

FY-2023 CoC Local Competition
NOFO Info
2023 NY-505 Local Competition Schedule

Funded Agency Meeting – From July 14th
Informational NOFO Webinar- *Coming Soon!*
Informational NOFO Presentation
esnaps Access
Annual Renewal Demand Report- *Coming Soon!*
Ranking Protocol

2023 Local Applications- Due August 11th by 5pm!

Application Instructions

Housing First Attestation

Membership MOU

New Application Materials

- Application
- Rubric
- Sample CoC Budget

New DV Application Materials

- Application
- Rubric

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Date and time settings

From: Housing & Homeless Coalition

To: Miranda Spencer

Bcc: agerlorrie@yahoo.com; pamela.alderman@use.salvationarmy.org; malobaidi@ifwcny.org; stacy.alvord@oswegocounty.com; mapplebee@cayugacounty.us; sarmstrong@communityalternatives.org; heatherrose.austin@gmail.com; lbarrett@liberty-resources.org; cbaszto@farnhaminc.org; phillip.bauso@dfa.state.ny.us; tbeebee@auburnny.gov; cbennett@caphelps.org; bensonh@upstate.edu; kbequer@acrhealth.org; rexfordbeverage@yahoo.com; jblackwell@ccoc.us; albontorno@gmail.com; jennifer.l.bordonaro@omh.ny.gov; eric.boye@accesscny.org; jamesb@gavrascenter.com; allison.brooks@use.salvationarmy.org; monica.brown@dfa.state.ny.us; wbrown@wesoldieron.org; brumfib@gmail.com; cbudlong@ariseinc.org; latishaburke@ongov.net; deafskullarts@outlook.com; tbutts@ccoc.us; jbutts@ccoc.us; josephcarey026@gmail.com; scarmichael@oco.org; david.carr2@va.gov; amy.case9@va.gov; chicogivingback@gmail.com; slclark@ccoc.us; rclark@helio.health; Sherrain Clark; lcoleman@basicsinc.org; dcondliffe@communityalternatives.org; dcurrier@oco.org; katya.cornelius@dfa.state.ny.us; rsc34@cornell.edu; crystal.cosentino@rmsyr.org; crystalc@homehq.org; dcruz@helio.health; scurran@onvlp.org; ccurry@ccoc.us; ddaby@oco.org; adamico@communityalternatives.org; jdaughton@scsd.us; edavis@ccoc.us; adavis@477home.org; kdennis@unitedwayofcayugacounty.org; aimeed@sbh.org; rdetor88@gmail.com; gdewan@hlalaw.org; suzanne.dianetti@warriorsalute.com; adiluglio@cccsofrochester.org; timmy5710@yahoo.com; cdoody@lscny.org; sdouglass@ariseinc.org; jdriscoll@cayboces.org; svpcpastor@gmail.com; kdunn@chapelhouseshelter.org; mdurkin@liberty-resources.org; jdyke@helio.health; Nancy Eaton; cehlers@caphelps.org; ladyhawk924@gmail.com; meisenstadt@syracuse.com; nathan.emmons@oswegocounty.com; denglish@acrhealth.org; bfarranto@ccoc.us; efarrow@smnfswcc.org; dfarnsworth@dor.org; afears@acrhealth.org; jenniferfeliciano@ongov.net; erin.felix@use.salvationarmy.org; mikefps15@gmail.com; nfink@cir.care; sfitzgerald2@scsd.us; sfrance@oco.org; director@samcenter.org; cfridmann@ccoc.us; lfrymire@snccsyr.org; igalan@wesoldieron.org; natalie.gallagher@dfa.state.ny.us; dgammage@verahouse.org; erin.gardner@pyhit.org; ngee@cayugahealthnetwork.org; cgeer@ccoc.us; cogibbons@nycourts.gov; casemanagement@samcenter.org; dgill@cnycf.org; cgill@oco.org; roxanna.gillen@yahoo.com; cgourley@ccoc.us; cgreen@liberty-resources.org; jgriffey@oco.org; tim.griffin@dfa.state.ny.us; sgriffith@lscny.org; rgrobosky@ccoc.us; jhaines@auburnny.gov; rhansinger@chapelhouseshelter.org; christine.harrington@omh.ny.gov; khaskins@ariseinc.org; amy.heintz@rmsyr.org; fhfofccinc@gmail.com; kherard@ccoc.us; rosalia.hernandez@rmsyr.org; mhernandez@ccoc.us; ahicks@chapelhouseshelter.org; mhicks@ccoc.us; dlockhart@ccoc.us; liddy.hintz@wellsky.com; mhobart@wesoldieron.org; maggie.hohm@use.salvationarmy.org; shordge@ccoc.us; jessica.horning@va.gov; khubel@ccsi.org; stephanie@auburnha.org; ajandrew@ariseinc.org; rjensen@auburnny.gov; jijohnson@nycourts.gov; cjones@ywca-syracuse.org; kjones@caphelps.org; jkarasek@ariseinc.org; ckarins@ccoc.us; bkarpinska@ariseinc.org; lindsay.kasmer@va.gov; kaitlin.keinath@va.gov; mkelley@ccsi.org; mkhavari@communityalternatives.org; joeking@ongov.net; klabarge@oco.org; michaellaflair@ongov.net; jlamb@fultonfamilyymca.org; wlamb@dor.org; smeidenbauer@cnyservices.org; teresa.lazarek@oswegocounty.com; hcvprogram@homsite.org; amaglione@helio.health; Ray Manassa; pmanirarora@ifwcny.org; gary.mann@auburnrescuemission.org; jmanuel@caphelps.org; lzender@vlpcny.org; tmartin@cnyfairhousing.org; cheyennekmartin848@gmail.com; cmmartynski@ccoc.us; dmassi@cayugacounty.us; amy.cunningham@dfa.state.ny.us; mcdonaldmaria71@gmail.com; mmcdowell@wesoldieron.org; smcintyre@scsd.us; tmckello@yahoo.com; smcmahon@syrgov.net; jmcnary@verahouse.org; christinem@chadwickresidence.org; jemiller@helio.health; nmirra@cir.care; janmoag@ongov.net; Cassandra Montressor; elisa.morales@laligacny.org; bmorel@verahouse.org; m.murphy@ongov.net; outreach@uumcsyracuse.org; hneider@oco.org; dnevidomsky@caphelps.org; jnicolucci@caphelps.org; hillary.oddo@use.salvationarmy.org; ogilsbiej@gmail.com; aorr@oswego.org; Elisabeth Osei-Kwame; issaouattara20@icloud.com; lparrilla@ywca-syracuse.org; dpasinski@verizon.net; spasquale@allynfoundation.org; kimberlypatch@gmail.com; tiffanypatton@ongov.net; cherese.peck@ariseinc.org; epepple@inmyfatherskitchen.org; dperkins@scsd.us; kpeterson@ccoc.us; lpiccolo@caphelps.org; dpodolak@unityhouse.com; cassandrap@cayugacounseling.org; pprehn@ariseinc.org; nputman@ywca-syracuse.org; pattyw@cayugacounseling.org; pquigley@housingvisions.org; mary.rathbun@dfa.state.ny.us; mreed@liberty-resources.org; erin.reed@oswegocounty.com; heather.renda@use.salvationarmy.org; ellen@homsite.org; markr@gavrascenter.com; rreynolds@oco.org; zoe.ricks@use.salvationarmy.org; lrobinson@verahouse.org; jacquelyn.robinson@oswegocounty.com; crodrigues@ccoc.us; jrodriguez@ywca-syracuse.org; trodriguez@ccoc.us; lrolnick@onvlp.org; candi.romero@laligacny.org; development@responsivecommunity.org; tom.roshau@use.salvationarmy.org; benjamin.rowe@va.gov; rrubinstein@hlalaw.org; arleneryan38@gmail.com; pamela.sanchez@dfa.state.ny.us; bsanderson@verahouse.org; ssantangelo@cnyfairhousing.org; drew.scharoun@shpbeds.org; rschryver@acrhealth.org; HMIS; Sarah Schutt; eschoeneck@wesoldieron.org; kasi622@yahoo.com; chloesseverson@gmail.com; holley.sharer@use.salvationarmy.org; sharon@syracusetenant.org; rshoff@syracusepolice.org; amy.sholes@ariseinc.org; cshortell@wesoldieron.org; martinskahen@ongov.net; mslomski@chapelhouseshelter.org; Miranda Spencer; amstark@ccoc.us; gidget.stevens@oswegocounty.com; Megan Stuart; psullivan@snccsyr.org; dszemkow@ccoc.us; ntalev@hlalaw.org; krista.tallman@auburnrescuemission.org; ethompson@oco.org; mthorley@communityalternatives.org; christina.thornton@use.salvationarmy.org; etortorici@caphelps.org; ktull3@scsd.us; amber.vanderploeg@rmsyr.org; wendy.varricchio-fletcher@va.gov; avazquez@wesoldieron.org; yvonnev@cayugacounseling.org; edvel37@gmail.com; raquel.viel@dfa.state.ny.us; fvillarreal@ywca-syracuse.org; liz@auburnha.org; corin.wagner@use.salvationarmy.org; matthew.waldby@use.salvationarmy.org; mwallenbeck@unityhouse.com; kwalsh@cayugacounty.us; michael.walter@dfa.state.ny.us; courtney.warren@oswegocac.org; kweaver@atinyhomeforgood.org; sweiss@cayugahealthnetwork.org; jill.weston@rmsyr.org; hilary.weyant@use.salvationarmy.org; christopherwhite259@gmail.com; kwhite@contactsyracuse.org; bwiemann@cayugacounty.us; ewierbinski@housingvisions.org; kwilber@syr.edu; lwillis@wesoldieron.org; azabala@laligacny.org; kzettlemoyer@caphelps.org; lzolkowski@hslccny.org

Subject: The HHC"s Local Funding Competition Opens TODAY

Good afternoon,

The HHC has published its Request for Proposals for the Fiscal Year 2023 Continuum of Care NOFO Competition.

The HHC encourages RFP submissions from both currently funded agencies and new agencies. All applications are due by August 11th by 5 pm.

Application Materials and Rating Protocol can be found on our website: http://www.hhccny.org/coc/coc-funding-competition/

The HHC Team will be holding in-person office hours **tomorrow, Tuesday, July 25th from 11:30 am to 1 pm** @ United Way of Central New York, 980 James Street.

Please do not hesitate to reach out with any questions.

All the best- the HHC Team

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Housing and Homeless Coalition of Central New York
Published by Megan Stuart ● · Just now · 🌐

The HHC has opened its RFP process for the Continuum of Care NOFO competition.
All materials needed to apply are on our website at: http://www.hhccny.org/coc/coc-funding-competition/

Currently funded and new agencies are encouraged to apply!

Applications are due August 11, 2023 by 5pm.

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CoC Funding Competition | The Housing and Homeless Coalition of Central New York
CoC Funding Competition The Housing and Homeless Coalition of Central New York (HHC), with United Way of Central New York as its Collaborative Applicant, as the CoC Lead Agency, coordinates the process that selects th...

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In My Father's Kitchen
3 hours ago · 🌐

Please keep our dear friend Nakaa in your prayers. We at In My Father's Kitchen and Housecalls For the Homeless- Upstate have been assisting Nakaa since fall of last year. Nakaa is also a participant in our Hire Ground program Onondaga County. Nakaa has done everything needed to be housed and is on a list for housing. Due to housing shortage she is still living outdoors and things like this happen alot when someone is vulnerable. It is very serious situation (life and Death) ... See more

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Housing and Homeless Coalition of Central New York

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The HHC has opened its RFP process for the Continuum of Care NOFO Competition. All materials are posted on our website: hhccny.org/coc/coc-fundin...

Applications are due by 5pm on August 11th.

Reuters @Reuters · 6m
In a Tel Aviv suburb, an open-air shopping mall remained closed and car parks were abandoned after the company running the compound joined nationwide protests against Prime Minister Benjamin Netanyahu's contentious judicial overhaul reut.rs/3QaYmwe

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Onondaga/Oswego/Cayuga County Continuum of Care
2023 Local Domestic Violence Application Rubric
Applications are due August 11, 2023, at 5pm.
Applications and all attachments must be submitted in a single PDF to
the HHC via email: hhc@unitedway-cny.org

Agency and Project Information			
Agency Name:			
Program Name:			
Application Contact Person:			
Agency Contact Email:			
Amount Requesting:		Projected Number Served:	
Component Type:	☐ Rapid Rehousing ☐ SSO Coordinated Entry ☐ Th-RRH		
County Serving*: * Projects serving Cayuga County will receive 5 additional bonus points	☐ Cayuga ☐ Onondaga ☐ Oswego ☐ Multi-County		

Threshold Requirements	
Applicant is a Non-Profit organization with active 501(c)3 status, public housing authority, or local government organization	☐ Yes ☐ No
Agree to use HMIS (or comparable database if DV)	☐ Yes ☐ No

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Of Central New York

HHC Membership- has a current MOU or is submitting an MOU with this application	☐ Yes ☐ No
Applicant agrees to using the Coordinated Entry System to fill 100% of beds	☐ Yes ☐ No
Applicants agrees to adopt Housing First model- signed and attached Housing First checklist	☐ Yes ☐ No
Management letter from agency's most recent fiscal audit demonstrating that agency is in good standing is attached.	☐ Yes ☐ No
If the answer is no to any of the above questions, please explain below.	
If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.	

Narrative Questions

Program Design: (10 points)	Please provide a general description of the program including the population served, bed/unit configuration. Please describe agency's experience with serving DV survivors. (500 words)
8-10 points: Agency is a victim service provider or has extensive experience survivors through current projects. Project design is clear and well thought out. 5-7 points: Agency has some experience serving survivors but no current projects dedicated to survivors. 2-4 points: Agency has little experience serving survivors or project design is not clear. 0-1 points: Agency does not address serving survivors.	
Housing Placement and Retention: 5 points	Please provide the rate of housing placement of DV Survivors- Percentage Rate of Housing Retention of DV Survivors
4-5 points: Placement and retention is over 85% 2-3 points: Either placement or retention is over 85% 0-1 points: Both metrics are below 85%	
Housing Placement and Retention Narrative: 5 points	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below 1. how the project applicant calculated both rates; 2. whether the rates accounts for exits to safe housing destinations; and 3. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects). (250 words)
4-5 points: Agency has a clear method for calculating rates and reliable data source. 2-3 points: Agency is vague about how data was calculated or does not have a comparable database. 0-1 points: Agency has unclear explanation for how data was calculated.	
Experience in Providing Housing to Survivors: 5 points	Describe in the field below how the project applicant: 1. ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;

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	2. prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.; 3. determined which supportive services survivors needed; 4. connected survivors to supportive services; and 5. moved clients from assisted housing to housing they could sustain– address housing stability after the housing subsidy ends. (250 words)
4-5 points: Agency has resources in place to immediately begin program to house, provide supportive services, and how Coordinated Entry will be used. 2-3 points: Agency gives limited description of how agency will provide housing to survivors. 0-1 points: Agency does not have a clear strategy for housing survivors.	
Experience in Ensuring DV Survivor Safety: 5 points	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by: 1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors; 2. making determinations and placements into safe housing; 3. keeping information and locations confidential; 4. training staff on safety and confidentially policies and practices; and 5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality. (250 words)
4-5 points: Agency has actionable practices to address all above aspects of ensuring safety and confidentiality throughout the duration of the project. 2-3 points: Agency addresses some practices for ensuring safety and confidentiality but does not address all aspects. 0-1 points: Agency does not have a clear strategy for ensuring safety and confidentiality.	
Experience in Evaluating Ability to Ensure Survivor Safety: 5 points	Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project. (250 words)
4-5 points: Agency has a strategy to evaluate the project's ability to ensure safety, including demonstrated areas of improvement and changes made. 2-3 points: Agency has a strategy but no demonstrated improvements made. 0-1 points: Agency does not have clear strategy to evaluate its ability to ensure safety.	
Trauma-Informed, Victim-Centered Approach:	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

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5 points	1. prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs; 2. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; 3. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma; 4. emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations; 5. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed; 6. providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and 7. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. (500 words)
4-5 points: Agency addresses all seven points of being trauma informed and victim centered with clear examples for each metric. 2-3 points: Agency addresses some but not all of the categories or all categories with no clear examples. 0-1 points: Agency only addresses one or two of the trauma-informed categories.	
Meeting Service Needs of DV Survivors: 5 points	Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs. (250 words)
4-5 points: Agency gives numerous examples of supportive services provided to survivors and how this will ensure safety and rapidly move them into permanent housing. 2-3 points: Agency gives one or two examples of supportive services provided. 0-1 points: Agency does not outline supportive services plan for survivors.	
Plan for Involving Survivors in Policy and Program Development: 5 points	Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation. (250 words)
4-5 points: Agency has current actionable practices to involve survivors with lived expertise in program development. Agency has models to replicate for new project. 2-3 points: Agency has a plan on how to incorporate lived expertise into program development but no current models to replicate.	

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0-1 points: Agency does not have a clear strategy for incorporating the voices of people with lived expertise.

Performance Measures

Employment & Income Growth: 10 points	Describe how clients will be assisted in obtaining employment, income, and mainstream health resources to maximize their ability to live independently. (250 words)
8-10 points: Agency describes their ability and commitment to helping clients in each of the three areas described. Specific strategies include: Job coaching, Connections with specifically named workforce development agencies or programs (e.g., JobCorps, CNYWorks), SOAR training for staff members, Medicaid enrollment, Connections with specific named Health homes agencies, Connections with specific named primary care providers, Connections with specifically named substance abuse treatment providers, Motivational Interviewing. 5-7 points: Specific strategies are named, but do not include all three resource areas. 2-4 points: All three resource areas are described, but specific strategies are not described. Strategies are vague. 0-1 points: Answer is not applicable to the question or does not give any detail.	
Housing Placement & Retention: 10 Points	How will project assist participants in obtaining safe, affordable housing quickly? How will the program ensure that participants will exit to or remain in permanent housing? (250 words)
8-10 points: Describes commitment to moving or transferring clients with complex challenges along with specific strategies to serve these clients. Agency describes experience negotiating with landlords and advocating for clients, and doing appropriate discharge planning. Agency also describes supportive services provided to ensure housing stability. 5-7 points: Agency describes commitment to ensuring participants remain in or exit to permanent housing but strategies are unclear or limited. Agency has limited experience retaining clients in permanent housing. 2-4 points: Agency commits to ensuring participants will exit or remain in permanent housing but does not include strategies for achieving the goal. 0-1 points: Answer is not applicable to the question or does not give details.	
Returns to Homelessness: 10 points	How will projects ensure that clients will not return to homelessness after project exit?
8-10 points: Describes agency practices relating to supportive services and stability plans. Agency has 'moving on' strategies to ensure participants are stable at program exit. Agency addresses how it will ensure participants have long-term stability including access to ongoing supportive services, affordable housing/subsidies, etc.	

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5-7 points: Agency describes commitment to ensuring participants do not return to homelessness but strategies are unclear or limited. Agency has limited experience in stabilizing clients.
2-4 points: Agency commits to ensuring participants will not return to homelessness but does not give any concrete details.
0-1 points: Answer is not applicable to the question or does not give details.

Budget Questions

Please attach a project budget to prove that expenses are reasonable, allocable, and allowable as well as 25% match documentation: 20 points ☐ Budget Attached ☐ Match Documentation Attached

Budget must include: no line items outside of the categories of Leasing, Rental Assistance, Supportive Services, Operations, and Administration.
Admin cannot be over 10% unless agency has an approved cost rate.
Match must be 25% of total grant amount, indicate whether it is cash or in-kind, and have attached match letter. Agencies can only receive a maximum score of 5 if match documentation is not attached.

Award 10 points for attached budget with all allowable expesnses.

Award 10 points for attached match documentation fulfilling the 25% requirements.

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Onondaga/Oswego/Cayuga County Continuum of Care
2023 New Project Application Rubric
Applications are due August 11, 2023, at 5pm.
Applications and all attachments must be submitted in a single PDF to
the HHC via email: hhc@unitedway-cny.org

Agency and Project Information	
Agency Name:	
Program Name:	
Application Contact Person:	
Agency Contact Email:	
Amount Requesting:	Projected Number Served:
Is this project an expansion of an existing CoC project?	☐ Yes ☐ No
Component Type:	☐ Rapid Rehousing ☐ PSH (Affordable Housing Partnership ONLY) ☐ Th-RRH
County Serving*: * Projects serving Cayuga County will receive 5 additional bonus points	☐ Cayuga ☐ Onondaga ☐ Oswego ☐ Multi-County
Is this project partnering with a healthcare service?	☐ Yes ☐ No
Is this project a subsidy partnership project?	☐ Yes ☐ No

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Threshold Requirements

Applicant is a Non-Profit organization with active 501(c)3 status, public housing authority, or local government organization	☐ Yes ☐ No
Agree to use HMIS (or comparable database if DV)	☐ Yes ☐ No
HHC Membership- has a current MOU or is submitting an MOU with this application	☐ Yes ☐ No
Applicant agrees to using the Coordinated Entry System to fill 100% of beds	☐ Yes ☐ No
Applicants agrees to adopt Housing First model- signed and attached Housing First checklist	☐ Yes ☐ No
Management letter from agency's most recent fiscal audit demonstrating that agency is in good standing is attached.	☐ Yes ☐ No
If the answer is no to any of the above questions, please explain below.	
If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.	

Narrative Questions

Program Design:	Please provide a general description of the program including the population served, bed/unit configuration. Please indicate whether project will serve any specialized populations. (500 words)
Community Need: 5 points	Using local data on homelessness, how does this project support the HHC's goals of ending chronic, youth, family or homelessness for all persons? Please include agency's unique ability to serve the population. (250 words)
4-5 points: Narrative uses local HMIS data from CoC data sheet or from HHC-CNY Fact Sheet Dashboard to support project goals. Rationale for project is clearly related to HMIS data. Agency has demonstrated leadership in serving this population. 2-3 points: Either narrative does not use HMIS/ HHC dashboard data OR Agency does not demonstrate evidence of leadership in serving population. 0-1 points: Narrative does not use HMIS/HHC Dashboard data AND agency does not demonstrate evidence of leadership in serving proposed population.	
Capacity: 5 points	Please describe housing programs the agency currently administers and describe success of the programs. If agency currently or has received CoC funding in the past, address, if any, programs fell into Tier 2 or been reallocated. (250 words)

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<table>
<tr><td colspan="2">

4-5 points: Agency demonstrates experience operating housing programs, addresses any issues with past performance issues with plan to improve in the future. Application uses currently funded housing project data to demonstrate capacity.
2-3 points: Has some experience operating housing programs.
0-1 points: Agency has little or no experience operating housing programs.

</td></tr>
</table>

Project Implementation: 5 points	Describe your detailed plan for rapid implementation of the program, documenting how the program will be ready to begin housing the first program participant. Please discuss agency timelines for staffing the project and otherwise complying with CoC Program deadline. (250 words)

4-5 points: Agency has resources in place to immediately begin program including staffing structures, concrete timeline for hiring, and a plan to fill beds within 90 days of program start.
2-3 points: Agency has a limited plan without concrete details for project implementation.
0-1 points: Agency does not have a clear strategy for project implementation.

Person-Centered Planning: 5 points	Describe how your program supports and engages the individuals served throughout their participation in the project. (250 words)

4-5 points: Agency has actionable practices to provide ongoing supportive services throughout the duration of the project. Examples of practices include centering the participant in goal planning, creative engagement strategies, and case management training.
2-3 points: Agency provides supportive services but has limited examples of specific practices.
0-1 points: Agency does not have a clear strategy for providing ongoing services or services described are not person-centered.

Racial Equity: 5 points	How does your project work to eliminate racial disparities in housing outcomes? (250 words)

4-5 points: Agency has promising goals for promoting racial equity. The answer clearly demonstrates how this project will ensure equity and address racial disparities. This could include practices to assess data and outcomes disaggregately, training program staff in anti-racism and other relevant trainings, agency identifies other practices that eliminate disparities.
2-3 points: Agency is committed to equity but has no clear actionable practices.
0-1 points: Agency does not have clear commitment to racial equity.

Elevating Lived Experience: 5 points	Describe how your program plans to elevate the voices of and employ people with lived experience of homelessness to create better support for your clients. (250 words)

4-5 points: Agency has actionable practices to employ and elevate people with lived experience, including employment and HR strategies, board representation, and/or intentional feedback.
2-3 points: Agency incorporates feedback from participants in project design or conducts feedback surveys.
0-1 points: Agency does not have a clear strategy for elevating the voices of people with lived experience.

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Examples of actionable practices:
- Policies to ensure that all clients are able to access services at the level of their need
- People with lived experience of homelessness, including people from BIPOC communities, are represented on the board of the organization
- Client feedback on the project is requested and a process is in place to examine and improve client satisfaction
- Outcome data is collected, disaggregated for race and ethnicity, and used to inform policy decisions
- Training for frontline staff to provide high-quality services
- Recruiting staff with lived experience of homelessness
- Services include peer support positions
- Mentorship and training for frontline staff interested in management positions)

Serving Intersectional Identities: 5 points	Describe how your program will provide consistent help across intersectional identities. (e.g. LGBTQIA+, youth, BIPOC, etc.) (250 words)

4-5 points: Agency has a strategy to provide consistent services for people with intersectional identities. Strategies could include staff training, hiring people who represent the people served, etc.
2-3 points: Agency commits to providing consistent service but does not identify any clear strategies.
0-1 points: Agency does not outline strategies to provide consistent service to people across intersectional identities.

Connection to Healthcare Services: 5 points	Describe your strategy to ensure clients are connected with and have ongoing access to appropriate healthcare services. (250 words)

4-5 points: Agency has actionable practices to connect participants to healthcare services. Examples of actionable practices can include partnerships with healthcare organizations through MOU, providing navigation services, addressing transportation barriers to healthcare services, etc.
2-3 points: Agency provides connections to healthcare services, but connection is limited.
0-1 points: Agency does not have a clear strategy for connecting participants with healthcare services.

Performance Measures

Employment & Income Growth: 10 points	Describe how clients will be assisted in obtaining employment, income, and mainstream health resources to maximize their ability to live independently. (250 words)

8-10 points: Agency describes their ability and commitment to helping clients in each of the three areas described. Specific strategies include: Job coaching, Connections with specifically named workforce development agencies or programs (e.g., JobCorps, CNYWorks), SOAR training for staff members, Medicaid enrollment, Connections with specific named Health homes agencies, Connections with specific named primary care providers, Connections with specifically named substance abuse treatment providers, Motivational Interviewing.
5-7 points: Specific strategies are named, but do not include all three resource areas.

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2-4 points: All three resource areas are described, but specific strategies are not described. Strategies are vague. 0-1 points: Answer is not applicable to the question or does not give any detail.	
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2-4 points: Agency commits to ensuring participants will exit or remain in permanent housing but does not include strategies for achieving the goal.
0-1 points: Answer is not applicable to the question or does not give details.

Returns to Homelessness: 10 points	How will projects ensure that clients will not return to homelessness after project exit?

8-10 points: Describes agency practices relating to supportive services and stability plans. Agency has 'moving on' strategies to ensure participants are stable at program exit. Agency addresses how it will ensure participants have long-term stability including access to ongoing supportive services, affordable housing/subsidies, etc.
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2-4 points: Agency commits to ensuring participants will not return to homelessness but does not give any concrete details.
0-1 points: Answer is not applicable to the question or does not give details.

Budget Questions

Please attach a project budget to prove that expenses are reasonable, allocable, and allowable as well as 25% match documentation: 20 points ☐ Budget Attached ☐ Match Documentation Attached

Budget must include: no line items outside of the categories of Leasing, Rental Assistance, Supportive Services, Operations, and Administration.
Admin cannot be over 10% unless agency has an approved cost rate.
Match must be 25% of total grant amount*, indicate whether it is cash or in-kind, and have attached match letter. Agencies can only receive a maximum score of 5 if match documentation is not attached.

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*If a project has a LEASING budget line, this does not require match. In this case, you would subtract the leasing line amount from the total grant amount to determine the 25% match requirement.

Award 10 points for attached budget with all allowable expesnses.

Award 10 points for attached match documentation fulfilling the 25% requirements.

Special Project Questions
Only fill out these questions if you are applying
for these specific project types

ONLY For Healthcare Project Applicants: 10 points

Please describe how the project will structure program to provide healthcare services to participants. (250 words)

8-10 points: Agency has created a partnership with a healthcare provider and describes 25% funding commitment or access to SUD services for all participants. Commitment of healthcare provider must be attached. Program design is clear.
5-7 points: Program design is somewhat clear but some questions remain.
2-4 points: Program design is not clear and/or does not have healthcare provider secured.
0-1 points: Agency does not provide explanation of program design, healthcare provider and/or does not have letter attached.

Please attach a commitment letter from a healthcare organization demonstrating commitment of either: ☐ Attached
   i.   For recovery or substance use treatment, services that are available for all program participants and chose those services; or
   ii.   An amount that is equivalent to 25% of the funding being requested for the project to be covered by the healthcare organization.

ONLY For Subsidized Partnership Project Applicants: 10 points

Please describe how the project will structure the program to ensure at least 25% of project serves unit/participants in PSH or RRH. Please include partners and additional funding source. (250 words)

8-10 points: Agency has created a partnership with an affordable housing funding source and explains how at least 25% of units or persons will be served by the project. Commitment of separate funding source must be attached. Program design is clear.
5-7 points: Program design is somewhat clear but some questions remain.
2-4 points: Program design is not clear and/or does not have additional funding source defined or secured.
0-1 points: Agency does not provide explanation of program design, additional funding source and/or does not have letter attached.

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Please attach a funding letter from a housing organization demonstrating commitment of either: ☐ Attached
  i. 25% of units will be dedicated to PSH participants; or
  ii. 25% of persons served will be dedicated to RRH participants

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Onondaga/Oswego/Cayuga County Continuum of Care
2023 Local Renewal Application Rubric
Applications are due August 11ᵗʰ at 5 pm
Single Project Applications must be submitted in a single PDF to
The HHC via email: hhc@unitedway-cny.org

Agency and Project Information	
Agency Name:	
Program Name:	
Application Contact Person:	
Component Type:	☐ RRH ☐ PSH ☐ Th-RRH
County Serving:	☐ Cayuga ☐ Onondaga ☐ Oswego ☐ Multi-County

Narrative Response Questions	
Serving Intersectional Identities: 5 points	Describe how your program will provide consistent help across intersectional identities. (e.g. LGBTQIA+, youth, BIPOC, etc.) (250 words)
4-5 points: Agency has a strategy to provide consistent services for people with intersectional identities. Strategies could include staff training, hiring people who represent the people served, etc. 2-3 points: Agency commits to providing consistent service but does not identify any clear strategies. 0-1 points: Agency does not outline strategies to provide consistent service to people across intersectional identities.	
Elevating Lived Experience: 5 points	Describe how your program plans to elevate the voices of and employ people with lived experience of homelessness to create better support for your clients. (250 words)
4-5 points: Agency has actionable practices to employ and elevate people with lived experience, including employment and HR strategies, board representation, and/or intentional feedback. 2-3 points: Agency incorporates feedback from participants in project design or conducts feedback surveys.	

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0-1 points: Agency does not have a clear strategy for elevating the voices of people with lived experience. Examples of actionable practices: - Policies to ensure that all clients are able to access services at the level of their need - People with lived experience of homelessness, including people from BIPOC communities, are represented on the board of the organization - Client feedback on the project is requested and a process is in place to examine and improve client satisfaction - Outcome data is collected, disaggregated for race and ethnicity, and used to inform policy decisions - Training for frontline staff to provide high-quality services - Recruiting staff with lived experience of homelessness - Services include peer support positions - Mentorship and training for frontline staff interested in management positions)	
Person-Centered Supportive Services: 5 points	Describe how your program supports and engages the individuals served throughout their participation in the project. (250 words)
4-5 points: Agency has actionable practices to provide ongoing supportive services throughout the duration of the project. Examples of practices include centering the participant in goal planning, creative engagement strategies, and case management training. 2-3 points: Agency provides supportive services but has limited examples of specific practices. 0-1 points: Agency does not have a clear strategy for providing ongoing services or services described are not person-centered.	
Connection to Healthcare Services: 5 points	Describe your strategy to ensure participants are connected with and have ongoing access to appropriate healthcare services. (250 words)
4-5 points: Agency has actionable practices to connect participants to healthcare services. Examples of actionable practices can include partnerships with healthcare organizations through MOU, providing navigation services, addressing transportation barriers to healthcare services, etc. 2-3 points: Agency provides connections to healthcare services, but connection is limited. 0-1 points: Agency does not have a clear strategy for connecting participants with healthcare services.	
Racial Disparities: 5 points	How does your project work to eliminate racial disparities in housing outcomes? (250 words)
4-5 points: Agency has promising goals for promoting racial equity. The answer clearly demonstrates how this project will ensure equity and address racial disparities. This could include practices to assess data and outcomes disaggregately, training program staff in anti-racism and other relevant trainings, agency identifies other practices that eliminate disparities. 2-3 points: Agency is committed to equity but has no clear actionable practices. 0-1 points: Agency does not have clear commitment to racial equity.	

Project Competition Report:
All performance data is for FY2022 (10/1/2021 to 9/30/2022). Financial data is for the most recent completed Fiscal Year. Monitoring score is for the most recent monitoring visit.

Utilization: 5 points	Projected households served during average PIT: ____ Actual Number households served during PITs (APR Q8): October 2020 Households: January 2021 Households: April 2021 Households: July 2021 Households: Households Average Actual ____ / Projected ____ = Utilization ____ %

The average PSH utilization rate is 89%.
5 points: 91%-100% Utilization Rate
3 points: 85%-90%
0 points: <85%

The average RRH utilization rate is 78%.
5 points: 81% -100% Utilization Rate
3 points: 75%- 80%
0 points: <75%

Vulnerable Populations: 5 points	What percentage of clients served in FY2022 were in the following categories? Chronically Homeless (Q5a #11 / Q5a # 14): (>75%) Youth [Q27a Youth Ages 18-24 / Q5a #1]: (>75%)

Score 5 points if any were above 75%

Data Quality: 5 points	Were all of the following error rates below 5% for Q6 of your FY2022 APR? Personally-Identifying information (6a), Universal Data Elements (6b), Income and Housing Data Quality (6c), Chronic Homelessness (6d)

☐ Yes   ☐ No

Score 5 points for Yes. At or above 5% in any category, no points.

Coordinated Entry Participation: 5 points	What percentage of new entries to the project during FY2022 were matched to your project through the coordinated entry system?

5 points: 100%

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0 points: Less than 100%	
Permanent Housing Placement & Retention: 10 points	For PSH, what percentage of clients served in FY2022 either stayed in the project or exited to a permanent housing destination (APR Q5a#8 Stayers, Q23c Exiting to housing destinations) (Positive housing destinations + Stayers) / (Total Participants – Persons excluded) For RRH, of the clients who exited your project, what percentage of clients served in FY2020 exited to a permanent housing destination (APR Q23c)?
The CoC-wide percentage of PSH clients retained or exited to permanent housing is 97% 10 points: 98-100% 7 points: 94-97% 4 points: 90-93% 0 points: Less than 90% The CoC-wide percentage of RRH clients exited to a permanent housing destination is 87% 10 points: 90-100% 7 points: 85-89% 4 points: 80-84% 0 points: Less than 80%	
Employment Growth: 5 points	What percentage of clients enrolled in your program within the FY2022 year increased their employment income (APR Q19a1 and Q19a2)? ({Within the "Number of Adults with Earned Income" Rows in Q19a1 & 19a2}Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain+ Adults who Gained or Increased Income from Start to Exit, Average Gain)/(Total Adults in Q19a1 + Total Adults in Q19a2)
PSH: CoC-wide Average is 7% 5 points: More than 7 % 3 points: Between 4 to 7% 0 points: Less than 4% RRH: CoC-Wide Average is 13% 5 points: More than 13% 3 points: 10-13% 0 points: Less 10%	
Other Income Growth: 5 points	What percentage of clients enrolled in your program at the end of FY2022 had increased their total cash income since entering the program (Q19a1 & APR Q19a2)? ({Within the "Number of Adults with Other Income" Rows in Q19a1 & 19a2}Adults who Gained or Increased Other Income from Start to Annual Assessment, Average

	Gain+ Adults who Gained or Increased Other Income from Start to Exit, Average Gain)/(Total Adults in Q19a1 + Total Adults in Q19a2)
Health Insurance: 4 points	What percentage of participants served in your project had health insurance upon exit or annual assessment from the project (APR Q21 + APR Q5a#1 – APR Q21 "Number of Stayers Not Yet Required to Have an Annual Assessment") (Number of "1 Source of Health Insurance + Number of "More than 1 Source of Health Insurance" (*add for both Stayers and Leavers*)) / (Total Persons Served (Q5a1) - "Number of Stayers not yet required to have an Annual Assessment" (Q21))
The CoC-Wide Percentage was 88% for PSH The CoC-Wide Percentage was 82% for RRH 4 points: More than 88% 2 points: 80 to 88% 0 points: Less than 80%	
Non-Cash Benefits: 4 point	What percentage of participants served in your project had other non-cash benefits upon exit or annual assessment from the project (Q20b, Q5a#1- APR 20B "Data Not Collected/Not Stayed Long Enough for Annual Assessment)? Number of "1 + Sources" (*add both Stayer and Leavers*) / (Total Adults Served (Q5a2) - Number of Stayers "Data not collected/ not yet stayed long enough for an Annual Assessment" (Q20b))
The CoC-Wide Percentage for PSH was 76% The CoC-Wide Percentage for RRH was 66% 4 points: More than 70% 2 points: 65-70% 0 points: Less than 65%	
Time to Move-in: 2 point	For RRH, what was the average time for households to move into housing after enrolling in the project? (Q22c, "Average length of time to housing")

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	The CoC-Wide Average Length of time is 47 days
2 points: Less than 30 days 1 points: Between 30-50 days 0 points: Over 50 days	
Fund expenditure: 10 points	Were all funds expended in the last completed program year?
10 points: 100% spent 5 points: 95-99% 0 points: Less than 94%	
APR Submission: 5 points	Was the project's most recent APR submitted on time?
Score 5 points for Yes.	☐ Yes ☐ No
Monitoring: 10 points	Were there significant findings for your project during CoC monitoring?
Score 10 points for No	☐ Yes ☐ No

Total	

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Onondaga/Oswego/Cayuga County Continuum of Care
2023 Local Renewal Application Rubric
Applications are due August 11th at 5 pm
Single Project Applications must be submitted in a single PDF to
The HHC via email: hhc@unitedway-cny.org

Agency and Project Information	
Agency Name:	
Program Name:	
Application Contact Person:	
Component Type:	☐ RRH ☐ PSH ☐ Th-RRH
County Serving:	☐ Cayuga ☐ Onondaga ☐ Oswego ☐ Multi-County

Narrative Response Questions	
Serving Intersectional Identities: 5 points	Describe how your program will provide consistent help across intersectional identities. (e.g. LGBTQIA+, youth, BIPOC, etc.) (250 words)
4-5 points: Agency has a strategy to provide consistent services for people with intersectional identities. Strategies could include staff training, hiring people who represent the people served, etc. 2-3 points: Agency commits to providing consistent service but does not identify any clear strategies. 0-1 points: Agency does not outline strategies to provide consistent service to people across intersectional identities.	
Elevating Lived Experience: 5 points	Describe how your program plans to elevate the voices of and employ people with lived experience of homelessness to create better support for your clients. (250 words)
4-5 points: Agency has actionable practices to employ and elevate people with lived experience, including employment and HR strategies, board representation, and/or intentional feedback. 2-3 points: Agency incorporates feedback from participants in project design or conducts feedback surveys.	

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0-1 points: Agency does not have a clear strategy for elevating the voices of people with lived experience.

Examples of actionable practices:
- Policies to ensure that all clients are able to access services at the level of their need
- People with lived experience of homelessness, including people from BIPOC communities, are represented on the board of the organization
- Client feedback on the project is requested and a process is in place to examine and improve client satisfaction
- Outcome data is collected, disaggregated for race and ethnicity, and used to inform policy decisions
- Training for frontline staff to provide high-quality services
- Recruiting staff with lived experience of homelessness
- Services include peer support positions
- Mentorship and training for frontline staff interested in management positions)

Person-Centered Supportive Services: 5 points	Describe how your program supports and engages the individuals served throughout their participation in the project. (250 words)

4-5 points: Agency has actionable practices to provide ongoing supportive services throughout the duration of the project. Examples of practices include centering the participant in goal planning, creative engagement strategies, and case management training.
2-3 points: Agency provides supportive services but has limited examples of specific practices.
0-1 points: Agency does not have a clear strategy for providing ongoing services or services described are not person-centered.

Connection to Healthcare Services: 5 points	Describe your strategy to ensure participants are connected with and have ongoing access to appropriate healthcare services. (250 words)

4-5 points: Agency has actionable practices to connect participants to healthcare services. Examples of actionable practices can include partnerships with healthcare organizations through MOU, providing navigation services, addressing transportation barriers to healthcare services, etc.
2-3 points: Agency provides connections to healthcare services, but connection is limited.
0-1 points: Agency does not have a clear strategy for connecting participants with healthcare services.

Racial Disparities: 5 points	How does your project work to eliminate racial disparities in housing outcomes? (250 words)

4-5 points: Agency has promising goals for promoting racial equity. The answer clearly demonstrates how this project will ensure equity and address racial disparities. This could include practices to assess data and outcomes disaggregately, training program staff in anti-racism and other relevant trainings, agency identifies other practices that eliminate disparities.
2-3 points: Agency is committed to equity but has no clear actionable practices.
0-1 points: Agency does not have clear commitment to racial equity.

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Project Competition Report:
All performance data is for FY2022 (10/1/2021 to 9/30/2022). Financial data is for the most recent completed Fiscal Year. Monitoring score is for the most recent monitoring visit.

Utilization: 5 points	Projected households served during average PIT: ___ Actual Number households served during PITs (APR Q8): October 2020 Households: January 2021 Households: April 2021 Households: July 2021 Households: Households Average Actual ___ / Projected ___ = Utilization ___ %

The average PSH utilization rate is 89%.
5 points: 91%-100% Utilization Rate
3 points: 85%-90%
0 points: <85%

The average RRH utilization rate is 78%.
5 points: 81% -100% Utilization Rate
3 points: 75%- 80%
0 points: <75%

Vulnerable Populations: 5 points	What percentage of clients served in FY2022 were in the following categories? Chronically Homeless (Q5a #11 / Q5a # 14): (>75%) Youth [Q27a Youth Ages 18-24 / Q5a #1]: (>75%)

Score 5 points if any were above 75%

Data Quality: 5 points	Were all of the following error rates below 5% for Q6 of your FY2022 APR? Personally-Identifying information (6a), Universal Data Elements (6b), Income and Housing Data Quality (6c), Chronic Homelessness (6d)
☐ Yes ☐ No	

Score 5 points for Yes. At or above 5% in any category, no points.

Coordinated Entry Participation: 5 points	What percentage of new entries to the project during FY2022 were matched to your project through the coordinated entry system?

5 points: 100%

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0 points: Less than 100%	
Permanent Housing Placement & Retention: 10 points	For PSH, what percentage of clients served in FY2022 either stayed in the project or exited to a permanent housing destination (APR Q5a#8 Stayers, Q23c Exiting to housing destinations) (Positive housing destinations + Stayers) / (Total Participants – Persons excluded) For RRH, of the clients who exited your project, what percentage of clients served in FY2020 exited to a permanent housing destination (APR Q23c)?
The CoC-wide percentage of PSH clients retained or exited to permanent housing is 97% 10 points: 98-100% 7 points: 94-97% 4 points: 90-93% 0 points: Less than 90% The CoC-wide percentage of RRH clients exited to a permanent housing destination is 87% 10 points: 90-100% 7 points: 85-89% 4 points: 80-84% 0 points: Less than 80%	
Employment Growth: 5 points	What percentage of clients enrolled in your program within the FY2022 year increased their employment income (APR Q19a1 and Q19a2)? ({Within the "Number of Adults with Earned Income" Rows in Q19a1 & 19a2}Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain+ Adults who Gained or Increased Income from Start to Exit, Average Gain)/(Total Adults in Q19a1 + Total Adults in Q19a2)
PSH: CoC-wide Average is 7% 5 points: More than 7 % 3 points: Between 4 to 7% 0 points: Less than 4% RRH: CoC-Wide Average is 13% 5 points: More than 13% 3 points: 10-13% 0 points: Less 10%	
Other Income Growth: 5 points	What percentage of clients enrolled in your program at the end of FY2022 had increased their total cash income since entering the program (Q19a1 & APR Q19a2)? ({Within the "Number of Adults with Other Income" Rows in Q19a1 & 19a2}Adults who Gained or Increased Other Income from Start to Annual Assessment, Average

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	Gain+ Adults who Gained or Increased Other Income from Start to Exit, Average Gain)/(Total Adults in Q19a1 + Total Adults in Q19a2)

PSH: The CoC-wide percentage for PSH programs was 41%
5 points: More than 43%
3 points: 38-42%
0 points: Less than 38%

RRH: The CoC-wide percentage for RRH programs was 14%
5 points: More than 14%
3 points: 10-13%
0 points: Less than 10%

Health Insurance: 4 points	What percentage of participants served in your project had health insurance upon exit or annual assessment from the project (APR Q21 + APR Q5a#1 – APR Q21 "Number of Stayers Not Yet Required to Have an Annual Assessment") (Number of "1 Source of Health Insurance + Number of "More than 1 Source of Health Insurance" (*add for both Stayers and Leavers*)) / (Total Persons Served (Q5a1) - "Number of Stayers not yet required to have an Annual Assessment" (Q21))

The CoC-Wide Percentage was 88% for PSH
The CoC-Wide Percentage was 82% for RRH

4 points: More than 88%
2 points: 80 to 88%
0 points: Less than 80%

Non-Cash Benefits: 4 point	What percentage of participants served in your project had other non-cash benefits upon exit or annual assessment from the project (Q20b, Q5a#1- APR 20B "Data Not Collected/Not Stayed Long Enough for Annual Assessment)? Number of "1 + Sources" (*add both Stayer and Leavers*) / (Total Adults Served (Q5a2) - Number of Stayers "Data not collected/ not yet stayed long enough for an Annual Assessment" (Q20b))

The CoC-Wide Percentage for PSH was 76%
The CoC-Wide Percentage for RRH was 66%

4 points: More than 70%
2 points: 65-70%
0 points: Less than 65%

Time to Move-in: 2 point	For RRH, what was the average time for households to move into housing after enrolling in the project? (Q22c, "Average length of time to housing")

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	The CoC-Wide Average Length of time is 47 days
2 points: Less than 30 days 1 points: Between 30-50 days 0 points: Over 50 days	
Fund expenditure: 10 points	Were all funds expended in the last completed program year?
10 points: 100% spent 5 points: 95-99% 0 points: Less than 94%	
APR Submission: 5 points	Was the project's most recent APR submitted on time?
Score 5 points for Yes.	☐ Yes ☐ No
Monitoring: 10 points	Were there significant findings for your project during CoC monitoring?
Score 10 points for No	☐ Yes ☐ No

Total	

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Onondaga/Oswego/Cayuga County Continuum of Care
2023 Local Renewal Application
Rubric Applications are due August 11th at 5 pm

Single Project Applications must be submitted in a single PDF to
The HHC via email: hhc@unitedway-cny.org

Agency and Project Information

Agency Name:	Helio Health
Program Name:	K.E.E.S. II
Application Contact Person:	Donna Cruz DCruz@helio.health
Component Type:	☐ RRH ☒ PSH ☐ Th-RRH
County Serving:	☐ Cayuga ☒ Onondaga ☐ Oswego ☐ Multi-County

Narrative Response Questions

Consistent Service Delivery: 5 points	Describe how your program will provide consistent help across intersectional identities. (e.g. LGBTQIA+, youth, BIPOC, etc.) (250 words)

We are dedicated to establishing, growing, and maintaining a culture of inclusion, equity, and diversity. This promotes and reinforces polite dialogue and teamwork among all parties. A Diversity Equity and Inclusion Committee (DEI) oversees our organization. Their goals are to: 1) broaden the diversity of the management and employees; 2) ensure that the organizational culture supports diversity, equity, and inclusion; and 3) create continuing training focused on these issues. By offering calendars with links to community events, podcasts, and documentaries, the DEI team intentionally engages and receives input from staff. Staff are urged to listen to anyone discussing their intersectional experiences with an open mind. The HUD PSH programs understand that housing is an important social determinant of health. Homelessness and housing insecurity are associated with a range of negative health outcomes. Helio Health Case Managers provide emotional support to clients while helping them plan their life goals through a program care plan. Case Managers are knowledgeable about community resources and can link residents to groups, programs and events that will help to increase their self-sufficiency. Case managers help clients develop independent living skills, provide support with treatment, and serve as the point of contact between clients and people in their social and professional support systems. In addition, Helio Health will comply with all laws and regulations governing fair housing and nondiscrimination.

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Lived Experience: 5 points	Describe how your program plans to elevate the voices of and employ people with lived experience of homelessness to create better support for your clients. (250 words)

There is a persistent misconception that those who are homeless lack the skills necessary for involvement in organizations. Helio Health is proud of its programs and the importance of collaborating with people who have firsthand knowledge. Experienced workers are empowering to hire. It improves the program's accountability and integrity. By fostering relationships, employees with lived experience provide new direction for residents. Residents can utilize the training and learning opportunities provided by staff at the agency and in the local community to increase their level of independence. Annually, residents are asked to complete a Housing Survey. This gives the programs feedback on day-to-day operations and how we can improve services. Helio Health is in accordance with 24 CFR 578.75(g)(1), which mandates that there be at least one homeless or formerly homeless person seated on the Board of Directors. The Helio Health HUD Case Manager job listings urge individuals with lived experience to apply. The agency also offers peer specialist positions in various locations. Peer Specialists assist individuals with regaining independence in their communities and sustaining their own recovery and improving their overall health.

Person Centered Planning: 5 points	Describe how your program supports and engages the individuals served throughout their participation in the project. (250 words)

The person-centered procedure for all Helio Health HUD PSH is to establish a philosophy towards programming and housing that will support individuals to remain in stable, permanent housing. A person-centered approach is a way of putting the resident at the center of any case coordination. Staff recognizes that every person has different wants, needs, and goals. When a resident chooses to participate, their unique wants and needs direct the goal planning. A housing care plan is created upon admission into any of the Helio Health programs. The plan goals are based around increasing income, increasing housing stability, greater self-determination, and other areas the individual feels are applicable. Case managers are respectful and responsive to the cultural, linguistic, and other social and environmental needs of the individual. Helio Health case managers meet with residents no less than two times per month, more when needed. The care plans are updated as needed and reviewed with the resident every 6 months. Case management services can include assistance with gaining access to public assistance, SSI/SSD, SNAP, Medicaid or other managed medical plans. Referrals are made to medical, outpatient SUD and MH services. Assistance with employment searches and applications is also offered if the client chooses to participate. The Case Managers can also assist residents with cleaning their apartments, grocery shopping, scheduling appointments and relocation if needed.

Connection to Healthcare Services: 5 points	Describe your strategy to ensure clients are connected with and have ongoing access to appropriate healthcare services. (250 words)

A comprehensive system of treatment is available through Helio Health. It includes connections to clinicians who can help with issues other than substance use disorders and mental health. Care coordination services offered by Helio Health can assist with social, psychological, and medical requirements. After enrollment, participants will be given a Case Manager who will work with their service providers to organize care so they can work toward healthy living. Referrals are made by housing case managers to the on-site health home, inpatient and outpatient clinics to include the Outreach and Engagement (O & E) Team or to other community services. The O & E Team is located in the community as well as local hospitals and jails, to get individuals engaged in Substance Use Disorder treatment should

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they choose to be engaged. Our Certified Community Behavioral Health Clinic (CCBHC) offers a wide range of services to establish access, stabilize individuals in crisis, and offer the essential treatment for those suffering from substance use and mental health disorders. Helio Health now offers Community Oriented Recovery and Empowerment Services (CORE) for behavioral health and substance use disorders. These are provided in the community or in the home of the individual receiving the services. An individual is eligible for Community Oriented Recovery and Empowerment Services if they are HARP enrolled or HARP eligible through their Managed Care Organization. Housing case managers will collaborate with the CORE team to see if the resident is eligible for their services.

Racial Equity: 5 points	How does your project work to eliminate racial disparities in housing outcomes? (250 words)

As a company, Helio Health strives to foster more and enhanced diversity through assisting in the growth of the local area we serve as well as the individuals who provide services to it. Helio Health has a Diversity, Equity and Inclusion (DEI) Committee to support the organization's commitment to broaden our perspectives as well as personal and professional development. The DEI Committee provides materials and training for staff to develop, monitor and implement standards for cultural competency. The HUD PSH programs work to lower the obstacles for potential residents to obtain housing. Residents' obstacles are identified by case managers in collaboration with the resident in their care plan. PSH residents are asked to participate in a satisfaction survey. This survey is done annually to gather data directly from residents on how we can better meet their needs. The surveys are shared with Helio Health leadership and areas of improvement are built into the program's annual strategic plan. The program works with landlords in all areas of the county. Building strong relationships with landlords is a critical part of housing. Stable, affordable housing is crucial for well-being, and also improves employment, health, and educational outcomes.

Project Competition Report	Percentage	Points
Utilization: Did your project meet its projected number of households served during the year (100% utilization?)	73%	0
Vulnerable Populations: What percentage of clients served in FY2021 were in the following categories:		
Chronically Homeless	84%	5
Youth	0%	
Data Quality: Were all of the following error rates below 5% for Q6 for your FY2021 APR?	6a 0% 6b 0% 6c 0%	5

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• Personally-Identifying Information • Universal Data Elements • Income and Housing Data Quality • Chronic Homelessness	6d 0%	
☒ Yes ☐ No		
Coordinated Entry Participation: What percentage of new entries to the project during FY2021 were matched to your project through the coordinated entry system?	100%	5
Permanent Housing Placement and Retention: For **PSH**, what percentage of clients served in FY2021 either stayed in the project or exited to a permanent housing destination? For **RRH**, of the clients who exited your project, what percentage of clients served in FY2021 exited to a permanent housing destination?	100%	10
Employment growth – All Clients: What percentage of clients enrolled in your program during the FY2021 had increased their employment income since entering the program?	16%	5
Other Income Growth – All Clients: What percentage of clients enrolled in your program during the FY2021 had increased their non-employment cash income since entering the program?	45%	5
Health Insurance : What percentage of participants served in your project had health insurance upon exit or annual assessment from the project?	100%	4
Non-Cash Benefits: What percentage of participants served in your project had other non-cash benefits upon exit or annual assessment from the project?	84%	4
Time to Move-in: For **RRH**, what was the average time for households to move into housing after enrolling in the project?		
Fund expenditure: Were all funds expended in the last completed program year?	☒Yes ☐ No	10
APR Submission: Was the project's most recent APR submitted on time?	☒ Yes ☐ No	5
Monitoring:	☐ Yes ☒ No	10

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Were there significant findings for your project during CoC monitoring?		
Total Competition Score (out of 75)		68/75
Total Narrative Score (out of 25)		
Total Renewal Score (out of 100)		

Agency Certification	
Project Certification of objective criteria:	☒ Accept ☐ Dispute ☐ Dispute and Request Meeting with Committee
If the agency disputes the report, please describe which of the objective criteria are incorrect.	
Signature:	*Donna Cruz*
Printed Name:	Donna Cruz

2023 NOFO Review Form

Reviewer Name *

Martha Ehlert

Agency Applicant Name *

Helio Health

Project Applicant Name *

K.E.E.S. II

This application is applying for: *

(●) Renewal

(○) New

(○) Domestic Violence

Renewal Application

What is the Component Type? *

○ RRH

◉ PSH

○ Th-RRH

Which county is this project serving? *

◉ Onondaga

○ Cayuga

○ Oswego

Serving Intersections Identities: Worth 5 points   *

4-5 points: Agency has a strategy to provide consistent services for people with intersectional identities. Strategies could include staff training, hiring people who represent the people served, etc.

2-3 points: Agency commits to providing consistent service but does not identify any clear strategies.

0-1 points: Agency does not outline strategies to provide consistent service to people across intersectional identities.

- ◉ 5
- ○ 4
- ○ 3
- ○ 2
- ○ 1
- ○ 0

Elevating Lived Experience: Worth 5 points   *

4-5 points: Agency has actionable practices to employ and elevate people with lived experience, including employment and HR strategies, board representation, and/or intentional feedback.

2-3 points: Agency incorporates feedback from participants in project design or conducts feedback surveys.

0-1 points: Agency does not have a clear strategy for elevating the voices of people with lived experience.

Examples of actionable practices:
- Policies to ensure that all clients are able to access services at the level of their need
- People with lived experience of homelessness, including people from BIPOC communities, are represented on the board of the organization
- Client feedback on the project is requested and a process is in place to examine and improve client satisfaction
- Outcome data is collected, disaggregated for race and ethnicity, and used to inform policy decisions
- Training for frontline staff to provide high-quality services
- Recruiting staff with lived experience of homelessness
- Services include peer support positions
- Mentorship and training for frontline staff interested in management positions)

- ⦿ 5
- ◯ 4
- ◯ 3
- ◯ 2
- ◯ 1
- ◯ 0

Person-Centered Supportive Services: Worth 5 points   *

4-5 points: Agency has actionable practices to provide ongoing supportive services throughout the duration of the project. Examples of practices include centering the participant in goal planning, creative engagement strategies, and case management training.

2-3 points: Agency provides supportive services but has limited examples of specific practices.

0-1 points: Agency does not have a clear strategy for providing ongoing services or services described are not person-centered.

- ○ 5
- ⦿ 4
- ○ 3
- ○ 2
- ○ 1
- ○ 0

Connection to Health Care Services: Worth 5 points   *

4-5 points: Agency has actionable practices to connect participants to healthcare services. Examples of actionable practices can include partnerships with healthcare organizations through MOU, providing navigation services, addressing transportation barriers to healthcare services, etc.

2-3 points: Agency provides connections to healthcare services, but connection is limited.

0-1 points: Agency does not have a clear strategy for connecting participants with healthcare services.

○ 5

◉ 4

○ 3

○ 2

○ 1

○ 0

Racial Disparities: Worth 5 points   *

4-5 points: Agency has promising goals for promoting racial equity. The answer clearly demonstrates how this project will ensure equity and address racial disparities. This could include practices to assess data and outcomes disaggregately, training program staff in anti-racism and other relevant trainings, agency identifies other practices that eliminate disparities.

2-3 points: Agency is committed to equity but has no clear actionable practices.

0-1 points: Agency does not have clear commitment to racial equity.

○ 5

◉ 4

○ 3

○ 2

○ 1

○ 0

Additional Comments:

Please provide an explanation for low scoring answers.

Well-written. Good emphasis on lived experience

Please enter the project's competition report score.   *

The competition report score is located at the bottom of the application.

68

New Application

From:	Megan Stuart
To:	ssimone@acrhealth.org
Cc:	"lalford@acrhealth.org"
Subject:	ACR Renewal and Reallocation
Date:	Thursday, August 31, 2023 1:17:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Tuesday and has decided to approve your renewal application for the following AIDS Community Resources, Inc. project(s):

RRH for LGBT Youth $127,053

The committee has decided to reallocate part of your request in the amount of $12,990. This reallocation was a result of the project's continued failure to expend 100% of grant funds, meeting the following category for reallocation in the Reallocation Protocol:

Project has not expended 100% of grant funds for two or more consecutive years

If you would like to appeal this decision, please follow the protocol in the Reallocation Protocol outlining the process. Please let me know if you have any questions or want to set up a meeting to discuss the decision.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From: Megan Stuart
To: Brian Coleman
Cc: Sherrain Clark; Diane Cooper-Currier (dcurrier@oco.org)
Subject: OCO Renewal and Reallocation
Date: Thursday, August 31, 2023 1:11:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Tuesday and has decided to approve your renewal applications for the following Oswego County Opportunities project(s):

OCO HUD RRH $277,792
OCO-VH-DV-RRH $334,875
OCO Victim Services Joint TH and PH-RRH $856,825

The committee has decided to reallocate part of your OCO-VH-DV-RRH request in the amount of $30,314. This reallocation was a result of the project's continued failure to expend 100% of grant funds, meeting the following category for reallocation in the Reallocation Protocol:

- Project has not expended 100% of grant funds for two or more consecutive years

If you would like to appeal this decision, please follow the protocol in the Reallocation Protocol outlining the process. Please let me know if you have any questions or want to set up a meeting to discuss the decision.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Tuesday and has decided to approve your renewal applications for the following The Salvation Army project(s):

TSA Barnabas Youth RRH $246,288
State Street Apartments $237,760

The committee has decided to reallocate part of your State Street Apartments request in the amount of $23,160. This reallocation was a result of the project's continued failure to expend 100% of grant funds, meeting the following category for reallocation in the Reallocation Protocol:

Project has not expended 100% of grant funds for two or more consecutive years

If you would like to appeal this decision, please follow the protocol in the Reallocation Protocol outlining the process. Please let me know if you have any questions or want to set up a meeting to discuss the decision.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From:	Megan Stuart
To:	Housing & Homeless Coalition
Bcc:	adamico@communityalternatives.org; Alexa Hicks; allison.brooks@use.salvationarmy.org; bcoleman@oco.org; Cassandra Montressor; cgreen@liberty-resources.org; Christina Thornton; christinem; dcruz@cnyservices.org; Denise Nevidomsky; dlockhart@ccoc.us; jrossi@caphelps.org; karen.belge@use.salvationarmy.org; Kimberley Dunn; kpeterson@ccoc.us; Megan Stuart; Miranda Spencer; nmarriott@communityalternatives.org; priles@communityalternatives.org; Randi Bregman; Renee Clark; Sarah Schutt; Sherrain Clark; ssimone@acrhealth.org; thollenbeck@liberty-resources.org; tom.roshau@use.salvationarmy.org; bod@chadwickresidence.org; sweiss@cayugahealthnetwork.org; Fanny Villarreal
Subject:	CoC Ranking and Priority List
Date:	Tuesday, September 12, 2023 4:55:00 PM
Attachments:	FY23 Priority List.pdf

Good afternoon,

I am writing to let you know that your project(s) have been ranked in the NY-505 Continuum of Care Priority List and approved by the HHC Advisory Board. Please see attached list to see your ranking.

Please feel free to reach out with any questions. Thanks for all you do!

Megan

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From:	Housing & Homeless Coalition
Sent:	Tuesday, September 5, 2023 1:43 PM
To:	Laurie Piccolo; Denise Nevidomsky
Cc:	Megan Stuart; Sherrain Clark
Subject:	CAP FY2023 Renewal and DV Bonus Application Acceptance

Good afternoon, Laurie & Denise

I am writing to let you know that the Performance Evaluation and Selection Committee met on August 29th and has decided to approve your renewal application for the following Cayuga/Seneca Community Action Agency DBA Community Action Programs Cayuga/Seneca project(s):

CSCAA HUD Rapid Rehousing for Families $160,991

The committee has also decided to approve your new DV Bonus application for the following Cayuga/Seneca Community Action Agency DBA Community Action Programs Cayuga/Seneca:

Domestic Violence Rapid Rehousing Program $170,589

As a reminder, please submit your E-Snaps application by September 8th. Feel free to reach out with any questions.

Thank you,

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From:	Housing & Homeless Coalition
Sent:	Tuesday, September 5, 2023 2:02 PM
To:	priles@communityalternatives.org; David Condliffe; Randi Bregman; adamico@communityalternatives.org
Cc:	Megan Stuart; Sherrain Clark
Subject:	CCA FY2023 Renewal Application Acceptance

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met on August 29th and has decided to approve your renewal application for the following Center for Community Alternatives project(s):

Freedom Commons Academy Serving Reentry Homeless Th-RRH $112,654

As a reminder, please submit your E-Snaps application by September 8th. Feel free to reach out with any questions.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From:	Housing & Homeless Coalition
Sent:	Tuesday, September 5, 2023 1:37 PM
To:	Shari Weiss
Cc:	Megan Stuart; Sherrain Clark
Subject:	CCHN FY2023 Bonus Application Acceptance

Good afternoon, Shari,

I am writing to let you know that the Performance Evaluation and Selection Committee met on August 29th and decided to approve your new application for the following Cayuga County Community Health Network:

CCHN Rapid Rehousing Program $304,120

Feel free to reach out with any questions.

Thank you,
Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

Miranda Spencer

From:	Housing & Homeless Coalition
Sent:	Tuesday, September 5, 2023 2:04 PM
To:	bod@chadwickresidence.org
Cc:	Megan Stuart; Sherrain Clark
Subject:	Chadwick FY2023 Renewal Application Acceptance

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met on August 29th and has decided to approve your renewal application for the following Chadwick Residence, Inc project(s):

Chadwick Supportive Housing $293,650

As a reminder, please submit your E-Snaps application by September 8th. Feel free to reach out with any questions.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From:	Miranda Spencer
Sent:	Tuesday, September 5, 2023 1:41 PM
To:	Rick Hansinger; Kimberley Dunn
Cc:	Megan Stuart; Sherrain Clark
Subject:	Chapel House FY2023 Renewal Application Acceptance

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met on August 29th and has decided to approve your renewal application for the following Chapel House, Inc project(s):

Chapel Housing Permanent Supportive Housing $239,929

As a reminder, please submit your E-Snaps application by September 8th. Feel free to reach out with any questions.

Thank you,

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From:	Housing & Homeless Coalition
Sent:	Tuesday, September 5, 2023 1:53 PM
To:	'kgaffney-babb@helio.health'; dcruz@cnyservices.org
Cc:	Megan Stuart; Sherrain Clark
Subject:	Helio Health FY2023 Renewal Application Acceptance

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met on August 29th and has decided to approve your renewal applications for the following Helio Health, Inc project(s):

HH Syracuse Brickhouse FAST RRH Program	$213,589
Helio Housing First	$1,019,602
Recovery Permanent Supportive Housing Program Combined	$451,291
Susan's Place PSH	$141,903
KEES II	$737,792

As a reminder, please submit your E-Snaps application by September 8th. Feel free to reach out with any questions.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

Miranda Spencer

From:	Housing & Homeless Coalition
Sent:	Tuesday, September 5, 2023 1:53 PM
To:	Marta Durkin; Tisha Hollenbeck; ccoyle@liberty-resources.org; cgreen@liberty-resources.org
Cc:	Megan Stuart; Sherrain Clark
Subject:	Liberty Resources Inc FY2023 Renewal Project Application Acceptance

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met on August 29th and has decided to approve your renewal application for the following Liberty Resources, Inc project(s):

Renewal Project Application FY2022 $418,839

As a reminder, please submit your E-Snaps application by September 8th. Feel free to reach out with any questions.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Tuesday and has decided to approve your renewal applications for the following Oswego County Opportunities project(s):

OCO HUD RRH $277,792
OCO-VH-DV-RRH $334,875
OCO Victim Services Joint TH and PH-RRH $856,825

The committee has decided to reallocate part of your OCO-VH-DV-RRH request in the amount of $30,314. This reallocation was a result of the project's continued failure to expend 100% of grant funds, meeting the following category for reallocation in the Reallocation Protocol:

- Project has not expended 100% of grant funds for two or more consecutive years

If you would like to appeal this decision, please follow the protocol in the Reallocation Protocol outlining the process. Please let me know if you have any questions or want to set up a meeting to discuss the decision.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Tuesday and has decided to approve your renewal applications for the following The Salvation Army project(s):

TSA Barnabas Youth RRH $246,288
State Street Apartments $237,760

The committee has decided to reallocate part of your State Street Apartments request in the amount of $23,160. This reallocation was a result of the project's continued failure to expend 100% of grant funds, meeting the following category for reallocation in the Reallocation Protocol:

Project has not expended 100% of grant funds for two or more consecutive years

If you would like to appeal this decision, please follow the protocol in the Reallocation Protocol outlining the process. Please let me know if you have any questions or want to set up a meeting to discuss the decision.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

Miranda Spencer

From:	Housing & Homeless Coalition
Sent:	Tuesday, September 5, 2023 1:36 PM
To:	Fanny Villarreal
Cc:	Megan Stuart; Sherrain Clark
Subject:	YWCA FY2023 DV Bonus Application Acceptance

Good afternoon, Fanny,

I am writing to let you know that the Performance Evaluation and Selection Committee met on August 29th and decided to approve your new application for the following YWCA of Syracuse and Onondaga County Inc:

Woman's Residence $676,389

Feel free to reach out with any questions.

Thank you,
Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

	Ranking	Rating Score	Renewal, New, Expansion, Reallocate	Grant Number	Project Type	General/DV	Organization Name	Project Name	Accepted/Rejected/Reduced	CoC Funding Requested
TIER 1 (ARD - YHDP)	1	100.00	Renewal	NY1426L2C052200	Th-RRH	General	Center for Community Alternatives	CCA Freedom Commons Th-RRH	Accepted	$112,654.00
	2	98.00	Renewal	NY1344D2C052201	Th-RRH	General	Oswego County Opportunities	OCO Victim Services Joint Th&Ph-RRH	Accepted	$856,825.00
	3	91.67	Renewal	NY0662L2C052211	PSH	General	Helio Health, Inc.	K.E.E.S. II	Accepted	$737,792.00
	4	87.33	Renewal	NY0769L2C052211	PSH	General	Helio Health, Inc.	Susan's Place	Accepted	$141,903.00
	5	84.50	Renewal	NY0082L2C052215	PSH	General	Catholic Charities of Onondaga County	CC Permanent Housing for the Chronically Homeless I	Accepted	$769,235.00
	6	83.00	Renewal	NY0835L2C052211	PSH	General	Catholic Charities of Onondaga County	CC Housing First for Individuals and Families	Accepted	$929,282.00
	7	82.60	Renewal	NY0088L2C052215	PSH	General	Catholic Charities of Onondaga County	CC HUD Rental Assistance Program	Accepted	$812,226.00
	8	78.75	Renewal	NY0085L2C052215	PSH	General	Helio Health, Inc.	Recovery Permanent Supportive Housing Program Combined	Accepted	$451,291.00
	9	78.50	Renewal	NY0945L2C052209	RRH	General	The Salvation Army, A New York Corporation	HALE RRH	Accepted	$398,992.00
	10	78.25	Renewal	NY1003L2C052207	RRH	General	Catholic Charities of Onondaga County	Rapid Rehousing Consolidated	Accepted	$285,826.00
	11	78.00	Renewal	NY0091L2C052215	PSH	General	Chadwick Residence, Inc.	Chadwick PSH	Accepted	$293,650.00
	12	77.00	Renewal	NY1000L2C052207	RRH	General	Oswego County Opportunities	OCO-RRH	Accepted	$277,792.00
	13	76.50	Renewal	NY0572L2C052214	PSH	General	Catholic Charities of Onondaga County	CC Permanent Housing for the Chronically Homeless II	Accepted	$1,762,510.00
	14	74.75	Renewal	NY1004L2C052207	RRH	General	Liberty Resources, Inc.	LR PSH Families & Individuals	Accepted	$418,839.00
	15	73.00	Renewal	NY0073L2C052215	PSH	General	Helio Health, Inc.	Helio Housing First	Accepted	$1,019,602.00
	16	72.75	Renewal	NY1052L2C052207	RRH	General	AIDS Community Resources Inc	RRH for LGBT Youth	Reduced	$127,053.00
	17	71.33	Renewal	NY0999L2C052207	RRH	General	The Salvation Army, A New York Corporation	Barnabas Rapid Rehousing	Accepted	$246,288.00
	18	68.83	Renewal	NY1008L2C052207	RRH	General	Helio Health, Inc.	FAST Housing	Accepted	$213,589.00
	19	62.60	Renewal	NY0089L2C052215	PSH	General	The Salvation Army, A New York Corporation	State Street Apartments	Reduced	$237,760.00
	20 N/A		Renewal	NY0566L2C052214	HMIS	General	United Way of Central New York	Homeless Management Information System (HMIS)	Accepted	$184,380.00
	21 N/A		Renewal	NY1425L2C052200	SSO-CE	General	United Way of Central New York	HHC Coordinated Entry	Accepted	$116,190.00
TIER 2 (COC BONUS)	22	59.50	Renewal	NY1252D2C052203	RRH	General	Oswego County Opportunities	OCO-VH-DV-RRH	Reduced	$334,875.00
	23	59.25	Renewal	NY1077L2C052206	RRH	General	Cayuga/Seneca Community Action Agency, Inc.	CAP HUD Rapid Rehousing for Families	Accepted	$160,991.00
	24	52.40	Renewal	NY0690L2C052213	PSH	General	Chapel House	Chapel Housing Permanent Supportive Housing	Accepted	$239,929.00
	25	82.60	Reallocation		PSH	General	Catholic Charities of Onondaga County	CC HUD Rental Assistance Program Expansion	Accepted	$66,464.00
	26	87.33	New		RRH	General	Cayuga County Community Health Network, Inc	CCHN Rapid Rehousing Program	Accepted	$304,120.00
	27	79.20	New		RRH	General	The Salvation Army, A New York Corporation	HALE RRH Plus	Accepted	$479,596.00
	28	88.25	New		Th-RRH	DV	YWCA	Women's Residence	Accepted	$676,389.00
	29	83.00	New		RRH	DV	Cayuga/Seneca Community Action Agency, Inc.	Domestic Violence Rapid Rehousing	Accepted	$170,589.00
										$12,826,632.00
UNRANKED										
	N/A	N/A	Planning				United Way of Central New York	FY23 Planning Project	Accepted	$559,797.00
REALLOCATED								**Total Request**		**$13,386,429.00**
Partial Reallocation	N/A	72.75	Renewal	NY1052L2C052207	RRH	General	AIDS Community Resources Inc	RRH for LGBT Youth	Partial Reallocation	$12,990.00
	N/A	62.60	Renewal	NY0089L2C052215	PSH	General	The Salvation Army, A New York Corporation	State Street Apartments	Partial Reallocation	$23,160.00
	N/A	59.50	Renewal	NY1252D2C052203	RRH	General	Oswego County Opportunities	OCO-VH-DV-RRH	Partial Reallocation	$30,314.00

Tier 1	$	10,412,222.00		BONUS	$ 783,716.00
Tier 2	$	2,414,410.00		DV BONUS	$ 846,978.00
Reallocated Pot	$	66,464.00			
Tier 1 & 2 Total	$	12,826,632.00		ARD	###########
Total Priority List Request		$12,826,632.00			
Remaining	$	-		Bonus Double Check	
				$783,716.00	
Planning	$	559,797.00		$846,978.00	
Planning Requested	$	559,797.00			
Remaining	$	-			
Total Funding Request	$	13,386,429.00			

DV Bonus	$	846,978.00
Requested		$846,978.00
Remaining	$	-
Regular Bonus	$	783,716.00
Requested		$783,716.00
Remaining		
Reallocation		$66,464.00
Requested		$66,464.00
Remaining		$0.00

Denotes auto-renewal for first time renewal

2023 HDX Competition Report

PIT Count Data for NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	618	469	712	924
Emergency Shelter Total	460	320	558	778
Safe Haven Total	0	0	0	0
Transitional Housing Total	138	137	144	117
Total Sheltered Count	598	457	702	895
Total Unsheltered Count	20	12	10	29

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	53	33	51	61
Sheltered Count of Chronically Homeless Persons	43	33	48	49
Unsheltered Count of Chronically Homeless Persons	10	0	3	12

2023 HDX Competition Report

PIT Count Data for NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	47	43	74	101
Sheltered Count of Homeless Households with Children	47	43	74	101
Unsheltered Count of Homeless Households with Children	0	0	0	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	65	30	31	41	49
Sheltered Count of Homeless Veterans	64	27	31	41	48
Unsheltered Count of Homeless Veterans	1	3	0	0	1

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	580	529	556	95.14%	24	24	100.00%	553	95.34%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	160	160	160	100.00%	0	0	NA	160	100.00%
RRH Beds	441	424	441	96.15%	0	0	NA	424	96.15%
PSH Beds	946	946	946	100.00%	0	0	NA	946	100.00%
OPH Beds	538	353	538	65.61%	0	0	NA	353	65.61%
Total Beds	2,665	2,412	2,641	91.33%	24	24	100.00%	2,436	91.41%

2023 HDX Competition Report

HIC Data for NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

Notes
*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.
**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.
In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	279	223	223	223

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	150	97	105	85

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	700	486	530	441

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	2808	3868	44	45	51	6	23	24	28	4
1.2 Persons in ES, SH, and TH	2982	4047	66	69	68	-1	30	30	32	2

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3011	4029	92	119	138	19	38	47	52	5
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	3186	4199	119	128	142	14	49	59	59	0

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range.Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2021	FY 2022	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	62	51	16	10	20%	5	3	6%	3	7	14%	20	39%
Exit was from ES	2027	1489	289	180	12%	166	107	7%	135	153	10%	440	30%
Exit was from TH	155	163	24	9	6%	8	5	3%	10	11	7%	25	15%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	575	563	67	67	12%	42	18	3%	31	34	6%	119	21%
TOTAL Returns to Homelessness	2819	2266	396	266	12%	221	133	6%	179	205	9%	604	27%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	469	712	243
Emergency Shelter Total	320	558	238
Safe Haven Total	0	0	0
Transitional Housing Total	137	144	7
Total Sheltered Count	457	702	245
Unsheltered Count	12	10	-2

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	3097	3133	4234	1101
Emergency Shelter Total	2923	2958	4052	1094
Safe Haven Total	0	0	0	0
Transitional Housing Total	334	336	301	-35

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	563	573	539	-34
Number of adults with increased earned income	41	33	27	-6
Percentage of adults who increased earned income	7%	6%	5%	-1%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	563	573	539	-34
Number of adults with increased non-employment cash income	101	103	95	-8
Percentage of adults who increased non-employment cash income	18%	18%	18%	0%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	563	573	539	-34
Number of adults with increased total income	121	123	119	-4
Percentage of adults who increased total income	21%	21%	22%	1%

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FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	273	284	286	2
Number of adults who exited with increased earned income	30	33	37	4
Percentage of adults who increased earned income	11%	12%	13%	1%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	273	284	286	2
Number of adults who exited with increased non-employment cash income	104	98	71	-27
Percentage of adults who increased non-employment cash income	38%	35%	25%	-10%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	273	284	286	2
Number of adults who exited with increased total income	126	125	101	-24
Percentage of adults who increased total income	46%	44%	35%	-9%

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FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2861	2884	3924	1040
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	995	941	945	4
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1866	1943	2979	1036

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3137	3149	4151	1002
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1117	1033	1035	2
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2020	2116	3116	1000

FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	167	167	184	17
Of persons above, those who exited to temporary & some institutional destinations	52	53	57	4
Of the persons above, those who exited to permanent housing destinations	58	58	74	16
% Successful exits	66%	66%	71%	5%

Metric 7b.1 – Change in exits to permanent housing destinations

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2503	2499	3343	844
Of the persons above, those who exited to permanent housing destinations	1161	1164	1172	8
% Successful exits	46%	47%	35%	-12%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	1392	1272	1193	-79
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1354	1243	1161	-82
% Successful exits/retention	97%	98%	97%	-1%

2023 HDX Competition Report
FY2022 - SysPM Data Quality

NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	528	529	529	166	162	162	1396	1162	1388	700	486	454			
2. Number of HMIS Beds	517	529	529	166	162	162	1396	1162	1245	700	486	454			
3. HMIS Participation Rate from HIC (%)	97.92	100.00	100.00	100.00	100.00	100.00	100.00	100.00	89.70	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	3464	2966	4078	389	336	301	1603	1400	1384	1167	1153	1309	100	92	147
5. Total Leavers (HMIS)	3217	2563	3514	256	196	210	254	232	204	655	623	722	84	64	96
6. Destination of Don't Know, Refused, or Missing (HMIS)	853	795	1464	9	15	20	8	10	10	4	14	15	20	4	5
7. Destination Error Rate (%)	26.52	31.02	41.66	3.52	7.65	9.52	3.15	4.31	4.90	0.61	2.25	2.08	23.81	6.25	5.21

FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/27/2023	Yes
2023 HIC Count Submittal Date	4/27/2023	Yes
2022 System PM Submittal Date	2/28/2023	Yes

September 15, 2023

To Whom it May Concern,

In consideration of a successful application by the Continuum of Care NY-505 and the project application of The Salvation Army, Syracuse Area Services; Housing Visions will dedicate no less than five (5) newly constructed or rehabbed units through HOME ARP, funded by Onondaga County to The Salvation Army's HALE RRH Plus program. These units will be filled using the Coordinated Entry System and work to decrease homelessness in Central New York.

The breakdown will be three and four bedroom units equaling 25% of the HALE RRH Plus Rapid Rehousing Program's total projected participants.

Sincerely,

Benjamin Lockwood
President & CEO