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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: FL-605 - West Palm Beach/Palm Beach County CoC

1A-2. Collaborative Applicant Name: Palm Beach County Board of County Commissioners

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Palm Beach County Board of County Commissioners

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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

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

	In the chart below for the period from May 1, 2021 to April 30, 2022:
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.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	No	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	No	No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
10.	Law Enforcement	Yes	Yes	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	No	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

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

	Describe in the field below how your CoC:
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 with individuals with disabilities, including the availability of accessible electronic formats;
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.Palm Beach County's (PBC) CoC, the Homeless and Housing Alliance (HHA), communicates a transparent invitation process using multiple strategies to solicit new members, including public posting on the HHA website. At every HHA meeting, there are membership forms and an invitation for individuals, businesses and organizations to join. The HHA continuously seeks participation from leaders of mainstream systems with expertise in specific areas of homelessness, including those representing underrepresented constituents. The HHA is transparent in its approach by contacting potential members directly; and informing them of what is involved; the time commitment required; identifying strengths within someone's area of expertise; and the mutual benefit obtained through the partnership. A formal public invitation to become a member is promoted to the entire county listserv containing over 400 names representing over 180 organizations several times each year. 2.The HHA is ADA compliant and ensures that communication with people with disabilities is as effective as communication with people without disabilities. In addition to auxiliary aids, all communication is available in various digital formats to ensure accessibility so that all people, regardless of their physical, sensory, or cognitive differences, can access all HHA communications. Emailed attachments and website documents are shared in PDF format. Palm Beach County's website promotes browsers with built-in accessibility tools, including audio, braille, and digital text. PBC also assists individuals who utilize assistive technology; requests can be made via phone, email, or the Federal Information Relay Service. 3.The HHA has provided a series of ongoing in-person Community Homeless Summits to engage in conversations with individuals and organizations within marginalized communities. It is the goal of the HHA to encourage intercultural dialogue within the homeless service system to sustain connection and to distribute relational power effectively and equitably with culturally specific communities. The HHA strives to reach, engage and support vulnerable populations and constantly reviews ways to overcome barriers through strategic planning, street outreach, and gaps analysis to increase equitable representation.

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

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

(limit 2,500 characters)

1. The HHA is committed to soliciting a broad array of community organizations and individuals with knowledge of and interest in preventing and ending homelessness. The strategies the HHA employs to solicit and consider diverse opinions and ideas starts with its membership. The HHA continuously recruits community members, persons with lived experience, and cross-system agencies to become members and participate in all discussions leading to decisions made by the HHA. The Collaborative Applicant (CA) meets regularly with municipalities, local law enforcement, the health department, and public housing authorities to share information and collaborate on solutions. Over the past year, the HHA has increased efforts to engage local health care providers to strengthen partnerships between those providers and homeless service providers.
2. The HHA is considered the subject matter expert on homelessness and presents the State of Homelessness to the public, system leaders, and elected officials. The information presented is used to plan future shelters, affordable housing options, and needed support services across systems of care. Communication with local leaders, health officials, and the public was essential during the coronavirus pandemic to ease fears and develop strategies to effectively assist the unsheltered homeless. All meetings of the HHA are public, and all meeting information is provided via email and is posted publicly on the HHA website.
3. Information provided through in-person public Community Homeless Summits is summarized and shared with the HHA's governing body and reviewed to determine effectiveness. This feedback is considered when developing new policies or changes to existing standards. Ideas regarding innovative solutions, gaps in services, and suggestions for improvements while developing new approaches to preventing and ending homeless are always considered. For example, during the COVID-19 pandemic, the public became increasingly concerned for the unsheltered homeless during the pandemic. Through the communication avenues between the public, HHA, its committees, and its workgroups, it became apparent that a homeless dispatch system. As a result, the Homeless Call Center was added to the Coordinated Entry System (CES) and operates 24/7 throughout PBC.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.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.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,500 characters)

1. The CA met with and encouraged organizations that had not previously received funding to apply, especially those serving chronically homeless individuals and seniors identified through the Point in Time (PIT) count as HHA priorities. An email from the listserv was sent out to encourage new applicants to apply. During the monthly HHA meetings, new applicants were invited to participate in the technical assistance (TA) workshop. The training included an overview of the process, local timeline and priorities, information on e-snaps, and a town hall-style Q&A session for those agencies desiring additional information about the process. The HHA posted information about the CoC Local New Competition and had links to HUD's CoC Program Competition page. A CoC public application request was sent to the CoC listserv and posted on the PBC Community Services webpage. 2. All communication regarding the local competition outlined the project application process. Applicants were instructed to upload documents into e-snaps but not to submit them until after the local competition. Applicants uploaded the e-snaps application into PBC's database system, SAMIS. The Notice of Funding Opportunity (NOFO) guidance instructed applicants to upload attachments required for the local competition. Once uploaded, the completed application was emailed to the Collaborative Applicant (CA). The TA workshop detailed the application process and information for submitting proposals. CA staff was available throughout the competition to field questions from applicants inquiring about the process. 3. All proposals were initially reviewed by CA staff to determine threshold criteria. The HHA provided a TA orientation for the Non-Conflict Grant Review Committee (NCGRC) on 09/07/22. On 09/12/21, the NCGRC met publicly to review, evaluate, score, and rank the applications. Once the proposals were ranked and scored, recommendations were submitted to the HHA Governance Board for review and final approval and then to HUD for funding. 4. The HHA is ADA compliant and uses multiple means to ensure that all individuals, including those with disabilities, can receive information. The HHA strives to communicate the public notification process with all persons, offers all publications via digital and electronic means and formats, and is accessible to persons with disabilities, including auxiliary aids. Assistance is available to individuals that utilize assistive technology, and requests can be made via pho

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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
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- Frequently Asked Questions

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

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistentif 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)	Nonexistent
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 VII.B.1.b.	

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

(limit 2,500 characters)

1. As an entitlement county, PBC can establish its own funding objectives and programmatic priorities. The HHA, one of the largest jurisdictions in Florida, is fortunate enough to be a member of the State Office on Homelessness and the state ESG-CV recipient. They collaborate monthly with several other jurisdictions. As a result, the HHA's role with ESG and ESG-CV funding is to examine and analyze the data gathered through the PIT, HMIS, and the HIC to make recommendations around the intended use of ESG and ESG-CV funding.
2. The HHA's Collaborative Applicant (CA) is PBC's Division of Human Services and Community Action (HSCA), which also serves as the funding source for the ESG and ESG-CV programs. All agreements, contracts, and yearly monitoring with ESG recipients are under the purview of the HSCA when deciding on future funding and program recommendations. All results are carefully analyzed along with data provided by HMIS.
3. For each jurisdiction to complete its consolidated plans, the CA contacts all seven jurisdictions in the county and provides PIT and HIC data in addition to project descriptions. In addition, the CA for the HHA collaborates with the Department of Housing and Economic Development to develop and submit proposals for the Palm Beach County Consolidated Plan.
4. When the Consolidated Plan requests public input as a step in creating the action plan for PBC, the HHA actively participates in all open meetings. The HHA members speak out in favor of funding constructs during PBC Commission sessions. Based on trends in Homelessness in South Florida, the HHA offers recommendations for the State of Florida's process for allocating ESG-CV funds.

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

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported 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 AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	
	The HHA has a calendar of trainings for all CoC and ESG funded service providers. Trainings will include a focus on keeping families together.	Yes

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

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

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

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.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 HHA is involved in several formal partnerships with youth education providers, local education agencies (LEA's), and the local school district to ensure that homeless youth and their families receive equal assistance and can access educational programs, activities, and services throughout PBC. The HHA Governance Charter specifies a reserved seat for a member of the PBC School District. The PBC Community Services Department (CSD), the CA, the HHA, and the PBC Homeless Advisory Board (HAB) whose sole responsibility is to assist PBC in reaching its Leading the Way Home goals have entered into a formal partnership to share data and pertinent information on all homeless students and their families. The information can be transferred into HMIS and the local outreach teams can reach out to assess; provide resources to connect to housing and related services; and help navigate services to families. A school board member holds a seat on the HAB Board and, through collaboration with the HHA, has formalized the partnership between entities so that both systems can work collaboratively instead of individually. The enhanced partnership with the PBC School Board and the McKinney-Vento Liaisons has been mutually beneficial. There are monthly meetings to share community strategies while developing new ones for all students who are at risk of or who are experiencing homelessness. There is continued hope in creating opportunities with post-secondary institutions to increase on-campus services and supports for youth and young adults who may be facing homelessness. Additionally, the HHA and the CA work directly with the homeless liaisons in the school districts, ensuring the identification of homeless students and families throughout PBC. The HHA Governance Charter specifies a reserved seat for a member of the PBC School District. Through a formal partnership with the Early Learning Coalition, the HHA can ensure that parenting youth experiencing homelessness have access to childcare that meets their unique needs while attending school. The HHA is always seeking out youth education providers and LEAs to participate in committees and workgroups to help better coordinate services for the families experiencing homelessness or at risk of homelessness. The HHA depends on both as a vital collaboration needed to end youth homelessness.

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

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

(limit 2,500 characters)

With a new MOU with the School Board of Palm Beach County (SBPBC), the HHA is developing policies and procedures to inform individuals and families experiencing homelessness about eligibility for educational services.
The HHA will have a SBPBC Homeless Liaison serve as an at-large member of the HHA Governance Board to provide school district representation. The Coordinated Entry System (CES) process collects information about school-aged children in the family. Information includes the child's name and age, the grade, and school the child(ren) is attending or last attended, the mode of transportation used to and from school, the identified needs to participate in school, and whether the children are enrolled in the Mckinney Vento Program. This ensures all pre-school and school-aged homeless children in any housing program are enrolled in school or early childhood education programs. During intake, all homeless providers should include information defining and listing the MVP education rights of homeless students following federal law and school board policy.
Providers are responsible for educating participants on available services to eliminate barriers that may cause enrollment delays, such as immunization records, birth certificates or residency requirements. Case managers are trained to complete referrals for Early Learning Coalition and school readiness programs. The HHA requires that homeless providers notify families that a child(ren) may attend any school of their choice as it aligns with school district policies. The MVP is a part of the PBCSD's CES that ensures homeless students are provided with school supplies, uniforms, and toiletries. The MVP team also ensures that all children experiencing homelessness receive coordinated district transportation to maintain home and school stability. The MVP staff collaborates with the HHA to guarantee that students receive free breakfast and lunch at school. The team assists promptly and seamlessly, ensuring that children experiencing homelessness have a complete and equitable opportunity to succeed in school. The MVP personnel use HMIS to track services delivered by HHA to shared clients, verify bed availability, and see if new school referrals have already received services.

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

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

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

9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. A workgroup within the HHA Support Services Committee is currently updating CoC-wide policies and procedures for survivors of domestic violence (DV) to include safety planning, CE access points, and the process for referrals, including victim service providers, state DV coalitions, and state sexual assault coalitions. The primary goal is that wherever a person enters the homeless system, they are provided fair and equitable access to resources and services based on their specific needs and desires. The current HMIS standards were updated last year and state that victim service providers are barred from disclosing identifying information. The HHA updates the standards annually and encompasses system-wide coordination requirements to ensure integration with programs primarily serving DV survivors. The HMIS Standards prohibit entering protected personal information related to survivors. The HHA always looks to ensure that the latest practices are used to update DV standards, policies, and procedures.
2. The HHA, Domestic Violence (DV) providers, and PBC Victim Services (VS) continue developing protocols to address the safety needs of DV survivors, dating violence, sexual assault, stalking, and trafficking. The HHA sponsors annual training on HHA standards, policies, procedures, new HUD requirements, and best practices. Trauma-Informed Care, Client-Centered, and DV training are among the regular training provided each year. The HHA partners with DV, PBC VS, law enforcement, and other specialists whose agencies have adopted some of these best practices to conduct this training. Safety and planning protocols are also incorporated into the HHA standards, policies, and procedures, which all HUD-funded agencies and other HHA members must follow. This year, the HHA plans to include Harm Reduction and Cultural Competency training. The training will be available on the HHA website and for new staff to be trained throughout the year. The CA monitors all CoC and ESG-funded programs to ensure all providers follow all trauma-informed protocols when working with DV survivors. One of the priorities for the upcoming year is to have the two DV agencies within the HHA train all providers on conducting assessments and referrals for those families affected by DV. This training reduces families' opportunity to be further traumatized while receiving services.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.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.Each year, the HHA ensures that providers are trained on best practices to assist victims of dating and DV, sexual assault, and stalking. To help professionals recognize the warning signs of DV and enable talks about sensitivity to the needs of survivors, both state-certified DV centers in the HHA offer information and education. Thirty hours of training must be completed annually by all staff members who manage, plan, or give direct advocacy or counseling services to survivors and their children (Section 90.5036 of the FL Statutes). Additionally, all direct service employees and volunteers must complete 16 hours of annual training in DV, child abuse, elder abuse, or other topics related to providing effective services to survivors and their dependents. The strategies employed in all DV training are empowerment-based, trauma-informed, hope-centered, and solution-focused. To create a parallel CES for DV survivors and their families, all providers within the HHA must work together. The DV system fully integrates with CES with a mutual flow and clients can be referred to the CES while in shelter. This ensures equitable access, using a standardized evaluation, and prioritizing placement and referral to services selected by the participant are carried out while preserving the confidentiality and safety of survivors.
2. The CES standards indicate the frequency and requirements of all DV training. The HHA listserv and HHA meetings are used to distribute training announcements. The DV agencies implement planning and safety procedures within their organizations. The CA monitors activities to ensure DV staff are adequately trained and adhere to safety rules. To ensure that non-victim providers are aware of safety precautions and resources available to aid DV victims, the HHA ensures that DV training is available to all HHA members. The HHA strives to provide secure and flexible housing options for DV survivors. Staff who don't work directly with victims but who enter data and make case notes have received training in maintaining client confidentiality and security. The HHA member agencies are responsible for: ensuring their employees' safety; and proper employee training that adheres to all local, state, and federal laws governing confidentiality. Each year, the DV program staff receives trauma-informed care training with an emphasis on victim protection, confidentiality, and the creation of staff safety plans and measures are all part of the training.

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

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC uses 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. PBC's two state-approved DV centers manage data through the state-run Osnium Database. A reporting tool called Osnium was developed to meet the information-gathering and reporting requirements of families dealing with violence and meets the HMIS Data and Technical Standards. The database contains the ESG CAPER and APR reports, which may be downloaded in CSV format and uploaded to the SAGE site. The de-identified aggregate data includes demographics, earnings, and job status information. Staff members of DV can communicate accurate information without revealing participants' identities. Even though they do not use the software, DV staff attends HMIS training to understand the reports better and ensure data accuracy. The HMIS Lead Agency extrapolates de-identified aggregate data from the comparable database to demonstrate outcomes in local, state, and federal reports.
2. The two certified DV facilities that offer Emergency Shelters to DV victims enter data into Osnium, a comparable data system used to gather data. The DV providers collect information to de-identify the survivors in accordance with the regulations set forth by the Violence Against Women's Act (VAWA). All data from the victim service provider is pooled and used as individually non-identifiable data to help with planning and service delivery. To help the HHA address the needs of this subpopulation, the DV centers contribute data regularly. The DV programs routinely provide the HHA with performance reports from comparable datasets. The data gathered and tracked are the number of people treated; the nature of victimization; the duration of service engagement; and the volume of hotline calls. Outcomes are tracked and include percentages of those moving on to permanent housing. The HHA analyzes the data to assess the project's success, performance, and any changes in the population serviced or the level of demand. The information on DV victimization and how it affects the homeless population in the county has been analyzed by the HHA and is used to establish guidelines for prioritizing DV survivors, facilitating community planning and service delivery.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	the emergency transfer plan policies and procedures; and
2.	the process for individuals and families to request an emergency transfer.

(limit 2,500 characters)

1.For people and families who have experienced DV, the HHA has many emergency transfer plan policies and procedures in place. The HHA has created a policy for emergency transfers in line with the VAWA that enables DV survivors to ask for an emergency transfer to another location. The HHA provides written guidelines and CES during intake to all people and families seeking or receiving support. The CES team has received safety planning training, including preparing for possible emergency relocation for safety reasons. All DV survivors must receive information regarding the VAWA and emergency transfer policies and procedures during the intake process. Case managers review emergency transfer policies and procedures during the housing enrollment process with participants. If an emergency transfer is required, case managers go over the protocol for seeking one and assist participants in developing a safety plan, choosing safer housing options, and finishing all the paperwork and formalities required to start an emergency move. The participant is informed of all process details, and all steps are taken in collaboration with the participant. The case manager aids in navigating the request procedure, enlisting additional assistance when required, and assisting with the move's logistics. There are various options for DV survivors and families who are homeless to receive services safely. 2. The CES allows for the screening of DV history for survivors. Any survivors at imminent risk of violence are immediately directed to the emergency shelter at one of our DV projects. Police may evaluate DV survivors and advise them to call a 24-hour hotline and provide them with transportation if necessary. Finally, DV survivors can call the 24-hour DV hotline on their own, speak with personnel who can assess any current violence, and make arrangements to arrive in the Emergency Shelter immediately. The HHA and all housing providers maintain confidentiality when a participant requests an emergency transfer unless the participant gives written permission.

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

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

DV Survivors enter the homeless system through the two State-Certified DV emergency shelters (ES), which operate 24 hours a day, 365 days a year. The sole DV provider in the HHA that provides Rapid-Rehousing is the YWCA. Quick, private, and secure referral procedures for housing services are all features of the services offered. If consenting survivors come through a non-DV access point and first get mainstream assistance, the HHA has devised a confidential referral process through CE. Before the program's introduction, DV households can approve or decline the program's request for their contact information. The CES staff is trained to account for a person's immediate safety before continuing the assessment if they are fleeing DV. The level of risk, which necessitates the need to evacuate and seek protection due to the immediate danger of physical harm and/or death, is assessed during initial contact with the 24-Hour Hotline, along with the assessment of police reports when they are available. The DV initiatives provide survivors with refuge for six to eight weeks, or longer if needed. The homeless shelters and housing choices best suited to serving survivors of DV and their children will be linked once they complete an intake at a non-victim service provider. Next, participants are given the available housing resources for which they qualify. In addition to receiving information on non-victim service providers, households actively fleeing DV, dating violence, sexual assault, and stalking also receive information on DV options. In addition to a wide variety of housing options available through the larger CE network, participants have access to the HHA's designated housing services for DV survivors. Once paired, participants and staff work to identify and remove any obstacles a household might encounter when looking for housing. The following steps concentrate on providing a household with the tools and assistance it needs to achieve housing stability. All of the resources and supports available to survivors of domestic or dating violence, sexual assault, or stalking are also connected with specific services necessary to address their safety. The HHA gathers data from national resources based on best practices and disseminates it to all of its members.

1C-5e.	**Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.**	
	NOFO Section VII.B.1.e.	

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

(limit 2,500 characters)

1. The HHA partners with VS agencies to ensure that training is provided to HHA members by experts focusing on DV, dating violence, sexual assault, and stalking. All CE staff are trained in the complex dynamics of DV, confidentiality, and safety planning. CES providers utilize the same CE Assessment to ensure the CE process addresses the participants' safety and confidentiality needs. The CoC has two DV-designated access points, the YWCA and AVDA. Other providers know these access points and can connect survivors safely and confidently. Staff is trained in trauma-informed care, victim-centered approaches, confidentiality for persons fleeing domestic violence, and safety planning. In-person assessments are conducted in a secure, safe, and private place to allow disclosure of sensitive information or safety concerns. AVDA and the YWCA created a CE referral system for DV survivors to ensure safety and confidential CE transfers. All DV policies for safety, planning, and confidentiality are outlined in the CE Standards, including a DV Emergency Transfer Plan. The HHA works closely with DV providers to ensure that policies and procedures are accurate and appropriate for survivors. 2. CE protocols provide guidelines to support DV survivors with confidential and trauma-informed planning while the staff is trained on various components of a safety plan under different scenarios like how to support survivors with safety planning; and how to engage with survivors using trauma-informed strategies. Persons identified as fleeing or attempting to flee are provided immediate referral and assistance accessing emergency DV services. They may decline any referrals with no negative impact on their access to housing and services. CE staff adheres to protocols outlined in the VAWA notification, including posting VAWA information, making it readily available to anyone who requests it and providing it to all applicants and participants. 3. CE staff are trained to provide disclosures to participants to maintain autonomy when providing personal information. CE staff adheres to VAWA confidentiality guidelines, including notifying applicants and participants about their rights to confidentiality under VAWA and the obligation to keep confidential any information from a victim unless the disclosure is requested or consented to by the individual in writing.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that 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 VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
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 HHA updates its community-wide anti-discrimination rules and practices through workgroups that consider stakeholder input. The HHA Race and Equity Committee analyzes all updates to ensurebus an equity lens has been incorporated. Modified standards are then presented for the HHA Governance Board's approval. According to the current CES policy, HHA grantees must have access to services regardless of race, creed, color, sexual orientation, or gender identity. They must also follow the laws governing equitable access to housing. 2. Assisting providers in creating anti-discrimination policies at the project level that comply with CoC-wide policies and procedures is the responsibility of the CA. To ensure that the CES is inclusive and provides equitable access regardless of sexual orientation or gender identity, the HHA is currently collaborating with the Florida Housing Commission to offer training on implementing the Equal Access Final Rule and Gender Identity Final Rule. 3. The CA monitors the inclusion policies and practices of projects annually. The HHA's strategy in determining compliance is to ensure that projects are provided with the latest regulations. The HHA aims to ensure that all housing providers receive professional training, so agencies don't unknowingly break the law. The CA conducts annual monitoring where reviews of reports, and evaluations of grievance complaint rulings, can verify compliance with fair housing and non-discrimination regulations. The HHA has several diversity trainings scheduled for the upcoming year. 4. The HHA routinely monitors CoC-funded projects. If a project is found to be noncompliant with program requirements, they may be issued findings and/or concerns on their monitoring report. The CA reviews the reported situation, policies, and procedures and recommends a course of action. The CA and provider organization are notified before reviews are conducted, and based on the severity of the report, the HHA Governance Board may also be notified. The course of action could include a finding, and a performance plan may be enacted. Any project with unresolved findings may lose points on renewal or new CoC funding applications. Technical assistance will be provided to all agencies that are found to be noncompliant. The CA may also mediate grievances with all parties until a resolution is reached.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section VII.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 FY 2021 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 2021 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?
Palm Beach County PHA	43%	Yes-Both	No
West Palm Beach PHA	10%	Yes-Both	No

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

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

(limit 2,500 characters)

1. PBC has six Public Housing Authorities (PHA). The two largest, West Palm Beach and PBC PHA's, have 6,500 units. The HHA partners and collaborates with all the PHAs, specifically the two largest. Since the approval of the PBC Ten Year Plan to End homelessness in 2008, the HHA continues to meet with each PHA to add a Homeless Preference to their charters and policies. The WPBPHA has finally added a Homeless Preference to its policies after several meetings. The partnership has successfully applied for the HUD Family Unification Vouchers and the Emergency Housing Vouchers (EHV). The WPBPHA, the HHA, and PBCPHA entered into a partnership in 2020 to construct 17 units of housing for homeless families with children under the age of 18. The WPBPHA also served as a housing developer and applied for and received PBCs set aside penny sales tax proceeds dedicated to the homeless. The HHA will oversee the project, PBC will provide the land and the development funding, and WPBPHA will serve as the operator and developer. This project is the first of its kind in PBC and is viewed as a demonstration project for very low-income multifamily housing using a small urban footprint. The partnership with the PBC PHA continues to produce tremendous results. Projects will include the addition of mainstream vouchers dedicated to the HHA, EHV for the homeless; partnerships with other housing authorities such as the Pahokee PHA, our rural PHA; and providing a seat at the Development table for further PHA real estate development. The PBC PHA also holds a seat on the HAB, appointed by the Board of County Commissioners, and membership within the HHA.

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 VII.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)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	No
8.	Other Units from PHAs:	
		No

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.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,EHV, non disabled elderlyfamily reunification

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

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

1C-7e.1.	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
Pahokee Housing A...
Palm Beach County...
West Palm Beach H...
Delray Beach Hous...

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

Name of PHA: Pahokee Housing Authority

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

Name of PHA: Palm Beach County Housing Authority

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

Name of PHA: West Palm Beach Housing Authority

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

Name of PHA: Delray Beach Housing Authority

1D. Coordination and Engagement Cont'd

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	11
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 2022 CoC Program Competition that have adopted the Housing First approach.	11
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 2022 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 VII.B.1.i.	

	Describe in the field below:
1.	how your CoC evaluates every recipient–that checks Housing First on their Project Application–to determine if they are actually 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 the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

The HHA is committed to ensuring that all homeless services are carried out by exercising Housing FIrst strategies. The HHA operates low-barrier sheltering and regularly evaluates processes and procedures to ensure barriers that limit or prevent services are removed quickly. The HHA meets daily and conducts case conferencing with housing providers to review acuity lists and prioritize housing placements. All housing placements are made using the Acuity List. Permanent housing is the primary focus of all of the HHA efforts. Service participation nor any preconditions are required from the participants before placement. HHA emphasizes and conducts its services in a manner that values flexibility, provides individualized wrap-around services, and promotes client choice and autonomy. The CA evaluates the fidelity to Housing FIrst practices through ongoing program monitoring. The monitoring tool includes an evaluation of objective measures that demonstrate the use of a Housing FIrst approach, philosophy, and practices. 2) The HHA has a list of factors and performance indicators used during its evaluation. Program accessibility is not dependent on sobriety, income, or criminal history except for state-mandated restrictions, participation and/or completion of treatment, or any other unnecessary conditions that translate into barriers. Participants have equitable access to services despite the level of service they need when entering. Indicators used to evaluate rapid placement and stabilization in housing are: the provision of necessary supports to maintain housing; no preconditions to entry; the average length of time the program starts to move in; and exits to permanent housing. 3) The HHA regularly evaluates projects outside of the local CoC completion to ensure the projects are using a Housing FIrst approach. Using a newly designed monitoring tool, the CA conducts a thorough review of the coordinated entry assessment and referral determination, enrollment policy and procedures, and case notes. An administrative review of all CoC and ESG-funded projects is conducted each year. A written report is provided to the agency where areas of concern are identified for correction. Through this process, the CA can identify barriers and offer technical assistance to ensure projects comply with Housing FIrst principles. Finally, the CES has policies in place to ensure that the processes used uphold Housing FIrst best practices.

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

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

(limit 2,500 characters)

1.One of the most effective ways of determining what programs and services are most needed by those experiencing homelessness is to ask them. The Homeless Outreach Team (HOT) conducts one-to-one chats. PBC Human Services has a team whose members go to places throughout the county where homeless people are known to congregate. The friendly, non-threatening discussions build trust and rapport, enabling members to complete an assessment. Nothing is forced - it is always the persons' choice whether they wish to take advantage of public assistance. But the first step is to stop and ask, "How are you doing?" The team responds to the community's needs, special requests, and known locations. Outreach teams are strategically coordinated and assigned to service areas that cover all of PBC to identify individuals experiencing homelessness. All teams triage consistently utilizing the VI-SPDAT, and all individuals assessed are placed on the HHA acuity list. A score matrix is used to determine the chronicity, severity, and other factors that assist in the appropriate placement of individuals assessed. 2. The HHA outreach teams cover 100% of the county consisting of thirty-nine incorporated municipalities and all unincorporated areas in the HHA geographic area. 3. Street outreach occurs five days a week with varying shifts, including early morning and late evening hours, to accommodate the community's needs and maintain flexibility when handling emergencies. The HHA has tailored its street outreach to target multiple at-risk and vulnerable populations. Street outreach prioritizes LGBTQ+, mentally ill youth, individuals, and families. Outreach teams are assigned geographic zones throughout the county to provide full coverage, avoid duplication of services within the HHA coverage area, and respond rapidly to client needs. 4. The HHA has added additional outreach teams consisting of peer specialists targeting individuals that are least likely to seek assistance and more challenging to engage. These populations include the severely mentally ill, substance users, and the chronically homeless that refuse to engage with institutions. The HHA has a PATH team explicitly used to engage individuals with severe mental health issues. The HHA is equipped to serve individuals that have limited English proficiency. Outreach teams are proficient in several languages and assist individuals in navigating the social service systems within the HHA geographic area.

1D-4.	**Strategies to Prevent Criminalization of Homelessness.**	
	NOFO Section VII.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:

		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).	
	NOFO Section VII.B.1.l.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	666	420

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.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:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.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, 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. The CA provides current information on mainstream resources available for program participants throughout the CoC's entire geographical area. The HHA coordinates with the Florida Department of Children and Families (DCF) to provide CoC-wide training on mainstream benefits and how to assist those experiencing homelessness in applying for benefits, including SNAP, TANF, and Medicaid. Participants can also electronically apply for assistance through the CA's online application system. The data offered includes a directory of links to benefits including public assistance, food stamps, and local food banks, as well as services options for persons who are homeless or in danger of homelessness. The Social Security Administration (SSA) provides updates on benefits. Provider agencies report on services they provide and share resources at the monthly HHA Membership meetings. 2. The HHA collaborates with healthcare organizations, hospitals, crisis stabilization units, and treatment facilities throughout the county. The CA connects housing providers with healthcare organizations to assist participants with primary care, substance abuse, and mental health treatment. The HHA coordinates with the PBC Health Department to provide up-to-date resources and information. People experiencing homelessness and in homeless prevention programs are referred to apply for Medicaid and the PBC Health Care District which provides comprehensive medical, dental, primary, and preventive health care services to homeless individuals and families in PBC. The HHA Healthcare Committee has been working on improving coordination with healthcare entities in hopes of breaking the cycle of homelessness. 3. The HHA works with projects to promote SOAR certification during annual training efforts and leverages the knowledge of the SOAR-certified staff who attend HHA meetings. Additionally, SSI/SSDI outreach is performed on an ongoing basis by agencies that are vital partners and members of the HHA. A core strategy for reducing barriers is to help participants access SSI/SSDI benefits. The CA provides information about SOAR training opportunities to its members. Completion of SOAR training is a factor used in rating applications for CoC Program funding, and renewal applications are rated on performance in increasing participants' income. The HHA hopes to collaborate with a SOAR Coordinator to provide certifications for CoC providers and Train the Trainer opportunities in the upcoming year.

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

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

(limit 2,500 characters)

While the HHA lacked sufficient space to provide non-congregate shelter at many of their shelters during COVID-19, when no emergency shelter was available, federal emergency relief funding was used to create and fund non-congregate shelter options via hotel/motel rooms. Before COVID, all of the shelters for individuals in PBC were congregate. At the beginning of the pandemic, the HHA and shelter providers implemented temporary non-congregate shelter programs in hotels that provided safe shelter, housing-focused case management, and other supportive services. At this same time, PBC officials cleared out a homeless encampment in one of the local parks having to relocate over 120 people. Many of these people were at high risk for serious medical complications if exposed to COVID and had to maintain social distancing. This strategy allowed time to stage the transition from the park to the newly created shelter. Non-congregate sheltering was identified as a way to minimize infectious disease outbreaks for participants who were COVID positive or who were positive for Monkey Pox. The HHA continues to partner with local motels to increase occupancy for clients directly and indirectly impacted by COVID-19. This model was very successful in PBC for preserving client health/safety and exiting participants to permanent housing. Essential services were also provided for participants during their stay. Over time, the temporary programs served different populations, including overflow for existing shelters and when the congregate shelters were experiencing COVID outbreaks. The HHA continues to seek ways for funding opportunities that can be leveraged into new opportunities for non-congregate shelters. The HHA continues to explore alternative ways to occupy unused county space for smaller non-congregate shelters throughout the continuum. The HHA acknowledges that non-congregate shelter saves lives, increases capacity, reduces the community spread of COVID-19, and provides a platform for accessing long-term stable housing within our CoC.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.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 COVID-19 epidemic forced the HHA to plan and maintain an extraordinarily detailed and ongoing COVID response, which is still in progress. The Health Department, the HHA, homeless service providers, and county administration created a formalized COVID response. The HHA has collaborated extensively with the Public Health Department and homeless programs to prevent and address infectious diseases among homeless persons. In response to COVID, the PBC Health Department, the PBC Healthcare District, the HHA, and PBC as the CA reinforced their ties and integrated their operations. Public health authorities often release updates, CDC recommendations, and other guidelines on avoiding and combating infectious diseases in and among the homeless community. When there were issues with outbreaks in shelters, the CoC and Public Health officials met with shelter providers often, and together they developed a strategy specifically for the shelters. Infectious illness outbreaks provide several obstacles, and constant communication between CA staff and the Health Department, including Public Health and Executive Health leadership, enables the detection and management of any new issues. 2.Regarding infectious diseases, the HHA collaborates with Public Health officials to ensure that housing programs are informed about and have the resources they require. The following are some examples of the resources that the CoC and Public Health have provided together: flu shots, PPE and COVID tests for those experiencing homelessness and staff members of programs that serve them, details on COVID vaccines and boosters, specialized clinics and resources to provide vaccines at shelters and programs to provide isolation for the homeless in our community who test positive for COVID. People who are homeless and exposed to infectious diseases can also receive additional specialized care from outreach teams that specialize in street medicine.

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

	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:
1.	sharing information related to public health measures and homelessness, and
2.	facilitating 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 HHA effectively equipped homeless providers with information to prevent infectious diseases by providing education to both providers and participants. During COVID-19, communication was improved between the HHA, public health officials, HOT Team Staff, County Administration, and the CA. The information shared was consistent, utilized best practices, and contained information on social distancing, testing and vaccination resources, and the use of PPE. During monthly HHA meetings, via email alerts, and on television, information was shared throughout the HHA. Daily reports on the pandemic were provided by County Administration and public health officials, who monitored new information locally and nationally. Additionally, they offered details on safety precautions and the avoidance of infectious diseases. Information was disseminated throughout the HHA at monthly meetings, email alerts, and television broadcasts. The CE staff received training on new regulations and data provided by the CDC and public health officials to discuss concerns related to the public health crises and make sure they were up to date on matters that might impact housing projects and vulnerable populations. The HHA held virtual meetings with emergency shelter providers regularly. 2. To avoid or control infectious disease outbreaks among program participants, a cooperative effort by Public Health Officials, HOT Team Staff, County Administration, CA, and the HHA was essential. With the aid of the CDC's information and the ability to interact with the unsheltered homeless in our community, all street outreach providers were equipped with information from the CDC and were able to address the homeless population in our community to help ensure their safety, as well as the safety of staff. The CA collaborated with shelters to manage sanitation/safety standards, such as masking, screening, and social distancing. Information was provided to help stop the spread of COVID through isolation which was provided through hotel/motel stays. Participants who were at high risk and tested positive or had been exposed to COVID could stay in a secure area and be isolated from other participants thanks to this method. For all emergency shelters, the HHA implemented and updated ongoing safety procedures. The entire community-wide team that had been formed continued to communicate the same messages to the community.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.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 HHA CES is dedicated to giving special attention to the most vulnerable individuals, families, and young people who are either homeless or at risk of becoming so. The CES' primary goal is to ensure that bouts of homelessness are as brief as possible by providing quick and simple access to low or no-barrier housing. The CES covers 39 incorporated municipalities in addition to all of the unincorporated areas. In an effort to reach those who are unlikely to ask for help, the CES works with outreach teams to cover the entire county. Through the HOT team and with assistance from other local partners who provide street outreach, the CA includes oversight by managing outreach, providing service delivery coordination, and referrals for people residing in places not meant for habitation.
2.The HHA uses a standardized assessment process to prioritize those most in need. The VI-SPDAT, VI-F-SPDAT, and Transition Age Youth (TAY) VI-SPDAT are used to assess vulnerability. Case conferencing is held several times weekly for those with the highest acuity. The CA provides SPDAT training each year to help housing providers and CE staff fully understand the assessment process. Additionally, this year the CA included a SPDAT train the trainer opportunity to increase the number of approved trainers in the continuum. Participants decide what information to provide during the assessment but if they choose not to answer specific questions, they may not be matched to individualized services, which may impact their prioritization. Staff completing the intake assessment are trained on best practices and HMIS data entry before being approved to complete assessments. Once the assessment is complete, the participants have stated their wants and needs, and a housing program has been identified, they are ready to be referred and then housed.
3.The CES process is regularly updated using providers' and participants' feedback through ongoing workshops and regular reviews by the HHA. Recommended changes are discussed and brought before the HHA Governance Board, including those with lived experienced, to approve. It is always the goal of the HHA to make changes to the CES to eliminate barriers and promote equity. The HHA has examined different assessment tools to ensure they utilize ones best suited for the CES and the participants.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.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.The HHA's CES reaches people who are least likely to apply for homeless assistance by partnering with law enforcement, local government, school districts, street outreach providers, and other community stakeholders through various service delivery methods. The HHA works with organizations and 211 to ensure the community is informed about CES and that those in need can apply for services and have quick access. Faith-based organizations, businesses, and other referring organizations are involved in the CES planning and evaluation to reach individuals and families who may not be willing to reach out for assistance. These are all a part of the HHA's continuing efforts to ensure the most vulnerable have access to services. 2.The CE process ensures those with the highest vulnerability and need are prioritized, utilizing the following tools: VI-SPDAT, VI-F-SPDAT, and Transition Age Youth (TAY) VI-SPDAT. Other factors that contribute to prioritization include length of homelessness, number of homeless episodes, any presenting medical conditions or disabilities, and Frequent Users Systems Engagement clients, which are prioritized as identified. Case conferencing is used to follow up on the initial assessment to expedite housing and service connections to those with the greatest need. 3.The HHA has measures in place that ensures people most in need of assistance receive permanent housing in a timely manner that follows the Housing First principles and that the techniques used to offer services are client-centered, inclusive, just, and timely ensuring that the preferences of the participant are considered. Through HHA oversight, training, and the CE Policies and Procedures, this can happen. All assessments are conducted through HMIS which tracks service delivery. CE staff work with participants to ensure their voices are heard when determining housing preference. 4.The HHA understands that everyone who goes through CE is homeless, so they all need housing. The HHA believes that the steps to reduce burdens on people using coordinated entry are about connecting participants to the correct resources and less about a score that could disqualify them from assistance because of limited resources. One way to reduce the burden is through an open HMIS system so that providers can more easily work together and communicate.

1D-10.	**Promoting Racial Equity in Homelessness–Conducing Assessment.**	
	NOFO Section VII.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.**	05/20/2022

1D-10a.	**Process for Analyzing Racial Disparities–Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.**	
	NOFO Section VII.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. The HHA uses a mixed-method approach for analyzing racial disparities in service provision or outcomes of homeless assistance. One approach incorporates suggestions from housing providers and evaluations from people with lived experience. Additionally, the HHA created a Race and Equity Committee in 2020. This committee was developed to evaluate and assess the current utilization of homeless services. Utilizing demographic information from HMIS and the PIT Count, a strategic planning methodology was created and used to discover and analyze racial discrepancies. The HMIS Lead Agency uses Power BI software to build visual data reports. The statistics are contrasted with those obtained using the CoC Racial Equity Analysis Tool. This year, the HHA requires all providers who receive CoC or ESG funding to perform a racial equity self-evaluation to address inequities and evaluate their internal commitment to address inequities. Over the next year, a strategic plan will be developed to guide the HHA's commitment to ending race and other inequities. The HHA continuously seeks ways to improve equitable outcomes and ensure that when providing homeless assistance, outcomes involving racial disparities are minimal. 2. Numerous racial discrepancies in our area were found through analysis. Black individuals, families, and youth make up most of those needing homeless services in Palm Beach County. According to the research, individuals of color experience homelessness at the most significant rates and join the system at a higher rate than other racial groupings. According to a qualitative study, there is a lack of culturally competent services and hurdles to service access for BIPOC groups. When comparing the general population to the homeless population in our area, the HHA has some of the most significant racial and equity imbalances in Florida. In partnership with the Florida Housing Coalition, the HHA will commit to assessing and improving equity outcomes in our community by conducting interviews and using focus groups with participants and housing providers to understand various racial groups within the continuum better.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	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.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The HHA and homeless service providers have taken actions to address inequities within the continuum. To discover gaps in the service delivery offered, the HHA regularly analyzes demographic data and qualitative feedback from providers and those with lived experience. During the monitoring of all CoC -and ESG-funded projects this year, the HHA is mandating all providers do a racial equity self-evaluation to uncover any internal problems that produce unfairness & inequities. The HHA will then offer the assistance required to guarantee that equity is upheld throughout the homeless response system. In addition to ensuring that culturally competent approaches are used, the HHA will continue to provide training to homeless providers to increase knowledge and address inequities within the homeless care system. Leading the Way Home, the framework for the policies and programs that address Homelessness in Palm Beach County serves as the foundation for the HHA Race and Equity Committee, which oversees strategies to manage measures to address racial disparities. The HHA intends to expand training focusing on bias, equity, and inclusion and replace the VI-SPDAT with a new CE assessment tool. A system-wide committee has been formed to research and create a new instrument that shows no evidence of racial bias. The HHA intends to use recruitment strategies that involve other community systems to expand the participation of BIPOC on the HHA Governance Board. The CA will review projects based on prioritization for marginalized populations, particularly BIPOC and those with language barriers, to overcome disparities in accessing assistance from CoC-funded agencies. Some of the HHA committees are now identifying solutions to overcome the inequities, such as providing culturally relevant services to ensure fairness and inclusion. To better coordinate and centralize services for the unsheltered homeless in the neighborhood, the HHA is still looking into ways to improve and expand front-end services like CE and street outreach. The HHA keeps in touch with community stakeholders who are not funded and urges them to participate in the local homeless system to increase the inventory of providers and provide better service. The recent formation of a workgroup made up of unsheltered homeless people has given crucial insight into what must be done to stop or eliminate inequities.

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

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

(limit 2,500 characters)

To monitor success in reducing or eliminating inequities in the delivery of homeless aid, the HHA has implemented several measures. Every year, the HHA and CA engage in a strategic planning process that examines demographic information from HMIS. This process uses System Performance Measures related to race and other subpopulations to assess disparities and outcomes in the provision of services. The strategic planning process identifies objectives to eradicate disparities. The HHA requests feedback from those who have firsthand knowledge of homelessness and homeless service providers to detect systemic injustices, such as procedures that produce discrepancies and suggest discrimination. Last year, the HHA identified priorities for those serving culturally specific communities through its Race and Equity Committee and included guidance from neighborhood advocates and people with lived experience. This Committee examines local housing-related program data to identify racial inequalities. The data gathered enables the HHA to plan ways to lessen inequities across the continuum. The HHA Governance Board receives a report with recommendations for eradicating inequities, particularly at CE, after the material has been analyzed. One of the goals of the HHA Race and Equity Committee is to apply a racial lens to all homeless systems, which includes incorporating people of color with lived experience in planning and execution, as well as establishing culturally sensitive strategies. The CA will continue to support gathering data with housing providers by offering technical assistance, training, and regular monitoring. The HHA is committed to ensuring that the results or a program or system do not differ based on based on the race or ethnicity of a person or a family using it. The HHA will continue to evaluate its systems and programs for people experiencing homelessness for racial discrepancies in services and outcomes, to identify obstacles, and create action plans if imbalances are discovered. Programs and institutions that help persons experiencing homelessness have a significant and direct obligation to ensure that they aren't contributing to the issue by negatively affecting people differently based on their race or ethnicity. The HMIS Oversight Committee intends to review data collecting guidelines considering the variety of clients it serves. The information gathered will measure progress in offering services sensitive to cultural differences.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section VII.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 HHA is dedicated to ensuring that those who are homeless or have previously been homeless are part of the HHA. Every year, the HHA advertises for new members by requesting representation from groups with knowledge of various aspects of homelessness. To contact potential members with lived experience, the HHA uses social media, community outreach, workgroups, its members, and partners. The CA and the HHA place a high value on creating a secure, open, and trustworthy atmosphere to engage these potential members. Underrepresented groups are given extra consideration and are spoken to personally, including those working with children, survivors of domestic and sexual abuse, and racial and ethnic minorities. Outreach staff speaks with unsheltered homeless participants to encourage participation at HHA meetings, Board of County Commission meetings or focus groups. Additionally, the Emergency Shelters circulate and publish HHA meeting announcements. The HHA Governance Board is led by a formerly homeless person, and there are five seats on the Governance Board designated for persons with lived experience, three of which are for youth and young adults. A Youth Action Board (YAB) was established in 2019 with the participation of young people who have experienced homelessness to offer their expertise in developing a system of care for adolescents and young adults (18–24). The HHA's methods for obtaining and considering various viewpoints and ideas begin with its membership. The HHA enlists community members, people with lived experience, and agencies from across systems to participate in its deliberations and decision-making. More than 60% of the attendees at the HHA's all-day Community Homeless Summit this year were currently or previously homeless. To increase prospects for professional development, one of the largest homeless service providers gives preference to homeless participants when hiring. The HHA values those with lived experience and encourages them to participate in meetings and workgroups to discuss community needs, evaluate existing plans, contribute to the creation of future service plans, and interact directly with service providers, donors, and governmental organizations. The HHA recognizes the value of this viewpoint in delivering quality services and ultimately ending homelessness.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	6	90
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	6	0
3.	Participate on CoC committees, subcommittees, or workgroups.	14	0
4.	Included in the decisionmaking processes related to addressing homelessness.	14	0

5.	Included in the development or revision of your CoC's local competition rating factors.	6	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.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 HHA and its members are constantly looking for new ways to give people with lived experiences access to professional growth and employment opportunities. The HHA includes membership organizations with social enterprise businesses providing an employment strategy that uses the open market's strength to give its employees access to real-world work experiences. Working in a supportive workplace setting can assist in developing the skills necessary to find successful outside employment for persons who are not ready for private sector employment or are unable to obtain jobs due to previous criminal history. It can also give prospective employees a consistent work history with reviews from supervisors and references. Additionally, the income generated by the nonprofit organization through a social enterprise lessens the financial strain on the general public. Work is essential to leading a healthy, fulfilling life and is also crucial to the economy. Many job seekers experiencing homelessness in our community encounter substantial obstacles to finding employment in the private sector, such as a history of drug or alcohol misuse, homelessness, a criminal record, a handicap, or mental illness. For our participants, finding fulfilling work can be the elusive last hurdle to overcome before achieving independence and self-sufficiency. One of the other ways that the CA can provide professional development and employment opportunities is the Parks 2 Work (P2W) program. P2W is an effort to combine several county departments and other community partners with helping homeless individuals get resources to escape homelessness. Participants are provided transportation, tools, uniforms, shelter, food, and a paycheck in exchange for work in the PBC Parks and Recreation Department. This program has successfully transitioned many out of homelessness and into permanent housing. Several other employment projects in the HHA provide ongoing professional training, workshops, classes, and development opportunities for individuals currently or formerly experiencing homelessness. One of the Youth Homeless Demonstration Program (YHDP) providers in the HHA offers youth and young adults who serve on the YAB pay in exchange for their time and experience. The HHA partners with Career Source to facilitate employment opportunities for people with lived experience.

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

	Describe in the field below how your CoC:
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and

2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1. The HHA routinely gathers feedback from people experiencing homelessness and those who have received assistance on their experiences through focus groups, exit interviews, and surveys. As a CoC, the HHA strives to ensure that all of our clients feel empowered and included and that they matter as individuals; this is done through data collection and analysis, Participation through surveys also solicited for direct feedback, although getting responses is challenging. The HHA has learned that people have a lot to say - they are just waiting to be asked. Recently the CA provided a Community Summit for Unsheltered Homeless. Over 90 people experiencing homelessness attended. Most of them felt gratitude for the services and assistance they received. The feedback helps to better understand what services and supports are going well and which could be improved while providing quality services. When analyzing this data, we can see if there are correlations between experience and race, gender, and ethnicity. The HHA can see how the work impacts the people served through the information gleaned. Based on this feedback, CoC and ESG-funded agencies must conduct exit interviews and adjust program policies and practices. The CA evaluates this during annual monitoring. An integral part of the monitoring process is interviews with participants who have received assistance. This feedback is assessed and incorporated to make systemic changes within the HHA Standards.
2. The HHA also takes steps regularly to address challenges raised by people with lived experience of homelessness. The CA is currently engaged with a workgroup of individuals with lived experience to gather feedback on making processes more inclusive and accessible. This newly formed "Lived Experience Advisory Board" provides an opportunity for feedback and continues to address challenges identified by people who have firsthand experience. This work group was initially created to help design the CoC's Plan to End Unsheltered Homelessness for the HUD Special NOFO. The team is reviewing funding opportunities so the participants can get paid a salary, not a stipend and lunch. The CA hopes that this group can be a standing committee and make recommendations based on their personal experiences.

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

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that 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.Improving access to affordable permanent housing for those experiencing homelessness is one of the HHA's main objectives. The housing supply has expanded, with new units anticipated to open in 2023, thanks to joint applications and collaborations with regional municipalities and public housing agencies. In the most recent Action Plan for PBC, the goal is for 589 units to be constructed. The CA collaborates with housing providers, both public and private, as well as with developers, to encourage the creation and accessibility of affordable housing units. The HHA participates in the Affordable Housing Collaborative and the Housing Leadership Council. They have attended zoning meetings and met with both elected and unelected officials. The HHA General Membership is updated regularly. Leading the Way Home, PBC's strategy to end the cycle of homelessness, also outlines several tactics for securing a supply of accessible and affordable homes. The HHA launched a SMART Landlord Campaign to foster better communication with landlords. Additionally, the HHA works closely with various Housing Authorities to coordinate housing services. PBC will keep utilizing HOME and SHIP money to construct affordable housing. The HHA Engagement and Advocacy Committee has led several letter-writing efforts to our elected officials. Finally, PBC passed a vote on an infrastructure sales tax to increase the funds available to construct more affordable housing. The County has improved the process of identifying barriers and work with housing developers who are obtaining tax credits. In addition to leveraging funding commitments, the HHA has been exploring innovative approaches such as tiny homes, container homes, and hotel-to-housing conversion.
2.The CA collaborates with various housing providers, community organizations, and county departments to update and develop county regulations that obstruct the availability of affordable housing. The creation of affordable housing is hampered by out-of-date zoning laws and other regional rules. The HHA is investigating affordable housing that is currently prohibited and is subordinate to the primary residence, including accessory dwelling units and different housing types.

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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 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 VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/08/2022

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 VII.B.2.a., 2.b., 2.c., and 2.d.	

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

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 VII.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)?	197
2.	How many renewal projects did your CoC submit?	11
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 VII.B.2.d.	

	Describe in the field below:
1.	how your CoC collected and 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.The HHA collected and analyzed data from each renewal project that successfully housed program participants in permanent housing. The HMIS Administrator develops a renewal project rating tool which analyzes each project's success using HMIS and APR data from the most recent fiscal year. The Renewal Scoring Tool is used by the Non-Conflict Grant (NCG) Review Panelists to score the renewal PH projects. The Scorecard for CoC Renewal Applications included 32/100 points based on performance (length of time between project start date and housing move-in-date, exits to permanent housing, returns to homelessness, new or increased income for stayers, new or increased non-employment income for stayers, and new or increased income for leavers, new or increased non-employment income for leavers).
2.The HHA's renewal project rating tool analyzes how long it takes each project to house people in permanent housing using HMIS and APR data from the most recent fiscal year. Rating criteria is based on the average length of time between project start and housing move-in date for each project type. The HHA solicits feedback from participants with lived experience who are able to identify barriers to getting housed. The CA captures detailed demographics on participants so that data can be evaluated to determine various factors which may impact how long it may take for a client to be housed.
3. To assess severity of needs and vulnerability, the rating tool awards points to projects that demonstrate they prioritize participants who are chronically homeless, have dedicated beds for DV survivors and youth families with children or have one or more disabilities. The Scorecard for CoC Renewal Applications included 31/100 points based on the provision of low barrier services to individuals with the most severe needs. Additionally, projects received points for their assessment score especially if 95% of their participants required intensive intervention.
4. The HHA gives consideration to projects hardest to serve based on their list of priorities when making funding consideration. The points given to projects who provided housing and services to the hardest to serve population can offset a loss of points in performance outcomes but can also be made up when ranking based on priorities set by the HHA Governance Board in advance of the competition.

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

	Describe in the field below:
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and
4.	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 HHA strives to have a Governance Board and Pillars that are representative of the race, ethnicity and general demographic of those in the community experiencing homelessness particularly those who are overrepresented The HHA also strives to have a NCG Review Panel that is diverse and representative of the participants served. This year, the NCG Review panel had 33% BIPOC representation that scored and ranked the applications and made recommendations to the Governance Board. 2.The HHA Race and Equity Pillar are tasked with reviewing the scoring tools and threshold requirements for the competition with an equity lens and making recommendations to the Scoring Tool/Threshold workgroup. Once those changes are made, the scoring tool is amended and submitted to the HHA Governance Board for approval prior to the start of the competition. The HHA Race and Equity Pillar provides a forum for persons of different races and ethnicities to have a safe place to discuss ideas and provide input on all HHA related processes. Much of the information used to evaluate data is provided through HMIS data which is able to determine who is over-represented in the homeless response system. Once again in the local community, African Americans represent the majority of the homeless population served despite having a much lower percentage of the general population. 3. The HHA is intentional when making appointments to the NCG Review Committee to be recruited from HHA member agencies especially those who's identified race and ethnicity is over-represented in the homeless population. The committee this year included a staff from a local municipality who operates a homeless program, a child welfare executive in addition to a county government staff member with an extensive history in homelessness. 4. The HHA continues to work hard to ensure that racial disparities among BIPOC are minimized in the homeless services that are provided. This year housing providers are asked to identify barriers and disparities are identified so the HHA Race and Equity Pillar can focus on addressing those issues. The HHA Governance Board wants to ensure that there is a focus on eliminating those barriers. There will be an emphasis on evaluating programmatic inequities this year.

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

	Describe in the field below:
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; 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)

1The HHA Governance Board voted and approved a new Reallocation process last year. The requirements identified for reallocation included the following: low performing applications as per the Scoring and Ranking Tool; failure to meet any threshold criteria; outstanding obligation to HUD; audit finding(s) for which a response is overdue or unsatisfactory; history of inadequate financial management accounting practices; evidence of untimely expenditures on a prior award; evidence of noncompliance with HUD and/or HHA policies; history of other major capacity issues that have significantly impacted the operation of the project; history of serving ineligible persons; expending funds on ineligible costs' or failing to expend funds within established timeframes; failing to consistently meet performance measures; low score in the evaluation process; failing to provide documentation required by the HHA for a project application or project review; and an applicant choosing to voluntarily reallocate all or a part of its award. Applications must be submitted by the established deadline. A member of the NCG Review Committee can make a recommendation to consider project reallocations. The NCG Review Committee will analyze the scoring tool items and evaluate if the low performance results from administrative capacity or programmatic issues. The HHA Governance Board will review the results and, by motion, approve the reallocation. The agency will be notified in writing of recommendations for reallocation and the process for appealing the decision. Recommendations to reallocate based on less community need follow the above-stated process. 2 The NCG Review Committee did identify a program to be allocated, but not because they were not performing well or there they were less needed. The applicant scored a zero during the competition and the NCG Review Committee made a recommendation for the funds to be reallocated to another program. The HHA Governance Board voted for the funds to be relocated to a new project for this year. 3. Upon recommendation from the NCG Review Committee, the HHA Governance Board approved the reallocation and funding was reallocated to a new program. The applicant scored zero on their application and has not been performing optimally. The HHA will offer technical assistance to see if that will help elevate the agency to what is needed in the community. 4. This question is not applicable as funds were reallocated.

1E-4a.	**Reallocation Between FY 2017 and FY 2022.**	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No

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

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 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 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.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 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

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

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes

1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	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.	10/05/2022

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.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 has been posted on the CoC's website or partner's website.	10/05/2022

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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 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.	Eccovia

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

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

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/28/2022

2A-4.	**Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.**	
	NOFO Section VII.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 databases that meet HUD's comparable database requirements; and**
2.	**state whether your CoC is compliant with the 2022 HMIS Data Standards.**

(limit 2,500 characters)

1.Our DV housing and service providers are using a HMIS comparable database. AVDA and YWCA are a part of our CoC and track their programs in a comparable database. DV service providers are active members of our CoC and attend meetings to ensure they are aware of changes in our CoC. Our DV housing and service providers submit de-identified aggregated system data to the HMIS lead yearly in order to ensure that our DV providers are included in our System Performance Measures data. Our HMIS lead provides the DV service providers with a spreadsheet to complete to submit their data. This data is monitored quarterly to ensure data quality. 2. The HHA is compliant with 2022 HMIS Data Stamdards

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	455	97	455	127.09%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	113	32	113	139.51%
4. Rapid Re-Housing (RRH) beds	378	42	378	112.50%
5. Permanent Supportive Housing	1,236	0	1,236	100.00%
6. Other Permanent Housing (OPH)	152	0	152	100.00%

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

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

(limit 2,500 characters)

N/A

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/24/2022

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/28/2022

2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1.Our CoC engaged stakeholders that serve homeless youth by involving those stakeholders in the 2022 PIT Count. 2.They were vital to assist with coordinating with our Youth Action Board to ensure that locations were identified prior to the PIT Count. 3.Small outreach teams were created to ensure that stakeholders and YAB members checked those locations for youth during the PIT Count.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.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 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, 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 2022.

(limit 2,500 characters)

No changes (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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 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 VII.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 HHA has worked to enhance the CES to ensure persons experiencing first-time homelessness are identified and connected with appropriate services to ensure the experience is as brief as possible and will not be repeated. Navigators who are the HHA's subject matter experts are the first point of contact. Persons seeking services are screened, and a determination is made if the person is currently experiencing homelessness or is at risk. Services that persons may receive include Case Management, assistance with obtaining housing, financial literacy, job training, and referrals for any other services identified. All information is entered real-time into HMIS. 2. Ongoing program and data evaluation is conducted to identify trends, barriers, and what is working to address the needs of those experiencing homelessness for the first time. Some of the contributing factors that impact persons experiencing homelessness for the first time include; increased housing costs, underemployment, mental health and substance use challenges, and the lack of affordable housing. Additional efforts to address first-time homelessness include partnering with the faith-based community for support, advocating for affordable housing, and building cross-system collaboration. 3.Oversight of the HHA's strategy to address first-time homelessness and ending homelessness is the responsibility of the HHA Executive Committee and the Collaborative Applicant.

2C-2.	Length of Time Homeless–CoC's Strategy to Reduce.	
	NOFO Section VII.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.Reducing the length of time individuals and persons in families remain homeless is a priority of the HHA. 2. Contributing factors in prioritizing persons experiencing homelessness the longest include; families with children, parenting youth, persons currently fleeing domestic violence, veterans, and persons with mental health and substance use issues. Additional considerations included in the prioritization process are; VI-SPDAT score, chronicity documentation, medical/physical conditions, and special populations, including human trafficking victims, persons of color, FUSE clients, seniors, and the LGBTQ+ population. Once the acuity score is determined, those with the highest acuity score are prioritized, and case conferencing is held to discuss shelter and housing placement. The HHA ensured the episode of homelessness remained as brief as possible while dealing with the COVID-19 pandemic. That is due to the HHA's commitment to ensuring that episodes of homelessness are as brief and not re-occurring. 3.Oversight of the HHA's strategy is the responsibility of the HHA Executive Committee and the Collaborative Applicant.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section VII.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 HHA's two year return to homelessness from street outreach, emergency shelter, transitional housing, and permanent housing is 22%. The two categories to which the greatest majority of persons return to homelessness from permanent housing occurs in street outreach, with 36% returning to homelessness, followed by emergency shelter, with 24% returning to homelessness. Permanent Housing two year return to homelessness is 19%, with 12% of the returns happening in the first twelve months. 2.The HHA has taken the last two years to look at data trends and improvements needed in the system in light of the increase in the cost of housing, the impact of COVID-19 and employment, the eviction moratorium the need for non-congregate shelters. One of the first things that the HHA looked at was the return to homelessness rates and the improvements or partnerships needed to improve retention rates. Shared housing has become the model of choice in PBC due to the affordability of the model. PBC has utilized shared housing to house youth, persons on fixed incomes, and seniors. Shared housing is no longer being used for just targeted populations and instead has become the only way individuals, youth, and seniors can afford to live in PBC. The need for increased services for shared housing participants has become increasingly apparent. The HHA's partnership with the behavioral health system of care, the child welfare system, the criminal justice system, and the re-entry system is essential in the overall success of permanent housing retention for homeless households. Collaborations with other systems, such as the ones listed above and the PHAs, have been critical to the permanent housing population's continued success. Mainstream Vouchers, Family Unification Vouchers, and Emergency Housing Vouchers have been instrumental in 2020-2021. They have given the HHA the ability to move along PSH households and open up PSH beds for persons in emergency shelters and living on the streets. 3.Our CoC Lead’s Homeless and Contract Manager with HMIS Administrative are responsible for overseeing the CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section VII.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 HHA has a robust Homeless Management Information System and as such, every partner in the HHA agrees to utilize the HMIS for data entry for homeless individuals and families. In 2021, the HHA and Palm Beach County created a partnership that includes the Treasury funding for rental and utility assistance funding and the use of the HMIS system. This partnership has allowed the HMIS providers to identify persons who are homeless or are returning to homelessness but coming through another extensive data system for assistance. Utilization of the HMIS system and Coordinated Entry system are each used to identify homeless persons for the first time and persons returning to homelessness. The information gleaned from HMIS is reviewed by the HMIS data committee and then presented to the board of the HHA and then the full membership of the HHA for conversation and solutions. The HHA are staunch proponents of housing first as well as low barrier models of service. Individual and family shelters and housing programs utilize housing first and low barrier models, which has increased housing opportunities and decreased exits.
2. Individuals/families enrolled in PSH, RRH, and/or other financial assistance programs are offered rigorous case management, job training, life skills modeling, and monthly follow-up support for one year following program exit to avoid re-entry into the system. The HHA continually strategizes modifications needed to system and service delivery to minimize future recurrences of homelessness. The HHA is focused on increasing access to housing for all who enter the homeless system of care, including more system beds at every level.
3.The Collaborative Applicant, Palm Beach County Human Services, is charged with oversight of the policies to decrease repeated episodes of homelessness as well as the HHA board.

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section VII.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 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 HHA's priority is housing placement and safety, closely followed by employment. The HHA strategy is to meet the client or participant where they are in the process. The HHA members, including PBC, have developed employment programs that include job development, on-the-job coaching and training, job placement, internships, and micro-enterprise businesses. Several HHA partners also collaborate with the local CareerSource of Florida and the Vocational Rehabilitation Center for employment opportunities and skills training for the homeless. CareerSource funds many partners to provide homeless-specific employment services in PBC. 2. The HHA and its partners provide tools and certification resources to individuals and families who need such and daycare assistance if needed. The HHA and the Early Learning Coalition created a partnership many years ago that still exists and provides six months of daycare to any child who resides in a homeless shelter setting. This benefit assists families in finding employment without an additional barrier of childcare.Families and Individuals that are disabled are assisted with SOAR applications to expedite the social security disability process. The HHA also provides access to ACCESS Florida (Mainstream Benefits Application) through providers and homeless outreach teams. PBC Veterans Services and VAMC target homeless veterans for VA benefits through street outreach and services requests. 3.The HHA, Collaborative Applicant, and the Systems pillar of the HHA oversee the strategy.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section VII.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.The HHA has made a concerted effort to increase non-cash resources for homeless persons in Palm Beach County. Through the Coordinated Entry process and Street Outreach, the CoC identified that applications to social security, food stamps, Medicaid and Medicare, Health Care District insurance, and Veteran's Benefits needed to be prioritized as many homeless are eligible but not receiving benefits. Street Outreach Teams throughout Palm Beach County began to complete ACCESS Florida applications for mainstream benefits. SOAR (social security application specialists) specialists were placed at the CE sites and on Outreach Teams. Outreach Teams also worked with the street homeless to secure birth certificates and other vital documents that often prohibit applications from moving forward. 2.The Collaborative Applicant, Palm Beach County Human and Veteran Services, set up accounts to bill said documents. Once the items were received, the homeless were taken to a local bank familiar with homeless clients and opened accounts for mainstream benefits and or social security to flow through.

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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 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 VII.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?	No

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.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?	No

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.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
This list contains no items			

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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

(limit 2,500 characters)

n/a

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 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 VII.C.	

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

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

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

(limit 2,500 characters)

N/a

4A. DV Bonus Project Applicants

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) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No

Applicant Name
This list contains no items

4B. Attachments Screen For All Application Questions

	We 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.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Moving On and...	10/07/2022
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Deadline	Yes	Local Competition...	10/07/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/07/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Application	10/07/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/07/2022
1E-5a. Notification of Projects Accepted	Yes	Notifications of ...	10/07/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Scores	10/07/2022
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	CoC Posting-CoC A...	10/07/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	CoC Approved Cons...	10/07/2022
3A-1a. Housing Leveraging Commitments	No		

3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Moving On and Housing Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Application

Attachment Details

Document Description: Notification of Projects Rejected

Attachment Details

Document Description: Notifications of Projects Accepted

Attachment Details

Document Description: Final Project Scores

Attachment Details

Document Description: CoC Posting-CoC Approved Consolidated Application

Attachment Details

Document Description: CoC Approved Consolidated Application

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	09/24/2022
1B. Inclusive Structure	10/07/2022
1C. Coordination and Engagement	10/07/2022
1D. Coordination and Engagement Cont'd	10/07/2022
1E. Project Review/Ranking	10/07/2022
2A. HMIS Implementation	10/07/2022
2B. Point-in-Time (PIT) Count	10/07/2022
2C. System Performance	10/07/2022
3A. Coordination with Housing and Healthcare	10/07/2022
3B. Rehabilitation/New Construction Costs	10/07/2022
3C. Serving Homeless Under Other Federal Statutes	10/07/2022

4A. DV Bonus Project Applicants	10/07/2022
4B. Attachments Screen	10/07/2022
Submission Summary	No Input Required

HHA
Palm Beach County

FY22 CoC Consolidated Application Attachment:

PHA Moving On/Homeless **Preference**

Question 1C-7

Cover Sheet

Palm Beach County Housing Authority

West Palm Beach Housing Authority

Pahokee Housing Authority

Riviera Beach Housing Authority

Delray Beach Housing Authority

Boca Raton Housing Authority

Maria Bond

Subject: FW: Assistance needed for HUD application

From: Carol Jones-Gilbert <CJones-Gilbert@PBCHAFL.org>
Sent: Friday, September 30, 2022 1:35 PM
To: Maria Bond <MBond@pbcgov.org>
Cc: Wendy Tippett <WTippett@pbcgov.org>
Subject: RE: Assistance needed for HUD application

This Message Is From an External Sender
This message came from outside your organization.

Ladies,

My apologies for the delay. The PBCHA policy information below has not changed. The PBCHA was under shortfall and therefore prohibited from leasing families into the HCV program with the exception of special programs until January 2022. There were 68 families leased from 10/1/2021 through 9/30/2022 and 42.6% identified as homeless at admission. Please let me know if any further information is needed.

Please find the requested information for the PBCHA below. Please advise if any additional information is needed.
PBCHA – PHA Homeless Preference
(PH – ACOP)
Local Preferences [24 CFR 960.206]
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 [24 CFR 960.206(a)].
PHA Policy
The PHA will use the following local preference:
In order to bring higher income families into public housing, the PHA will establish a preference for "working" families, where the head, spouse, co-head, or sole member is employed at least 30 hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].
The PHA will also offer a preference for families who are homeless, veterans, disabled, victims of domestic violence, families who have been involuntarily displaced.
PBCHA- Moving On Preference
Local Preferences [24 CFR 982.207; HCV p. 4-16]
PBCHA Policy
The PBCHA will not offer any local preferences.

Mainstream Preference

PBCHA will grant a Waiting List Preference for persons eligible to participate in the Mainstream Voucher Program. Applicants eligible for the Mainstream Program must be disabled and be transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. In order to qualify for the preference, the applicant must be within 90 days of successful completion of a residential transitional housing program, and to families who have successfully completed a residential transitional housing program within 90 days, as certified by a qualified third party. Any residential transitional housing program whose purpose is to address the social needs and causes that contribute to homelessness that also have a continuing follow up program intended to aide their graduating clients into making a successful transition to stable housing will be recognized when documentation verifying the qualifying elements of the program is provided.

Eligibility for this preference shall include:

1. Successful completion of a residential transitional housing program or permanent supportive housing program that is utilizing the local Continuum of Care, as recognized by HUD, coordinated entry/assessment system to identify clients. Preference with be granted to persons or individuals and families that are within 90 days of successful completion of a residential treatment program. A residential program will be recognized when verification is provided by the local Continuum of Care lead.
2. Participants of the local Continuum of Care Rapid Re-housing programs as identified by local Emergency Solutions Grant funding to municipalities or through the HUD Continuum of Care application process. Preference will be given to families or individuals who have been assessed to be eligible for participation in a Rapid Rehousing program through the CoC coordinated entry/assessment process.
3. Participants in the local Continuum of Care Moving On Program.

Within this preference, applications shall be ordered based upon the date and time of the receipt of the referral and a completed pre-application. PBCHA shall accept referrals and grant this preference regardless of whether the Waiting List is otherwise open or closed.

Carol Jones-Gilbert
Executive Director
Palm Beach County Housing Authority
3432 West 45th Street
West Palm Beach, FL 33407
Office: (561) 684-2160, ext. 104
Fax: (561) 253-1503
Email: Cjones-gilbert@pbchafl.org

www.pbchafl.org [pbchafl.org]

Under Florida law, e-mail addresses, and all communications, including e-mail communications, made or received in connection with the transaction of Palm Beach County Housing Authority business are public records, which must be retained as required by law and must be disclosed upon receipt of a public records request, except as may be excluded by

federal or state laws. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

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Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Maria Bond

From: Linda Odum <LOdum@wpbha.org>
Sent: Friday, September 30, 2022 4:17 PM
To: Maria Bond
Cc: Wendy Tippett
Subject: RE: Documentation Needed for HUD Application
Attachments: 04 Adm Plan 4-20 (002).pdf

This Message Is From an External Sender
This message came from outside your organization.

The West Palm Beach Housing Authority (WPBHA)

Dear Maria:

The West Palm Beach Housing Authority (WPBHA) does not have a Homeless Preference. Please see the attachment Chapter 4 Section **4-III.C. SELECTION METHOD (pages 4-14), of the Section 8 Housing Choice Voucher Program Administrative Plan,** which delineates the Local Preferences the WPBHA has adopted.

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 [982.202(d)].

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

PHA's 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.

WPBHA Policy

The following are the Local Preferences adopted by the WPBHA.

- Families with at least one adult who is employed, (this preference also applies to a family whose head of household is elderly or disabled).
- Families that include a person with disabilities.
- Families who live or work in the City of West Palm Beach or the City of Riviera Beach.
- Families who are graduates of or participants in educational and training programs designed to prepare the individual for the job market.
- Participants or graduates (within the last six months) of transitional housing programs for victims of domestic violence.

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

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive assistance, under the HCV program, the family must submit an application that provides the PHA with the information needed to determine the family's eligibility. HUD requires the PHA to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the PHA must select families from the waiting list in accordance with HUD requirements and PHA policies as stated in the administrative plan and the annual plan.

The PHA is required to adopt clear policies and procedures for accepting applications, placing families on the waiting list, and selecting families from the waiting list and must follow these policies and procedures consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the PHA that justify their selection. Examples of this are the selection of families for income targeting and the selection of families that qualify for targeted funding.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the PHA affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the PHA will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and PHA policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

> Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the PHA will handle the applications it receives.
>
> Part II: Managing the Waiting List. This part presents the policies that govern how the PHA's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the PHA will use to keep the waiting list current.
>
> Part III: Selection for HCV Assistance. This part describes the policies that guide the PHA in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the PHA has the information needed to make a final eligibility determination.

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PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the PHA policies for making applications available, accepting applications making preliminary determinations of eligibility, and the placement of applicants on the waiting list. This part also describes the PHA's obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16], Notice PIH 2009-36]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the PHA to determine the format and content of HCV applications, as well as how such applications will be made available to interested families and how applications will be accepted by the PHA. The PHA must include Form HUD-92006; Supplement to Application for Federally Assisted Housing as part of the PHA's application.

WPBHA Policy

The WPBHA initially will require families to provide the information needed to make an initial assessment of the family's eligibility, and to determine the family's placement on the waiting list. The family will be required to provide all of the information necessary to establish family eligibility and level of assistance when the family is selected from the waiting list.

When the waiting list is open, interested applicants must complete an application on line via the WPBHA's website at www.wpbha.org. Applications must be complete in order to be accepted by the WPBHA for processing. If an application is incomplete, the WPBHA will notify the family of the additional information required.

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4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The PHA must take steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard PHA application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The PHA must provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the PHA must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the PHA's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

PHAs are required to take reasonable steps to ensure equal access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the PHA's policies related to ensuring access to people with limited English proficiency (LEP).

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4-I.D. PLACEMENT ON THE WAITING LIST

The PHA must review each complete application received and make a preliminary assessment of the family's eligibility. The PHA must accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the PHA must notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

WPBHA Policy

If the WPBHA can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the WPBHA will send written notification of the ineligibility determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

WPBHA Policy

Applicants will be placed on the waiting list when a properly completed application is received by the WPBHA.

Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.

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PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The PHA must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants

In addition, HUD imposes requirements on how a PHA may structure its waiting list and how families must be treated if they apply for assistance from a PHA that administers more than one assisted housing program.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The PHA's HCV waiting list must be organized in such a manner to allow the PHA to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list must contain the following information for each applicant listed:

- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any local preference;
- Racial or ethnic designation of the head of household.

HUD requires the PHA to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. Such PHAs are permitted, but not required, to maintain a separate waiting list for each county or municipality served.

WPBHA Policy

The WPBHA will maintain a single waiting list for the HCV program.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the WPBHA operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs.

HUD permits, but does not require, that WPBHAs maintain a single merged waiting list for their public housing, Section 8, and other subsidized housing programs.

A family's decision to apply for, receive, or refuse other housing assistance must not affect the family's placement on the HCV waiting list, or any preferences for which the family may qualify.

WPBHA Policy

The WPBHA will not merge the HCV waiting list with the waiting list for any other program the WPBHA operates.

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4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

A PHA is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, the PHA may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

WPBHA Policy

The WPBHA will close the waiting list when the estimated waiting period for housing assistance for applicants on the list reaches 24 months for the most current applicants. Where the WPBHA has particular preferences or funding criteria that require a specific category of family, the WPBHA may elect to continue to accept applications from these applicants while closing the waiting list to others.

Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the PHA publishes a notice in local newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

WPBHA Policy

The WPBHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.

The WPBHA will give public notice by publishing the relevant information in suitable media outlets including, but not limited to:

Palm Beach Post

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4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

The PHA must conduct outreach as necessary to ensure that the PHA has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the PHA to admit a specified percentage of extremely low-income families to the program (see Chapter 4, Part III), the PHA may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

PHA outreach efforts must comply with fair housing requirements. This includes:

- Analyzing the housing market area and the populations currently being served to identify underserved populations
- Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program
- Avoiding outreach efforts that prefer or exclude people who are members of a protected class

PHA outreach efforts must be designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

- Submitting press releases to local newspapers, including minority newspapers
- Developing informational materials and flyers to distribute to other agencies
- Providing application forms to other public and private agencies that serve the low income population
- Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

WPBHA Policy

The WPBHA will monitor the characteristics of the population being served and the characteristics of the population as a whole in the WPBHA's jurisdiction. Targeted outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

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4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

WPBHA Policy

While the family is on the waiting list, the family must immediately inform the WPBHA of changes in contact information, including current residence, mailing address, and phone number. The changes must be submitted in writing.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the PHA to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to a PHA request for information or updates because of the family member's disability, the PHA must reinstate the applicant family to their former position on the waiting list [24 CFR 982.204(c)(2)].

WPBHA Policy

The waiting list will be updated as needed to ensure that all applicants and applicant information is current and timely.

To update the waiting list, the WPBHA will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the WPBHA has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

The family's response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the WPBHA not later than 15 business days from the date of the WPBHA letter.

If the family fails to respond within 15 business days, the family will be removed from the waiting list without further notice.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 15 business days to respond from the date the letter was re-sent.

If a family is removed from the waiting list for failure to respond, the PHA may reinstate the family if it is determined that the lack of response was due to WPBHA error, or to circumstances beyond the family's control.

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Removal from the Waiting List

WPBHA Policy

If at any time an applicant family is on the waiting list, the WPBHA determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the WPBHA has determined the family is not eligible for assistance, a notice will be sent to the family's address of record as well as to any alternate address provided on the initial application. The notice will state the reasons the family was removed from the waiting and will inform the family how to request an informal review regarding the WPBHA's decision (see Chapter 16) [24 CFR 982.201(f)].

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PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

WPBHA Policy

The WPBHA administers the following types of targeted funding:

Project Based Vouchers with Supportive Services

Special Needs Population

Family Unification Program (FUP) vouchers

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

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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 [982.202(d)].

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

PHA's 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.

WPBHA Policy

The following are the Local Preferences adopted by the WPBHA.

- Families with at least one adult who is employed, (this preference also applies to a family whose head of household is elderly or disabled).
- Families that include a person with disabilities.
- Families who live or work in the City of West Palm Beach or the City of Riviera Beach.
- Families who are graduates of or participants in educational and training programs designed to prepare the individual for the job market.
- Participants or graduates (within the last six months) of transitional housing programs for victims of domestic violence.

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

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

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

WPBHA Policy

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

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Order of Selection

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

WPBHA Policy

Families will be selected from the waiting list according to any of the following:

Date and time of application and local preferences

Random selection number assigned within prescribed preferences.

Preferences will always be used as a part of the determining factor.

Families that qualify for a specified category of program funding (targeted funding) may be selected from the waiting list ahead of higher placed families that do not qualify for the targeted funding. However, within any targeted funding category, applicants will be selected on a first-come, first-served basis according to the date and time their complete application is received. Documentation will be maintained by the WPBHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the WPBHA does not have to ask higher placed families each time targeted selections are made.

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4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the PHA must notify the family [24 CFR 982.554(a).

WPBHA Policy

The WPBHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview

Who is required to attend the interview

All documents that must be provided at the interview including information about what constitutes acceptable documentation

If a notification letter is returned to the WPBHA with no forwarding address, the family will be removed from the waiting list. A notice of denial (see Chapter 3) will be sent to the family's address of record, as well as to any known alternate address.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the PHA obtain the information and documentation needed to make an eligibility determination though a face-to-face interview with a PHA representative [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

Assistance cannot be provided to the family until all SSN documentation requirements are met. However, if the PHA determines that an applicant family is otherwise eligible to participate in the program, the family may retain its place on the waiting list for a period of time determined by the PHA [Notice PIH 2018-24].

Reasonable accommodation will be made for persons with disabilities who are unable to attend an interview due to their disability.

WPBHA Policy

Families selected from the waiting list are required to participate in an eligibility interview.

The head of household and the spouse/co-head will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/cohead may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the WPBHA.

The head of household or spouse/co-head must provide acceptable documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation, at the time of the interview, he or she will be required to provide it within 10 business days.

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Pending disclosure and documentation of social security numbers, the WPBHA will allow the family to retain its place on the waiting list for 10 business days. If not all household members have disclosed their SSNs at the next time the WPBHA is issuing vouchers, the WPBHA will issue a voucher to the next eligible applicant family on the waiting list.

The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, and must complete required forms, provide required signatures, and submit required documentation. If any materials are missing, the WPBHA will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within 10 business days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process. Where an advocate, interpreter or other third party is used to assist the family, the family and the WPBHA will execute a certification attesting to the role and assistance of the third-party.

Interviews will be conducted in English. For limited English proficient (LEP) applicants, the WPBHA will provide translation services in accordance with the WPBHA's LEP plan.

If the family is unable to attend a scheduled interview, the family should contact the WPBHA in advance of the interview to schedule a new appointment. If a family does not attend a scheduled interview, the WPBHA will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without WPBHA approval will be denied assistance based on the family's failure to supply information needed to determine eligibility. A notice of denial will be issued in accordance with policies contained in Chapter 3.

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4-III.F. COMPLETING THE APPLICATION PROCESS

The PHA must verify all information provided by the family (see Chapter 7). Based on verified information, the PHA must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted funding admission, or selection preference that affected the order in which the family was selected from the waiting list.

WPBHA Policy

If the WPBHA determines that the family is ineligible, the WPBHA will send written notification of the ineligibility determination within 10 business days of the determination. The notice will specify the reasons for ineligibility, and will inform the family of its right to request an informal review (Chapter 16).

If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income), the family will be returned to its original position on the waiting list. The WPBHA will notify the family in writing that it has been returned to the waiting list, and will specify the reasons for it.

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Maria Bond

From: I Harvey <IHarvey@pahokeehousing.org>
Sent: Friday, September 30, 2022 4:46 PM
To: Maria Bond
Subject: RE: Documents Needed for HUD Applications
Attachments: Bond Mara-09302022163433.pdf

This Message Is From an External Sender
This message came from outside your organization.

Good afternoon,

The Homeless Preference Policy is attached to this email. The Policy comes from PHA's Administrative Plan.

- 28.5% of the new admission into the HCV program were homeless.

Inger Harvey
Executive Director
Pahokee Housing Authority, Inc
465 Friend Terrace
Pahokee Florida, 33476
561-924-5565 ext. 23
iharvey@pahokeehousing.org

From: Maria Bond <MBond@pbcgov.org>
Sent: Friday, September 30, 2022 10:54 AM
To: I Harvey <IHarvey@pahokeehousing.org>
Cc: Wendy Tippett <WTippett@pbcgov.org>; Kayla West <KWest2@pbcgov.org>
Subject: Documents Needed for HUD Applications

Good Morning Ms. Harvey,

We are currently working on our CoC HUD application and I am in need of assistance from the DBHA. I need help specifically as it relates to CoC coordination with PHA programs, the HCV programs and special purpose vouchers.

This information is needed for our HUD application which is scheduled to go before the Board of County Commissioners soon. We need:

1. Pahokee Housing Authority's policy on Homeless Preference.
2. Pahokee Housing Authority's policy on Moving On for individuals in Permanent Supportive Housing (PSH) who no longer require the intensive services of PSH but still need rental assistance.
3. The above may be sections of DBHA's Administrative Policy, Admissions and Continued Occupancy Plan (ACOP) or Five Year Plan that contain this information.
4. We also need the higher percentage of either new admissions into the Public Housing Choice Voucher Program during FY 2021 who were experiencing homelessness at entry or at the time of admission to the HCV program.

As this is very time sensitive, we would greatly appreciate your efforts to expedite provision of the requested information. Thanks so much for your help.

Kind regards,

Maria Bond

Homeless Program and Contract Manager

Division of Human Services

810 Datura St. 2nd Floor

West Palm Beach, FL 33401

561-355-4779

mbond@pbcgov.org

We need to stop just pulling people out of the river.

We need to go upstream and find out why they're falling in.

-Desmond Tutu

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

d. Timely inform the PHA, in writing of changes in address, or any other changes affecting their eligibility.

e. Timely respond to requests from the PHA to update information on their application and to confirm their continued interest in applying for housing assistance.

D. Local Preferences

The PHA may, but is not required to, establish a system of preferences for selection of families admitted to the HCV program. The PHA's preferences will be consistent with the PHA Plan and the Consolidated Plan and will be based on local housing needs and priorities that can be documented by generally accepted data sources.

1. The PHA has elected to adopt the following as the local preferences:

Preference	Rank or Point Value
Involuntary Displacement	100 Points
For Single Persons Who are Elderly, displaced, Homeless or Persons with Disabilities	50 Points
Veterans and Veterans families	50 Points
Non-Elderly with Disabilities (18 years of age or older and less than 62 years of age) (Mainstream). A limited preference for referral from Homeless Housing Alliance (COC) ONLY will receive an additional 50 Points.	50 Points
Homeless/Chronically Homeless Category 1: An individual 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 designated 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	50 Points

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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; Category 4: Any individual or family who: i. 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 ii. Has no other residence; and iii. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing Chronically Homeless: (1) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and	

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Riviera Beach Housing Authority

Inactive at this time

Maria Bond

From: Shirley Erazo <serazo@dbha.org>
Sent: Monday, October 3, 2022 2:40 PM
To: Maria Bond
Cc: Wendy Tippett
Subject: RE: Documents Needed for HUD Applications

This Message Is From an External Sender
This message came from outside your organization.

Hi Maria,

Hope this email finds you well, please see our response to the information requested.

1. Delray Beach Housing Authority's policy on Homeless Preference.
   Currently, the DBHA does not have a Homeless Preference.
2. Delray Beach Housing Authority's policy on Moving On for individuals in Permanent Supportive Housing (PSH) who no longer require the intensive services of PSH but still need rental assistance.
   Currently, DBHA has no policy.
4. We also need the higher percentage of either new admissions into the Public Housing Choice Voucher Program during FY 2021 who were experiencing homelessness at entry or at the time of admission to the HCV program. We had 90 new admissions to the Housing Choice Voucher Program and of the total 45 were homeless individuals/families.

If you should need additional information, please let me know.

Thank you.

Shirley Erazo
President/CEO
Delray Beach Housing Authority
Delray Housing Group, Inc.
82 NW 5th Avenue
Delray Beach, Florida 33444
561-272-6766
561-308-2295 Cell

From: Maria Bond <MBond@pbcgov.org>
Sent: Thursday, September 29, 2022 11:07 PM
To: serazo@dbha.org
Cc: Wendy Tippett <WTippett@pbcgov.org>
Subject: Documents Needed for HUD Applications

Boca Raton Housing Authority is adopting a local preference for housing homeless families for the housing choice voucher program. These families will be referred from local agencies only. Every time the Housing Authority draws families from its waiting list 5% of that number will be homeless families.

Boca Raton Housing Authority does not have a Moving On policy for individuals in Permanent Supportive Housing.

BRHA had 3 families who moved into Public Housing in 2022 that were homeless.

HHA
Palm Beach County

FY22 CoC Consolidated Application

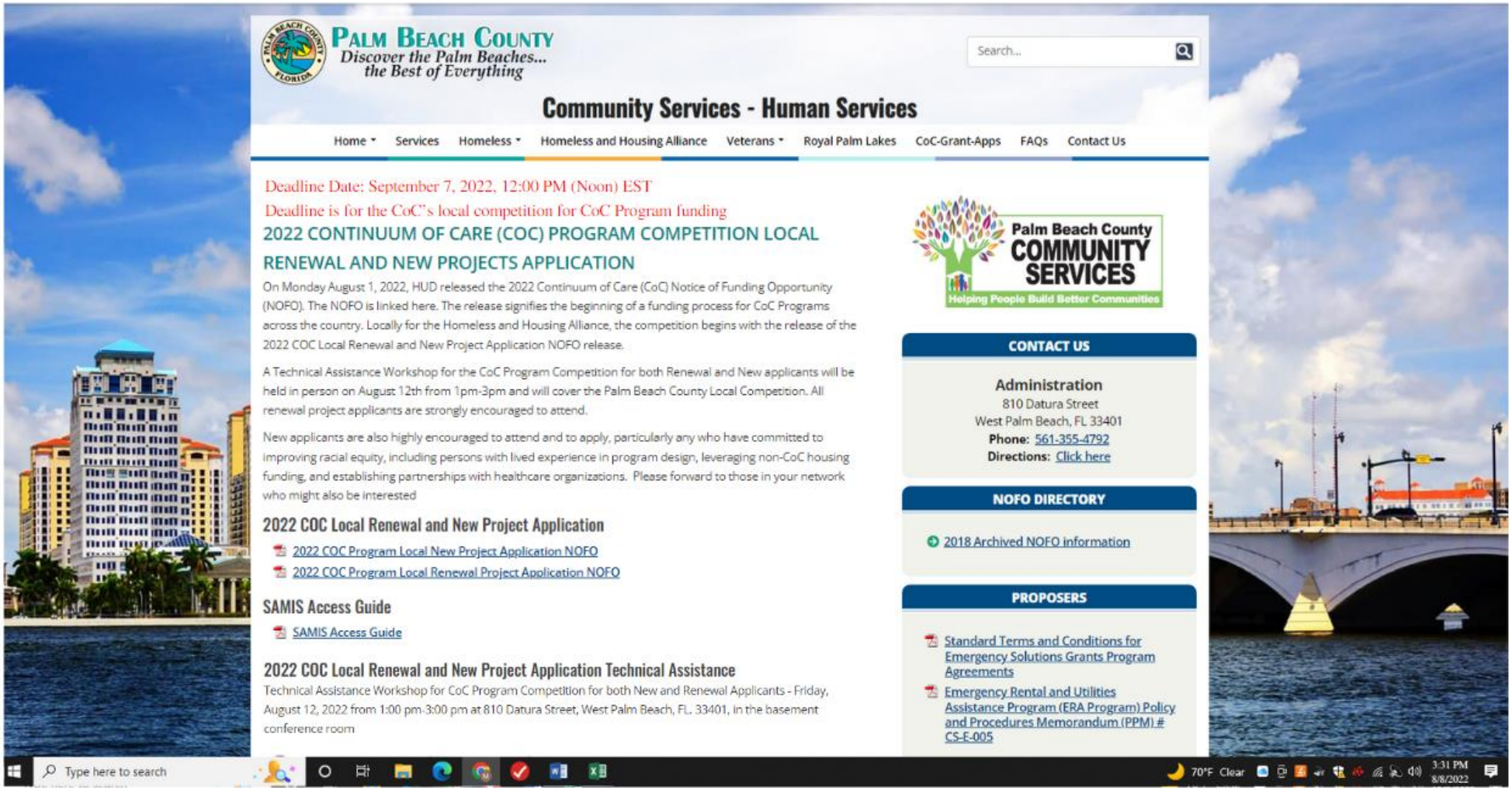
Attachment: Local Competition Deadline

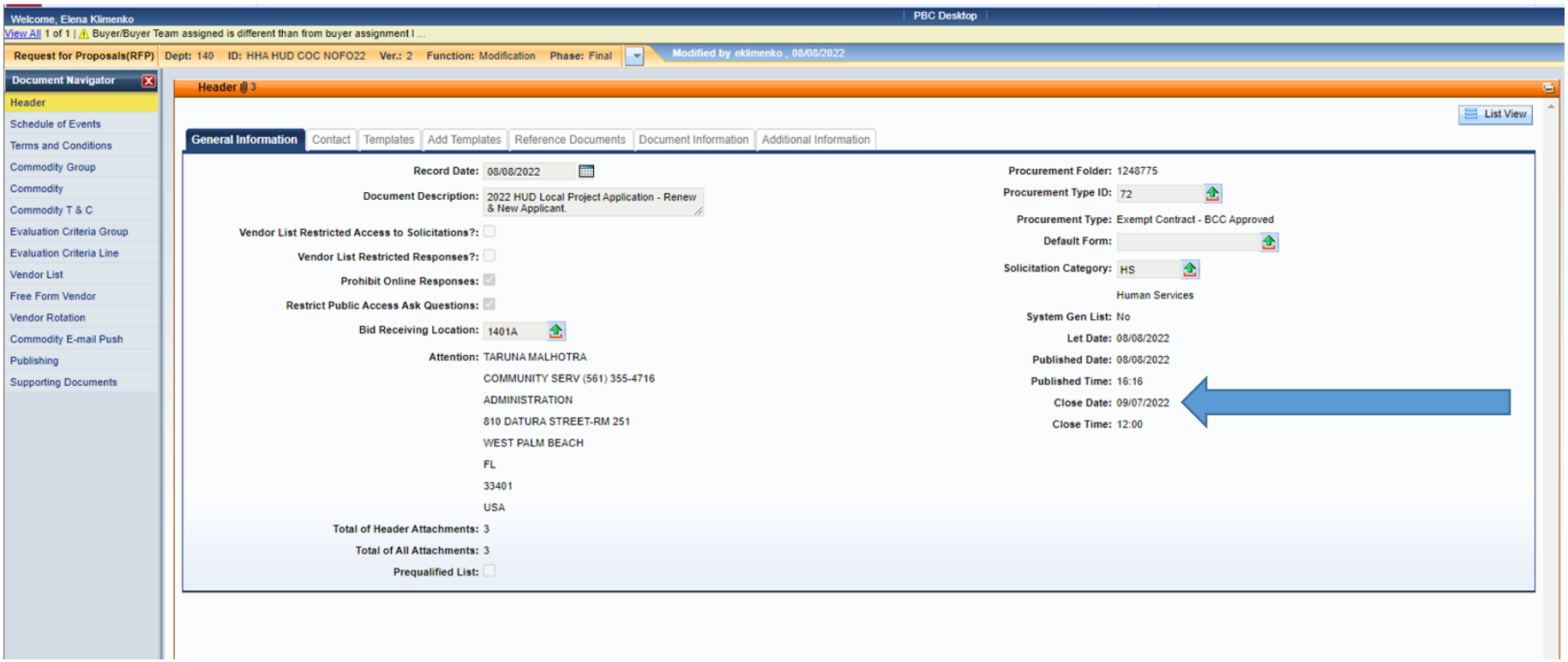
Question 1E-1

Cover Sheet

Web posting of the CoCs Local Competition submission deadline of September 7, 2022 posted on August 8, 2022 to submit applications to the CoC.

Public posting of the CoCs Local Competition to Palm Beach County's Vendor Self-Service (VSS) Registration System for all county vendors and local newspaper posted on August 8, 2022 with the competition ending September 7, 2022.


Palm Beach County
Discover the Palm Beaches... the Best of Everything
Search...
Community Services - Human Services
Home
Services
Homeless
Homeless and Housing Alliance
Veterans
Royal Palm Lakes
CoC-Grant-Apps
FAQs
Contact Us
Deadline Date: September 7, 2022, 12:00 PM (Noon) EST
Deadline is for the CoC's local competition for CoC Program funding
2022 CONTINUUM OF CARE (COC) PROGRAM COMPETITION LOCAL RENEWAL AND NEW PROJECTS APPLICATION
On Monday August 1, 2022, HUD released the 2022 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). The NOFO is linked here. The release signifies the beginning of a funding process for CoC Programs across the country. Locally for the Homeless and Housing Alliance, the competition begins with the release of the 2022 COC Local Renewal and New Project Application NOFO release.
A Technical Assistance Workshop for the CoC Program Competition for both Renewal and New applicants will be held in person on August 12th from 1pm-3pm and will cover the Palm Beach County Local Competition. All renewal project applicants are strongly encouraged to attend.
New applicants are also highly encouraged to attend and to apply, particularly any who have committed to improving racial equity, including persons with lived experience in program design, leveraging non-CoC housing funding, and establishing partnerships with healthcare organizations. Please forward to those in your network who might also be interested
2022 COC Local Renewal and New Project Application
2022 COC Program Local New Project Application NOFO
2022 COC Program Local Renewal Project Application NOFO
SAMIS Access Guide
SAMIS Access Guide
2022 COC Local Renewal and New Project Application Technical Assistance
Technical Assistance Workshop for CoC Program Competition for both New and Renewal Applicants - Friday, August 12, 2022 from 1:00 pm-3:00 pm at 810 Datura Street, West Palm Beach, FL. 33401, in the basement conference room
Palm Beach County COMMUNITY SERVICES
Helping People Build Better Communities
CONTACT US
Administration
810 Datura Street
West Palm Beach, FL 33401
Phone: 561-355-4792
Directions: Click here
NOFO DIRECTORY
2018 Archived NOFO information
PROPOSERS
Standard Terms and Conditions for Emergency Solutions Grants Program Agreements
Emergency Rental and Utilities Assistance Program (ERA Program) Policy and Procedures Memorandum (PPM) # CS-E-005
Type here to search
70°F Clear
3:31 PM
8/8/2022


Welcome, Elena Klimenko
PBC Desktop
View All 1 of 1 | Buyer/Buyer Team assigned is different than from buyer assignment l ...
Request for Proposals(RFP) Dept: 140 ID: HHA HUD COC NOFO22 Ver.: 2 Function: Modification Phase: Final
Modified by eklimenko , 08/08/2022
Document Navigator
Header
Schedule of Events
Terms and Conditions
Commodity Group
Commodity
Commodity T & C
Evaluation Criteria Group
Evaluation Criteria Line
Vendor List
Free Form Vendor
Vendor Rotation
Commodity E-mail Push
Publishing
Supporting Documents
Header @ 3
List View
General Information
Contact
Templates
Add Templates
Reference Documents
Document Information
Additional Information
Record Date: 08/08/2022
Document Description: 2022 HUD Local Project Application - Renew & New Applicant.
Vendor List Restricted Access to Solicitations?:
Vendor List Restricted Responses?:
Prohibit Online Responses:
Restrict Public Access Ask Questions:
Bid Receiving Location: 1401A
Attention: TARUNA MALHOTRA
COMMUNITY SERV (561) 355-4716
ADMINISTRATION
810 DATURA STREET-RM 251
WEST PALM BEACH
FL
33401
USA
Total of Header Attachments: 3
Total of All Attachments: 3
Prequalified List:
Procurement Folder: 1248775
Procurement Type ID: 72
Procurement Type: Exempt Contract - BCC Approved
Default Form:
Solicitation Category: HS
Human Services
System Gen List: No
Let Date: 08/08/2022
Published Date: 08/08/2022
Published Time: 16:16
Close Date: 09/07/2022
Close Time: 12:00

HHA
Palm Beach County

FY22 CoC Consolidated Application

Attachment: Local Competition Scoring Tool

Question 1E-2

Cover Sheet

Renewal Project Scoring Tool

Renewal Scoring Tool Summary

New Housing Scoring Tool

New Scoring Tool Summary

HHA
Palm Beach County

2022 SCORECARD FOR COC RENEWAL APPLICATIONS

The Non Conflict Grant (NCG) Review Committee will use the scorecard to rate the local renewal project applications for the U.S. Department of Housing and Urban Development (HUD) 2022 Continuum of Care (CoC) Program Competition funding.

The scorecard has five goals:

- Fund organizations that can run effective programs (can manage and administer a HUD-funded program, can operate on a reimbursement basis, have experience servicing this or a similar population)
- Fund projects that reflect the Palm Beach County Housing and Homeless Alliance (HHA), the local CoC, and HUD's priorities: permanent supportive housing and serving the chronically homeless
- Incentivize agencies to be members in good standing with HHA and actively input data into the HMIS system.
- Ensure that funded projects are being good stewards of HUD CoC Program funding in Palm Beach County and performing to HUD and HHA's standards.
- Ensure that funded projects meet HUD requirements

Reviewer:	
Applicant:	
Project Name:	
Project Type:	
Reviewer Signature:	
Date:	

Scoring:

Each application is scored by the Non-Conflict Grant (NCG) Review Committee members. Scores are based on the highest percentage of points awarded of those which the category could have received.

PROJECT QUALITY REQUIREMENTS	Maximum Regular Points Possible:	
	PSH	162
	RRH	162
	DV	110
	Bonus Score (PSH, RRH)	15
	Tie Breaker (PSH, RRH)	20
	Total Maximum Points Possible (PSH)	197
	Total Maximum Points Possible (RRH)	197
	Total Maximum Points Possible (DV)	145

A. HHA and PBC Prioritization:		**Project Score:**
Possible Points +		**PSH = 10 RRH=10**
Dedicating Beds for Chronically Homeless DV, Youth, Family Participants		
1	What percentage of the project's **PSH** beds are dedicated to chronically homeless Participants? **PSH**	100%: 10 points 99% and below: 0 pts
2	What % of the **RRH** projects beds are DV; Youth (18-24); Families with children; **RRH**	100%: 10 points 99% and below: 0 pts

B. Project Performance Unless otherwise noted, the following project performance scores are based on the calendar year (**January 1, 2021, to December 31, 2021**) HMIS report. If projects have not been operational for one year, the data will be based on what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive no points.	**Project Score:**
Possible Points +	**PSH =62 RRH=62**

Populations Served		**Possible Score**	**Project Score**
3	**Length of time between participant's project start date and housing move-in-date** What is the percentage of program participants placed in housing within 45 days after the participant start date in RRH/PSH? **PSH; RRH;** **HMIS Report** ***This question does not apply to DV applications and should not be included in their final score.***	100% - 80% = 10 79% - 60% = 8 59% - 40% = 6 39% - 20% = 4 19% or less = 0	

4	**Exits to permanent housing** Did 90% or more program participants move from RRH to Permanent Housing? **RRH** **APR Q23c**	90% or more = 25 80% - 89% = 20 70% - 79% = 15 60% - 69% = 10 50% - 59% = 5 49% or less = 0	
5	**Exits to permanent housing (PSH)** Did 90% or more program participants remain in PSH or move from PSH to PH? PSH; **APR Q23c**	90% or more = 25 89% - 85% = 20 84% - 80% = 15 79% - 75% = 10 74% - 70% = 5 69% or less = 0	
6	**Returns to Homelessness** Did 15% or fewer program participants return to homelessness within 12 months of exit to PH? PSH; RRH; **HMIS Report – Sys PM Measure 2** **Note: If the program has no exits, the question is excluded from the total score. The total includes all members of the family who became homeless.**	15% or less = 15 16% - 20% = 5 21% or more = 0	
7	**New or increased earned income (Stayers)** Did 8% or more increase their earned income for program participants who remained in the program? PSH; RRH; ***Note: This question does not apply to DV applications and should not be included in their final score.*** **APR Q19a1**	10% = 3 points 8% = 2 points 6% = 1 point Less than 6% = 0	
8	**New or increased non-employment income (Stayers)** Did 8% or more increase their non-employment income for program participants who remained in the program? PSH; RRH; ***Note: This question does not apply to DV applications and should not be included in their final score.*** **APR Q19a1**	10% = 3 points 8% = 2 points 6% = 1 point Less than 6% = 0	

9	**New or increased earned income (Exits)** Did 8% or more increase their earned income for program participants who exited the program? PSH; RRH; ***Note: This question does not apply to DV applications and should not be included in their final score.*** **Note: If the program has no exits, the question is excluded from the total score.** **APR Q19a2**	10% = 3 points 8% = 2 points 6% = 1 point Less than 6% = 0	
10	**New or increased non-employment income (Exits)** Did 8% or more increase their non-employment income for program participants who exited the program? PSH; RRH; ***Note: This question does not apply to DV applications and should not be included in their final score.*** **Note: If the program has no exits, the question is excluded from the total score.** **APR Q19a2**	10% = 3 points 8% = 2 points 6% = 1 point Less than 6% = 0	

C. Service to High Needs Population Unless otherwise noted, the following project performance scores are based on the calendar year (**January 1, 2021, to December 31, 2021**) HMIS report. If projects have not been operational for one year, the data will be based on what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive either no points or the most negative points available for each question.	**Project Score:**
Possible Points	**PSH =30 RRH=30**

Populations Served		**Possible Score**	**Project Score**
11	**Assessment Score –RRH** Does the assessment score indicate that 95% or more of the program participants require RRH or more intensive intervention? **RRH** ***Note: This question does not apply to DV applicants and should not be included in their final score since 100% of their clients are assessed using a different process.*** **HMIS Report**	95% or more = 15 90% - 94% = 10 85% - 89% = 5 84% or less = 0	

12	**Homeless Category – RRH** Do 95% or more program participants fall into Category 1 or Category 4 homeless status? *Youth RRH- Category 1, 2, or 4 Homeless Status RRH; **HMIS Report**	95% or more = 15 94% or less = 0	
13	**One or more disabilities – PSH** Do 95%, or more program participants have one or more disability types? PSH; ***Note: Only Include entries after 10/1/2015*** **HMIS Report** ***The report includes only adult data. Head of the household over 18***	95% or more = 15 90% - 94% = 10 85% - 89% = 5 84% or less = 0	
14	**Homeless Category – PSH** Did 95% or more program participants who entered the program after October 1, 2015, meet the criteria for Category 1 or Category 4 homeless status? *Youth PSH- Category 1, 2, or 4 homeless Status PSH **HMIS Report** ***Note: Will use homeless status as opposed to previous living status***	95% or more = 15 94% or less = 0	

D. Project Effectiveness	**Project Score:**
Possible Points +	**PSH =45 RRH=45**

Populations Served		**Possible Score**	**Project Score**
15	**The project has reasonable costs** Was 100% of project funding allocation expended in the previous grant year? PSH; RRH;	100% = 20 90% - 99% = 10 89% or less = 0	
16	**Coordinated Entry Participation** Are 100% of entries to the program from coordinated entry referrals after October 1, 2015? PSH; RRH; ***Note: This question does not apply to DV applicants and should not be included in their final score.***	100% =15 95% -99% = 10 94 or less = 0	

17	**Housing First** Based on the program description, does the project utilize a Housing First and/or Low Barrier model? PSH; RRH	Yes = 10 No = 0	

E. Other and Local Criteria		**Project Score:**	
Possible Points +		**PSH =15 RRH=10**	
Populations Served		**Possible Score**	**Project Score**
18	**CoC Monitoring Score** Is the agency free of any CoC Monitoring findings for HUD programs? PSH; RRH;	0 findings = 10 1 finding = 5 2 findings = 2 3+ findings = 0	

19	**Unit Utilization Rate** What is the program's unit utilization rate? A. Average = $\frac{January + April + July + October}{4}$ B. $\frac{Q9\ Average}{Available\ Beds\ or\ Units}$ X 100 The average can be found in CMIS using the Housing and Shelter Utilization History, and the number of units is found in the grant application.* * **Beds** for singles programs and **units** for family programs PSH	90% or higher = 5 80% - 89% = 2 70% - 79% = 1 0% - 78% = 0	

Bonus Questions: (total possible bonus points: 15) Unless otherwise noted, the following project performance scores are based on the calendar year (**January 1, 2021, to December 31, 202**1) HMIS report. If the project has not been operational for one year, the data will be based on what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will not be eligible for bonus question points.		**Project Score:**	
Possible Points		PSH = 15 RRH=15	
Populations Served		**Possible Score**	**Project Score**
20	If the project applicant has additional non-HUD-funded homeless beds (not a part of this application), are those beds being entered into the HMIS system or Comparable	Yes = 5 No = 0	

	Data System? PSH; RRH		
21	Percentage of program leavers who were employed at program exit. ___ % PSH;RRH	50% or more = 10 30% - 49% = 5 10% - 29% = 2 9% or less = 0	

Tie Breaker (if needed): (Maximum tie-breaker points = 20) The project must meet the minimum attendance requirements, and points are given based on each question's overall attendance. Unless otherwise noted, the following project performance scores are based on the calendar year (**January 1, 2021, to December 31, 2021)** HMIS report. If the project has not been operational for one year, the data will be based on what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will not be eligible for bonus question points.	**Project Score:**
Possible Points +	**PSH =20RRH=20**

22	**Which proposal demonstrates the more innovative approach to ending homelessness in the community? (PSH, RRH)**	10 for most innovative	
23	**What is the average time between the project start date and the housing move-in date? The lowest average time receives the highest points. Points will only be awarded to the top four projects with the lowest average. All other projects will not receive tie-breaker points. (PSH, RRH))**	Lowest Average Time = 10 Second Lowest Average Time = 8 Third Lowest Average Time = 5 Fourth Lowest Average Time = 2	

	PSH	RRH	DV
Maximum Score Possible:	**197**	**197**	**145**
A. HHA and PBC Prioritization	**10**	**10**	**10**
A1	10	N/A	N/A
A2	N/A	10	10
B. Project Performance	**62**	**62**	**40**
B3	10	10	N/A
B4	N/A	25	25
B5	25	N/A	N/A
B6	15	15	15
B7	3	3	N/A
B8	3	3	N/A
B9	3	3	N/A
B10	3	3	N/A
C. Service to High Needs Population	**30**	**30**	**15**
C11	N/A	15	N/A
C12	N/A	15	15
C13	15	N/A	N/A
C14	15	N/A	N/A
D. Project Effectiveness	**45**	**45**	**30**
E15	20	20	20
E16	15	15	N/A
E17	10	10	10
F. Other and Local Criteria	**15**	**15**	**15**
F18	10	10	10
F19	5	5	5
Bonus Question	**15**	**15**	**15**
Bonus Question 20	5	5	5
Bonus Question 21	10	10	10
Tie Breaker	**20**	**20**	**20**
Tie Breaker 22	10	10	10
Tie Breaker 23	10	10	10

HHA
Palm Beach County

2022 SCORECARD FOR COC RAPID RE-HOUSING AND PERMANENT SUPPORTIVE HOUSING NEW PROJECT APPLICATIONS

The Non-Conflict Grant (NCG) Review Committee will use this scorecard to rate the local new project applications for the U.S. Department of Housing and Urban Development (HUD) 2022 Continuum of Care (CoC) Program Competition Funding.

The scorecard has five goals:

- Fund organizations that have the capacity to run effective programs (can manage and administer a HUD-funded program, can operate on reimbursement basis, have experience serving this or a similar population)
- Fund projects that reflect the Palm Beach County Housing and Homeless Alliance (HHA), the local CoC, and HUD's priorities: assisting unsheltered individuals and families to rapidly access permanent housing
- Incentivize agencies to be members in good standing with HHA and actively input data into the HMIS system.
- Ensure that funded projects are being good stewards of HUD CoC Program funding in Palm Beach County and performing to HUD and HHA's standards.
- Ensure that all funded projects meet HUD requirements.

The NCG Review Committee may ask applicant agencies to provide additional information to determine agency capacity to: implement projects in a timely manner with successful outcomes, score well on the HUD Annual Performance Report (APR) and avoid jeopardizing overall agency stability or future funding for the HHA.

Reviewer:	
Applicant:	
Project Name:	
Project Type:	
Review Signature and Date:	

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Scoring:

Each application is scored by at least one member of the Review Committee and one staff member of the CoC lead Agency. The following are the funding priorities for this program.

- Funding Priority #1: Senior Programs
- Funding Priority #2: Chronic Homeless Programs
- Funding Priority #3: Families
- Funding Priority #4: Youth Programs

PROJECT QUALITY REQUIREMENTS	Maximum Score Possible: PSH RRH	218 218
Further review will be triggered if the application does not score a minimum of 33% of possible points on the scoring tool. The Review Committee will determine if the project is ineligible for inclusion in the final PBC CoC application should scoring occur below 33%.	PSH RRH: Tie Break:	208 208 10

Section I: Application (Possible Points = 11 PSH, RRH)	**Project Score:**	
Accuracy and Appropriateness of Response (PSH, RRH, SSO)	**Possible Score 11**	**Project Score**
Is the project description sufficient to understand the extent of the project? **(PSH, RRH)**	2	
Does the application describe prior experience serving homeless persons that has prepared the agency for administering this grant? **(PSH, RRH)**	2	
Is the description of services complete? **(PSH, RRH)**	2	
Is the description of housing for participants complete? **(PSH, RRH)**	2	
Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required Standard Performance Measures and any optional Additional Performance Measures) **(PSH, RRH)**	2	
Is the overall application complete, accurate, and internally consistent? **(PSH, RRH)**	1	

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Section II: BUDGET (Possible Points PSH, RRH = 40)	**Project Score:**	
Housing Budget: Percentage of project budget (including match) devoted to providing housing?		
Administrative Cost:	$	
Supportive Services Cost:	$	
Operating Cost:	$	
Housing Cost: *(Leasing, Rental Assistance, Utilities Assistance)*	$	
Total HUD budget request:	$	
Housing Match	$	
Other Match	$	
Total Project Budget	**$**	
Percentage of total budget devoted to housing costs? **Housing Cost + Housing Match / Total Project Budget**		
	Possible Score	**Project Score**
Less than 35%	0	
Between 35% and 54.9%	5	
Between 55% and 74.9%	10	
Between 75% and 84.9%	20	
Between 85% and 100%	30	
Budget Reasonableness		
Is Budget reasonable given services proposed? **(PSH, RRH)**	10	

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Section III: Scope of Services (Possible Points PSH, RRH = 46)	**Project Score:**	
Service Needs	**Possible Score (PSH, RRH = 26**	**Project Score**
Are the housing and/or services proposed appropriate and adequate to the anticipated needs of program participants and the community **(PSH, RRH)**	4	
Is the type of housing proposed, including the number and configuration of units will fit the needs of the proposed program participants (e.g. Ensuring a range of bedroom sizes to assist various family sizes) **(PSH, RRH)**	4	
Are the type of supportive services offered to program participants sufficient to ensure retention in, or help to obtain permanent housing? (May include services from other funding sources.) **(PSH, RRH)**	4	
Does the project provide or link participants to employment services? Does the program have employment goals? **(PSH, RRH)**	2	
Does the project provide or effectively link participants to health care services, including mental health and substance disorder treatment? **(PSH, RRH)**	2	
Does the project propose to serve one or more of the HHA priority groups?	Seniors = 4 Chronic Homeless= 3 Families = 2 Youth = 1 Score is Total of All Points	
Key Elements of Rapid Re-Housing (RRH) & Permanent Supportive Housing (PSH)	**Possible Score PSH, RRH = 10**	**Project Score**
Participation in services is voluntary and participants cannot be evicted for rejecting services. **(PSH, RRH)**	1	
Programmatic rules, if any, are similar to those found in housing for people who are not participants in a HUD-funded program and do not restrict visitors or otherwise interfere with a life in the community. **(PSH, RRH)**	1	
PSH Housing is not time-limited, and the lease is renewable at participants' and owners' option. RRH is limited to no more than 24 months **(PSH, RRH)**	1	
Participants have choices in the support services that they receive. They are offered choices, can choose from a range of services, and different participants receive different types of services based on their needs and preferences. **(PSH, RRH)**	1	
As needs change over time, participants can receive more intensive or less intensive support services without losing their homes. **(PSH, RRH)**	1	

Are program participants assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. transportation, access to needed services, safety planning, case management, housing that meets accessibility needs, additional assistance to ensure retention of permanent housing. **(PSH, RRH)**	5	
Access to Mainstream Benefits	**Possible Score 5**	**Project Score**
Does the proposed project have a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible, including access to SOAR-trained staff? **(PSH, RRH)**	5	

Section IV: Organizational Capacity (Possible Points = 49)	**Project Score:**	
Consistency with Mission	**Possible Score 19**	**Project Score**
Does the project fit within the mission of the agency? **(PSH, RRH)**	Yes = 5 No = 0	
Does the Agency currently serve homeless households in their community? **(PSH, RRH)**	Yes = 5 No = 0	
Does the organization have experience providing services to the Priority Groups: Seniors, Chronically Homeless, Families, Youth **(PSH, RRH)**	Each priority population = 1 point Max = 4	
Administrative Capacity	**Possible Score 10**	**Project Score**
Is funding for the administrative staff stable? Is there adequate staff to ensure agency stability throughout program implementation? *[Budget, Organizational Chart]* **(PSH, RRH)**	Clearly to both questions = 5	

Does the agency have an active and engaged board of directors? **(PSH, RRH)** *[Consider Board minutes, discussion of relevant topics, regular attendance]*	Maximum = 5	

Capacity to Provide Needed Services	Possible Score 20	Project Score
Does the agency have the capacity to provide the services that will be needed? **(PSH, RRH)**	Maximum 5	
Is the staffing pattern adequate and the key staff sufficient to effectively operate the type of program proposed? **(PSH, RRH)** *[organizational chart, qualifications of key staff, vacancies, sufficient number of positions))*	Full staff, well qualified, sufficient number=5 Meet some but not all of the above = 3 Serious Deficiencies = 0	
Does the applicant demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds? Demonstration may include a description of the applicant's experience with similar projects **(PSH, RRH)**	Previous successful HUD projects = 5 Previous experience with Federally funded non-HUD projects = 3 No experience with Federally funded programs = 0	
Does the applicant have satisfactory capacity, drawdowns, and performance for existing grant(s) funded under S+C or CoC programs, as evidenced by timely payment of sub-recipients, regular drawdowns and timely resolution of any monitoring findings within the time allotted. **(PSH, RRH,)**	Yes =5 No = 0	

Section V: Experience/Past Performance (Possible Points PSH, RRH = 26,	**Project Score:**	
	Possible Score 26	**Project Score**
Has the agency successfully implemented a housing project? **(PSH, RRH)**	4	
Agency has successfully implemented the same project type that they are proposing? **(PSH, RRH)**	2	
If the agency has implemented the same or similar project, what was the percentage of people served in the project's last calendar year who obtained or maintained permanent housing? **(PSH, RRH)**	90% - 100% =10 80% - 89% = 5 Below 80% =0 Agency has not operated a similar program =0	
History of serving ineligible program participants, or expending funds on ineligible costs. **(PSH, RRH)**	No: 5 Yes: 0	

Does the agency have any monitoring or audit findings? If so, findings must be resolved or explained to the satisfaction of the Review Committee for the application to meet the standard. **(PSH, RRH)**	0 Findings = 5 2 Findings = 3 3+ Findings = 0	
Section VI: Match (Possible Points = 8)	**Project Score:**	
Documentation of Match	**Possible Score 8**	**Project Score**
Does Match Documentation Form sufficiently document the required match for the proposed project? (25% of funding sought minus leasing costs) **(PSH, RRH)**	Yes = 3 No = 0	
Did the Agency submit a match amount that exceeds the required 25%? **(PSH, RRH)**	Yes = 5 No = 0	

Section VII: Data/HMIS (Possible Points = 8)	**Project Score:**	
HMIS Participation (Per federal law, domestic violence programs are prohibited from using HMIS.) Reports from comparable databases will be submitted in place of HMIS reports.	**Possible Score 8**	**Project Score**
If the agency has additional beds (not HUD funded), are those beds also being entered into HMIS? *(HMIS report or report from Comparable Database)* **(PSH, RRH)**	Yes = 5 No = 0	
Does the agency commit to enter 100% of the beds into HMIS? **(PSH, RRH)**	Yes = 3 No =0	
Section VIII: Applicant Agency's Participation in CoC (Possible Points = 10)	**Possible Score 10**	**Project Score**
Did the applicant participate in 70% of HHA meetings? **(PSH, RRH)**	Yes = 5 No = 0	
Did the applicant participate in 60% of the meetings of at least one HHA sub-committee? **(PSH, RRH)**	Yes = 5 No = 0	
Section IX: Addressing Equity Issues (Possible Points = 10	**Possible Score 10**	**Project Score**
Does agency have a plan for examining the impact of racial, ethnic, age and/or gender identity in programmatic services or outcomes? **(PSH, RRH)**	Yes=10 No = 0	

Tie Breaker Questions (if needed)	**Project Score:**	
1) Which proposal demonstrates the more innovative approach to ending homelessness in the community? **(PSH, RRH)**	5	
2) Which project has most units for proposed project? (PSH, RRH)	5	

	PSH	RRH
Maximum Score Possible:	**197**	**192**
A. Application	**10**	**10**
A1	10	N/A
A2	N/A	10
B. Project Performance	62	62
B3	10	10
B4	N/A	25
B5	25	N/A
B6	15	15
B7	3	3
B8	3	3
B9	3	3
B10	3	3
C. Service to High Needs Population	**30**	**30**
C11	N/A	15
C12	N/A	15
C13	15	N/A
C14	15	N/A
D. Project Effectiveness	**45**	**45**
E15	20	20
E16	15	15
E17	10	10
F. Other and Local Criteria	**15**	**10**
F18	10	10
F19	5	N/A
Bonus Question	**15**	**15**
Bonus Question 20	5	5
Bonus Question 21	10	10
Tie Breaker	**20**	**20**
Tie Breaker 22	10	10
Tie Breaker 23	10	10

HHA
Palm Beach County

FY22 CoC Consolidated Application

Attachment: Scored Renewal Project Application

Question 1E-2a

Cover Sheet

Score Card from One Renewal Project by Each Non-Conflict Review Panelist

Final Combined Project Scores for One Renewal Project

NEW ($VBWUB5 CoC Program Local Renewal Project Application	New Avenues	

Review - New Avenues - Record ID: 1693

NOFO

(S? 2022 CoC Program Local Renewal Project Application

Proposal

(?P New Avenues

Service Category

Housing / Homelessness

Score

151.0

Percentage of Possible Score

Possible Score Total

Reviewer Designation

Community Subject Matter Expert (SME)

Score Signature

Date Signed Score

Ranking Signature

Date Signed Priority Ranking

CoC Program Local Renewal Project Review Form - New Avenues - Record ID: 1693

Project Quality Requirements

PSH = 162
RRH = 162
DV= 110

Bonus Score (PSH, RRH) = 15

Tie Breaker (PSH, RRH) = 20

Total Maximum Points Possible (PSH) = 197

Total Maximum Points Possible (RRH) = 197

Total Maximum Points Possible (DV) = 145

Dedicated Beds

Dedicating Beds for Chronically Homeless DV, Youth, Family Participants

100% = 10 points
99% and below = 0 points

What percentage of the project's PSH beds are dedicated for chronically homeless Participants?

PSH

Dedicated Bed Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

RRH Beds

100% =10 points
99% and below = 0 points

What percentage (%) of the projects beds are RRH; DV; Youth (18-24); Families with children;

RRH

RRH Score

Please enter scores during the Review Committee Meeting **ONLY**.

HHA and PBC Prioritization Strengths

HHA and PBC Prioritization Weaknesses

Length of Time

PSH = 62
RRH = 62

Unless otherwise noted, the following project performance scores are based on calendar year (January 1, 2021 to December 31, 2021) HMIS report. If projects have not been operational for one year, the data will be based upon what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive no points.

Length of time between project start date and housing move-in-date

100% - 80% = 10
79% - 60% = 8
59% - 40% = 6
39% - 20% = 4
19% or less = 0

What is the percentage of program participants placed in housing within 45 days after the participant start date in RRH/PSH?

PSH; RRH

HMIS Report

This question does not apply to DV applications and should not be included in their final score.

Length of Time Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

Exits to Permanent Housing

90% or more = 25
80% - 89% = 20
70% - 79% = 15
60% - 69% = 10
50% - 59% = 5
49% or less = 0

Did 90% or more program participants move from RRH to Permanent Housing?

RRH

APR Q23c

Exits to Permanent Housing Score

Please enter scores during the Review Committee Meeting **ONLY**.

Exits to Permanent Housing (PSH)

90% or more = 25
89% - 85% = 20
84% - 80% = 15
79% - 75% = 10
74% - 70% = 5
69% or less = 0

Did 90% or more program participants remain in PSH or move from PSH to PH?

PSH

APR Q23c

Exits to Permanent Housing (PSH) Score

Please enter scores during the Review Committee Meeting **ONLY**.

25

Returns to Homelessness

15% or less = 15
16% - 20% = 5
21% or more = 0

Did 15% or fewer program participants return to homelessness within 12 months of exit to PH?

PSH; RRH

HMIS Report – Sys PM Measure 2
Note: If the program has no exits, the question is excluded from the total score. The total includes all members of the family who became homeless.

Returns to Homelessness Score

Please enter scores during the Review Committee Meeting **ONLY**.

5

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8. New / Increased Income (NII) & Earned Income

10% = 3 points

8% = 2 points

6% = 1 point

Less than 6% = 0

Did 10% or more increase their earned income for program participants who remained in the program?

PSH; RRH

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a1

NII & Earned Income - Remain Score

Please enter scores during the Review Committee Meeting **ONLY**.

0

NII & Non-Employment Income

10% =3 points

8% =2 points

6% = 1 point

Less than 6% = 0

Did 10% or more increase their non-employment income for program participants who remained in the program?

PSH; RRH

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a1

NII & Non-Employment Income Score

Please enter scores during the Review Committee Meeting **ONLY**.

3

NII & Earned Income

10% = 3 points

8% =2 points

6% = 1 point

Less than 6% = 0

Did 10% or more increase their earned income for program participants who exited the program?

PSH; RRH

Note: If the program has no exits, the question is excluded fromm the total score.

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a2

NII & Earned Income - Exit Score

Please enter scores during the Review Committee Meeting **ONLY**.

0

11. NII & Non-Employment Income - Exited

10% = 3 points

8% = 2 points

6% = 1 point

Less than 6%= 0

For program participants who exited the program, did 8% or more increase their non-employment income?

PSH; RRH

Note: If the program has no exits, the question is excluded from the total score.

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a2

NII & Non-Employment Income - Exit Score

Please enter scores during the Review Committee Meeting **ONLY**.

3

Project Performance Strengths

Project Performance Weaknesses

Assessment Score –RRH

PSH = 30
RRH = 30

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2021 to December 31, 2021) HMIS report. If projects have not been operational for one year, the data will be based upon what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive either no points or the most negative points available for each question.

95% or more = 15
90% - 94% = 10
85% - 89% = 5
84% or less = 0

Does the assessment score indicate that 95% or more of the program participants require RRH or more intensive intervention?

RRH

Note: This question does not apply to DV applications and should not be included in their final score since 100% of their clients are assessed using a different process.

HMIS Report

Assessment Score Score

Please enter scores during the Review Committee Meeting **ONLY**.

Homeless Category – RRH

95% or more = 15
94% or less = 0

Does 95% or more of program participants fall into Category 1 or Category 4 homeless status?

***Youth RRH- Category 1, 2, or 4 Homeless Status**

RRH

HMIS Report

Homeless Category – RRH Score

Please enter scores during the Review Committee Meeting **ONLY**.

One or More Disability – PSH

95% or more = 15

90% - 94% = 10

85% - 89% = 5

84% or less = 0

Does 95% or more program participants have one or more disability types?

PSH

Note: Only Include entries after 10/1/2015

HMIS Report

The report includes only adult data. Head of household over 18

One or More Disability - PSH Score

Please enter scores during the Review Committee Meeting **ONLY**.

15

Homeless Category – PSH

95% or more = 15
94% or less = 0

Did 95% of program participants who entered program after October 1, 2015, meet the criteria for Category 1 or Category 4 homeless status?

***Youth PSH- Category 1, 2, or 4 Homeless Status**

PSH;

HMIS Report

Note: Will use homeless status as opposed to previous living status

---

Homeless Category - PSH Score

Please enter scores during the Review Committee Meeting **ONLY**.

15

Service to High Needs Population Strengths

Service to High Needs Population Weaknesses

Project has Reasonable Costs

Populations Served

PSH = 45
RRH = 45

100% = 20
90% - 99% = 10
89% or less = 0

Was 100% of project funding allocation expended in the previous grant year?

PSH; RRH

Project has Reasonable Costs Score

Please enter scores during the Review Committee Meeting **ONLY**.

20

Coordinated Entry Participation

100% = 15
95% -99% = 10
94 or less = 0

Are 100% of entries to the program from coordinated entry referrals after October 1, 2015?

PSH; RRH

Note: This question does not apply to DV applicants and should not be included in their final score.

Coordinated Entry Participation Score

Please enter scores during the Review Committee Meeting **ONLY**.

15

Housing First

Yes = 10
No = 0

Based on the program description, does the project utilize a Housing First and/or Low Barrier model?

PSH; RRH

Housing First Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

Project Effectiveness Strengths

Project Effectiveness Weaknesses

CoC Monitoring Score

PSH = 15
RRH =15

Populations Served

0 findings = 10
1 finding = 5
2 findings = 2
3+ findings = 0

Is the agency free of any CoC Monitoring findings for HUD programs?

PSH; RRH

CoC Monitoring Score Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

Unit Utilization Rate

90% or higher = 5
80% - 89% = 2
70% - 79% = 1
0% - 78% = 0

Unit Utilization Rate

What is the program's unit utilization rate?

A. Average = (January + April + July + October) ÷ 4
B. (Q9 Average ÷ Available Beds or Units) X 100

PSH

The average can be found in APR Q7b for Persons/Singles and Q8b for Households/Families and number of units is found in grant application. *

***** Beds for singles programs and units for family programs.**

PSH;RRH

Unit Utilization Rate Score

Please enter scores during the Review Committee Meeting **ONLY**.

5

Other and Local Criteria Strengths

Other and Local Criteria Weaknesses

Non-HUD-Funded Homeless Beds

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2021 to December 31, 2021) HMIS report. If the project has not been operational for one year, the data will be based upon what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will not be eligible for bonus question points.

Populations Served

Yes = 5
No = 0

If the project applicant has additional non-HUD-funded homeless beds (not a part of this project application), are those beds being entered into the HMIS system or Comparable Data system?

PSH; RRH

Non-HUD-Funded Homeless Beds Score

Please enter scores during the Review Committee Meeting **ONLY**.

5

Percentage of Program Leavers

50% or more = 10
30% - 49% = 5
10% - 29% = 2
9% and below = 0

Percentage of program leavers that were employed at program exit?

_____%

PSH; RRH

Percentage of Program Leavers Exit Score

Please enter scores during the Review Committee Meeting **ONLY**.

Bonus Question Strengths

Bonus Question Weaknesses

Tie Breaker (Innovative)

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2021 to December 31, 2021) HMIS report. If the project has not been operational for one year, the data will be based on information currently in HMIS. If projects have not input data in HMIS system, the project will not be eligible for the tie-breaker question points.

Possible Points

PSH = 20

RRH = 20

10 for most innovative

Which proposal demonstrates the more innovative approach to ending homelessness in the community? (PSH; RRH)

Tie Breaker Innovative Score

Please enter scores during the Review Committee Meeting **ONLY**.

Tie Breaker Average Time to Move-In Date

Lowest Average Time =10
Second Lowest Average Time =8
Third Lowest Average Time =5
Fourth Lowest Average Time =2

What is the average time between the project start date and the housing move-in date? The lowest average time receives the highest point. Points will only be awarded to the top four projects with the lowest average. All other projects will not receive tiebreaker points. (PSH; RRH)

Tie Breaker Average Time to Move-In Date Score

Please enter scores during the Review Committee Meeting **ONLY**.

Tie Breaker Strengths

Tie Breaker Weaknesess

3. Documentation of Match

Match amounts are based on documentation submitted by the applicant by the submission deadline. Information submitted after the deadline will not be included in the scoring of these sections. In addition, match forms/letters must be program specific.

Standard
Met = 10 points
Unmet = 0 points

Do the match form(s)/letter(s) sufficiently document the required 25% match for the specific renewal project?

PSH; RRH; PSH-YHDP; RRH- YHDP; SSO

Documentation of Match Score

Please enter scores during the Review Committee Meeting **ONLY**.

21. SSO Projects Completed

85% - 100% = 15
70% - 84% = 10
55% - 69% = 5
0% - 54% = 0

What is the percentage of households that exited to a permanent housing destination?

SSO

SSO Projects Completed Score

Please enter scores during the Review Committee Meeting **ONLY**.

22. SSO Projects Discharged

Below 15 % = 15
15% or Above = 0

What is the percentage of households that were discharged from the project involuntarily – expelled or otherwise?

SSO

SSO Projects Discharged Score

Please enter scores during the Review Committee Meeting **ONLY**.

23. SSO Services

30% and Above = 15
Below 30% = 0

What percentage of households received services while in the program?

SSO

24. Homeless Category – SSO

95% or more = 15
94% or less = 0

Does 95% or more of program participants fall into Category 1, 2, or 4 homeless status?

***SSO- Category 1, 2, or 4 Homeless Status**

SSO

CMIS Report

SSO Services Score

Please enter scores during the Review Committee Meeting **ONLY**.

Homeless Category - SSO Score

Please enter scores during the Review Committee Meeting **ONLY**.

FILES Add File

ACTIVITY LOG New Note

09/12/22 11:22 AM **LaWanda Lawson:**
System - 09/12/22

09/12/22 08:19 AM **LaWanda Lawson:**
System - 09/12/22 Record Modified

09/12/22 08:19 AM **LaWanda Lawson:**
System - 09/12/22

View All

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2022 CoC Program Local Renewal Project Application	New Avenues

Review - New Avenues - Record ID: 1686

NOFO

2022 CoC Program Local Renewal Project Application

Proposal

New Avenues

Service Category

Housing / Homelessness

Score

151.0

Percentage of Possible Score

Possible Score Total

Reviewer Designation

Community Subject Matter Expert (SME)

Score Signature

Date Signed Score

Ranking Signature

Date Signed Priority Ranking

CoC Program Local Renewal Project Review Form - New Avenues - Record ID: 1686

Project Quality Requirements

PSH = 162
RRH = 162
DV= 110

Bonus Score (PSH, RRH) = 15

NEW AVENUES

Tie Breaker (PSH, RRH) = 20

Total Maximum Points Possible (PSH) = 197

Total Maximum Points Possible (RRH) = 197

Total Maximum Points Possible (DV) = 145

Dedicated Beds

Dedicating Beds for Chronically Homeless DV, Youth, Family Participants

100% = 10 points
99% and below = 0 points

What percentage of the project's PSH beds are dedicated for chronically homeless Participants?

PSH

Serves 38 chronic homeless ind with disabilities in 1 broom apt, scattered sites. Housing First model
Will make changes in the app. Dedicated, DED Plus. 100%

Dedicated Bed Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

RRH Beds

100% =10 points
99% and below = 0 points

What percentage (%) of the projects beds are RRH; DV; Youth (18-24); Families with children;

RRH

RRH Score

Please enter scores during the Review Committee Meeting **ONLY**.

HHA and PBC Prioritization Strengths

HHA and PBC Prioritization Weaknesses

Length of Time

PSH = 62
RRH = 62

Unless otherwise noted, the following project performance scores are based on calendar year (January 1, 2021 to December 31, 2021) HMIS report. If projects have not been operational for one year, the data will be based upon what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive no points.

Length of time between project start date and housing move-in-date

100% - 80% = 10
79% - 60% = 8
59% - 40% = 6
39% - 20% = 4
19% or less = 0

What is the percentage of program participants placed in housing within 45 days after the participant start date in RRH/PSH?

PSH; RRH

HMIS Report

This question does not apply to DV applications and should not be included in their final score.

98%

Length of Time Score

Please enter scores during the Review Committee Meeting **ONLY.**

10

Exits to Permanent Housing

90% or more = 25
80% - 89% = 20
70% - 79% = 15
60% - 69% = 10
50% - 59% = 5
49% or less = 0

Did 90% or more program participants move from RRH to Permanent Housing?

RRH

APR Q23c

100%

Exits to Permanent Housing Score

Please enter scores during the Review Committee Meeting **ONLY.**

0

Exits to Permanent Housing (PSH)

90% or more = 25
89% - 85% = 20
84% - 80% = 15
79% - 75% = 10
74% - 70% = 5
69% or less = 0

Did 90% or more program participants remain in PSH or move from PSH to PH?

PSH

APR Q23c

89%

Exits to Permanent Housing (PSH) Score

Please enter scores during the Review Committee Meeting **ONLY.**

25

Returns to Homelessness

15% or less = 15
16% - 20% = 5
21% or more = 0

Did 15% or fewer program participants return to homelessness within 12 months of exit to PH?

PSH; RRH

HMIS Report – Sys PM Measure 2
Note: If the program has no exits, the question is excluded from the total score. The total includes all members of the family who became homeless.

20%

Returns to Homelessness Score

Please enter scores during the Review Committee Meeting **ONLY**.

5

8. New / Increased Income (NII) & Earned Income

10% = 3 points

8% = 2 points

6% = 1 point

Less than 6% = 0

Did 10% or more increase their earned income for program participants who remained in the program?

PSH; RRH

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a1

0

NII & Earned Income - Remain Score

Please enter scores during the Review Committee Meeting **ONLY**.

0

NII & Non-Employment Income

10% =3 points

8% =2 points

6% = 1 point

Less than 6% = 0

Did 10% or more increase their non-employment income for program participants who remained in the program?

PSH; RRH

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a1

45%

NII & Non-Employment Income Score

Please enter scores during the Review Committee Meeting **ONLY**.

3

NII & Earned Income

10% = 3 points

8% =2 points

6% = 1 point

Less than 6% = 0

Did 10% or more increase their earned income for program participants who exited the program?

PSH; RRH

Note: If the program has no exits, the question is excluded fromm the total score.

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a2

0

NII & Earned Income - Exit Score

Please enter scores during the Review Committee Meeting **ONLY**.

0

11. NII & Non-Employment Income - Exited

10% = 3 points

8% = 2 points

6% = 1 point

Less than 6%= 0

For program participants who exited the program, did 8% or more increase their non-employment income?

PSH; RRH

Note: If the program has no exits, the question is excluded from the total score.

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a2

70%

NII & Non-Employment Income - Exit Score

Please enter scores during the Review Committee Meeting **ONLY**.

3

Project Performance Strengths

Project Performance Weaknesses

Assessment Score –RRH

PSH = 30
RRH = 30

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2021 to December 31, 2021) HMIS report. If projects have not been operational for one year, the data will be based upon what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive either no points or the most negative points available for each question.

95% or more = 15
90% - 94% = 10
85% - 89% = 5
84% or less = 0

Does the assessment score indicate that 95% or more of the program participants require RRH or more intensive intervention?

RRH

Note: This question does not apply to DV applications and should not be included in their final score since 100% of their clients are assessed using a different process.

HMIS Report

Assessment Score Score

Please enter scores during the Review Committee Meeting **ONLY**.

Homeless Category – RRH

95% or more = 15
94% or less = 0

Does 95% or more of program participants fall into Category 1 or Category 4 homeless status?

***Youth RRH- Category 1, 2, or 4 Homeless Status**

RRH

HMIS Report

Homeless Category – RRH Score

Please enter scores during the Review Committee Meeting **ONLY**.

One or More Disability – PSH

95% or more = 15

90% - 94% = 10

85% - 89% = 5

84% or less = 0

Does 95% or more program participants have one or more disability types?

PSH

Note: Only Include entries after 10/1/2015

HMIS Report

The report includes only adult data. Head of household over 18

100%

One or More Disability - PSH Score

Please enter scores during the Review Committee Meeting **ONLY**.

15

Homeless Category – PSH

95% or more = 15
94% or less = 0

Did 95% of program participants who entered program after October 1, 2015, meet the criteria for Category 1 or Category 4 homeless status?

***Youth PSH- Category 1, 2, or 4 Homeless Status**

PSH;

HMIS Report

Note: Will use homeless status as opposed to previous living status

100%

Homeless Category - PSH Score

Please enter scores during the Review Committee Meeting **ONLY**.

15

Service to High Needs Population Strengths

Service to High Needs Population Weaknesses

Project has Reasonable Costs

Populations Served

PSH = 45
RRH = 45

100% = 20
90% - 99% = 10
89% or less = 0

Was 100% of project funding allocation expended in the previous grant year?

PSH; RRH

Amount Req $982,182; match $100,697. Chronic Homeless
Serve 38.

Project has Reasonable Costs Score

Please enter scores during the Review Committee Meeting **ONLY**.

20

Coordinated Entry Participation

100% = 15
95% -99% = 10
94 or less = 0

Are 100% of entries to the program from coordinated entry referrals after October 1, 2015?

PSH; RRH

Note: This question does not apply to DV applicants and should not be included in their final score.

100%

Coordinated Entry Participation Score

Please enter scores during the Review Committee Meeting **ONLY**.

15

Housing First

Yes = 10
No = 0

Based on the program description, does the project utilize a Housing First and/or Low Barrier model?

PSH; RRH

yesYES

Housing First Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

Project Effectiveness Strengths

Project Effectiveness Weaknesses

CoC Monitoring Score

PSH = 15
RRH =15

Populations Served

0 findings = 10
1 finding = 5
2 findings = 2
3+ findings = 0

Is the agency free of any CoC Monitoring findings for HUD programs?

PSH; RRH

HUD monitoring completed in Aug 2022 with a pending report

CoC Monitoring Score Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

Unit Utilization Rate

90% or higher = 5
80% - 89% = 2
70% - 79% = 1
0% - 78% = 0

Unit Utilization Rate

What is the program's unit utilization rate?

A. Average = (January + April + July + October) ÷ 4
B. (Q9 Average ÷ Available Beds or Units) X 100

PSH

The average can be found in APR Q7b for Persons/Singles and Q8b for Households/Families and number of units is found in grant application. *

*** Beds for singles programs and units for family programs.**

PSH;RRH

95%

Unit Utilization Rate Score

Please enter scores during the Review Committee Meeting **ONLY**.

5

Other and Local Criteria Strengths

Other and Local Criteria Weaknesses

Non-HUD-Funded Homeless Beds

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2021 to December 31, 2021) HMIS report. If the project has not been operational for one year, the data will be based upon what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will not be eligible for bonus question points.

Populations Served

Yes = 5
No = 0

If the project applicant has additional non-HUD-funded homeless beds (not a part of this project application), are those beds being entered into the HMIS system or Comparable Data system?

PSH; RRH

YES

Non-HUD-Funded Homeless Beds Score

Please enter scores during the Review Committee Meeting **ONLY**.

5

Percentage of Program Leavers

50% or more = 10
30% - 49% = 5
10% - 29% = 2
9% and below = 0

Percentage of program leavers that were employed at program exit?

_____%

PSH; RRH

10 of 38=26.3%

Percentage of Program Leavers Exit Score

Please enter scores during the Review Committee Meeting **ONLY**.

0

Bonus Question Strengths

Bonus Question Weaknesses

Tie Breaker (Innovative)

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2021 to December 31, 2021) HMIS report. If the project has not been operational for one year, the data will be based on information currently in HMIS. If projects have not input data in HMIS system, the project will not be eligible for the tie-breaker question points.

Possible Points

PSH = 20

RRH = 20

10 for most innovative

Which proposal demonstrates the more innovative approach to ending homelessness in the community? (PSH; RRH)

Support mental health team - LCSW and Beh Spec

Tie Breaker Innovative Score

Please enter scores during the Review Committee Meeting **ONLY**.

Tie Breaker Average Time to Move-In Date

Lowest Average Time =10
Second Lowest Average Time =8
Third Lowest Average Time =5
Fourth Lowest Average Time =2

What is the average time between the project start date and the housing move-in date? The lowest average time receives the highest point. Points will only be awarded to the top four projects with the lowest average. All other projects will not receive tiebreaker points. (PSH; RRH)

Tie Breaker Average Time to Move-In Date Score

Please enter scores during the Review Committee Meeting **ONLY**.

Tie Breaker Strengths

Tie Breaker Weaknesess

3. Documentation of Match

Match amounts are based on documentation submitted by the applicant by the submission deadline. Information submitted after the deadline will not be included in the scoring of these sections. In addition, match forms/letters must be program specific.

Standard
Met = 10 points
Unmet = 0 points

Do the match form(s)/letter(s) sufficiently document the required 25% match for the specific renewal project?

PSH; RRH; PSH-YHDP; RRH- YHDP; SSO

Documentation of Match Score

Please enter scores during the Review Committee Meeting **ONLY**.

21. SSO Projects Completed

85% - 100% = 15
70% - 84% = 10
55% - 69% = 5
0% - 54% = 0

What is the percentage of households that exited to a permanent housing destination?

SSO

SSO Projects Completed Score

Please enter scores during the Review Committee Meeting **ONLY**.

22. SSO Projects Discharged

Below 15 % = 15
15% or Above = 0

What is the percentage of households that were discharged from the project involuntarily – expelled or otherwise?

SSO

SSO Projects Discharged Score

Please enter scores during the Review Committee Meeting **ONLY**.

23. SSO Services

30% and Above = 15
Below 30% = 0

What percentage of households received services while in the program?

SSO

24. Homeless Category – SSO

95% or more = 15
94% or less = 0

Does 95% or more of program participants fall into Category 1, 2, or 4 homeless status?

***SSO- Category 1, 2, or 4 Homeless Status**

SSO

CMIS Report

SSO Services Score

Please enter scores during the Review Committee Meeting **ONLY**.

Homeless Category - SSO Score

Please enter scores during the Review Committee Meeting **ONLY**.

FILES Add File

ACTIVITY LOG New Note

09/12/22 11:44 AM **Brenda Oakes:**
System - 09/12/22

09/12/22 11:39 AM **Brenda Oakes:**
System - 09/12/22 Record Modified: FieldValueScore148 141CoC Monitoring Score Score (CoC Program Local Renewal Project Review Form)0 10

09/12/22 11:38 AM **Brenda Oakes:**
System - 09/12/22 Record Modified: FieldValueScore138 148Exits to Permanent Housing (PSH) Score (CoC Program Local Renewal Project Review Form)25 20

View All

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NEW AVENUES 2022 CoC Program Local Renewal Project Application	New Avenues	

Review - New Avenues - Record ID: 1671

NOFO

2022 CoC Program Local Renewal Project Application

Proposal

New Avenues

Service Category

Housing / Homelessness

Score

151.0

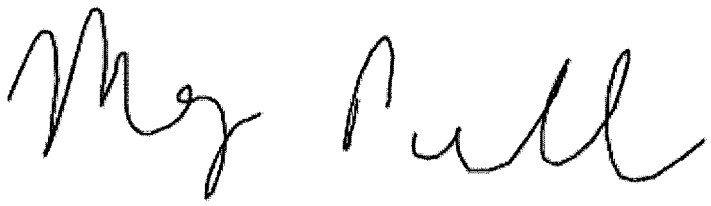
Percentage of Possible Score

Possible Score Total

Reviewer Designation

Community Subject Matter Expert (SME)

Score Signature



Date Signed Score

9/12/2022

Ranking Signature

Date Signed Priority Ranking

CoC Program Local Renewal Project Review Form - New Avenues - Record ID: 1671

Project Quality Requirements

PSH = 162
RRH = 162
DV= 110

Bonus Score (PSH, RRH) = 15

Tie Breaker (PSH, RRH) = 20

Total Maximum Points Possible (PSH) = 197

Total Maximum Points Possible (RRH) = 197

Total Maximum Points Possible (DV) = 145

Dedicated Beds

Dedicating Beds for Chronically Homeless DV, Youth, Family Participants

100% = 10 points
99% and below = 0 points

What percentage of the project's PSH beds are dedicated for chronically homeless Participants?

PSH

100%

Dedicated Bed Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

RRH Beds

100% =10 points
99% and below = 0 points

What percentage (%) of the projects beds are RRH; DV; Youth (18-24); Families with children;

RRH

n/a

RRH Score

Please enter scores during the Review Committee Meeting **ONLY**.

HHA and PBC Prioritization Strengths

HHA and PBC Prioritization Weaknesses

Length of Time

PSH = 62
RRH = 62

Unless otherwise noted, the following project performance scores are based on calendar year (January 1, 2021 to December 31, 2021) HMIS report. If projects have not been operational for one year, the data will be based upon what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will receive no points.

Length of time between project start date and housing move-in-date

100% - 80% = 10
79% - 60% = 8
59% - 40% = 6
39% - 20% = 4
19% or less = 0

What is the percentage of program participants placed in housing within 45 days after the participant start date in RRH/PSH?

PSH; RRH

HMIS Report

This question does not apply to DV applications and should not be included in their final score.

98%

Length of Time Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

Exits to Permanent Housing

90% or more = 25
80% - 89% = 20
70% - 79% = 15
60% - 69% = 10
50% - 59% = 5
49% or less = 0

Did 90% or more program participants move from RRH to Permanent Housing?

RRH

APR Q23c

n/a

Exits to Permanent Housing Score

Please enter scores during the Review Committee Meeting **ONLY**.

Exits to Permanent Housing (PSH)

90% or more = 25
89% - 85% = 20
84% - 80% = 15
79% - 75% = 10
74% - 70% = 5
69% or less = 0

Did 90% or more program participants remain in PSH or move from PSH to PH?

PSH

APR Q23c

100%

Exits to Permanent Housing (PSH) Score

Please enter scores during the Review Committee Meeting **ONLY**.

25

Returns to Homelessness

15% or less = 15
16% - 20% = 5
21% or more = 0

Did 15% or fewer program participants return to homelessness within 12 months of exit to PH?

PSH; RRH

HMIS Report – Sys PM Measure 2
Note: If the program has no exits, the question is excluded from the total score. The total includes all members of the family who became homeless.

20%

Returns to Homelessness Score

Please enter scores during the Review Committee Meeting **ONLY**.

5

8. New / Increased Income (NII) & Earned Income

10% = 3 points

8% = 2 points

6% = 1 point

Less than 6% = 0

Did 10% or more increase their earned income for program participants who remained in the program?

PSH; RRH

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a1

0%

NII & Earned Income - Remain Score

Please enter scores during the Review Committee Meeting **ONLY**.

0

NII & Non-Employment Income

10% =3 points

8% =2 points

6% = 1 point

Less than 6% = 0

Did 10% or more increase their non-employment income for program participants who remained in the program?

PSH; RRH

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a1

45%

NII & Non-Employment Income Score

Please enter scores during the Review Committee Meeting **ONLY**.

3

NII & Earned Income

10% = 3 points

8% =2 points

6% = 1 point

Less than 6% = 0

Did 10% or more increase their earned income for program participants who exited the program?

PSH; RRH

Note: If the program has no exits, the question is excluded fromm the total score.

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a2

0%

NII & Earned Income - Exit Score

Please enter scores during the Review Committee Meeting **ONLY**.

0

11. NII & Non-Employment Income - Exited

10% = 3 points

8% = 2 points

6% = 1 point

Less than 6%= 0

For program participants who exited the program, did 8% or more increase their non-employment income?

PSH; RRH

Note: If the program has no exits, the question is excluded from the total score.

Note: This question does not apply to DV applications and should not be included in their final score.

APR Q19a2

70%

NII & Non-Employment Income - Exit Score

Please enter scores during the Review Committee Meeting **ONLY**.

3

Project Performance Strengths

Project Performance Weaknesses

Assessment Score –RRH

PSH = 30
RRH = 30

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2021 to December 31, 2021) HMIS report. If projects have not been operational for one year, the data will be based upon what is currently in the HMIS system. If projects have not input

data into the HMIS system, the project will receive either no points or the most negative points available for each question.

95% or more = 15
90% - 94% = 10
85% - 89% = 5
84% or less = 0

Does the assessment score indicate that 95% or more of the program participants require RRH or more intensive intervention?

RRH

Note: This question does not apply to DV applications and should not be included in their final score since 100% of their clients are assessed using a different process.

HMIS Report

n/a

Assessment Score Score

Please enter scores during the Review Committee Meeting **ONLY**.

Homeless Category – RRH

95% or more = 15
94% or less = 0

Does 95% or more of program participants fall into Category 1 or Category 4 homeless status?

***Youth RRH- Category 1, 2, or 4 Homeless Status**

RRH

HMIS Report

n/a

Homeless Category – RRH Score

Please enter scores during the Review Committee Meeting **ONLY**.

One or More Disability – PSH

95% or more = 15

90% - 94% = 10

85% - 89% = 5

84% or less = 0

Does 95% or more program participants have one or more disability types?

PSH

Note: Only Include entries after 10/1/2015

HMIS Report

The report includes only adult data. Head of household over 18

100%

One or More Disability - PSH Score

Please enter scores during the Review Committee Meeting **ONLY**.

15

Homeless Category – PSH

95% or more = 15
94% or less = 0

Did 95% of program participants who entered program after October 1, 2015, meet the criteria for Category 1 or Category 4 homeless status?

***Youth PSH- Category 1, 2, or 4 Homeless Status**

PSH;

HMIS Report

Note: Will use homeless status as opposed to previous living status

100%

Homeless Category - PSH Score

Please enter scores during the Review Committee Meeting **ONLY**.

15

Service to High Needs Population Strengths

Service to High Needs Population Weaknesses

Project has Reasonable Costs

Populations Served

PSH = 45
RRH = 45

100% = 20
90% - 99% = 10
89% or less = 0

Was 100% of project funding allocation expended in the previous grant year?

PSH; RRH

balance is 0

Project has Reasonable Costs Score

Please enter scores during the Review Committee Meeting **ONLY**.

20

Coordinated Entry Participation

100% = 15
95% -99% = 10
94 or less = 0

Are 100% of entries to the program from coordinated entry referrals after October 1, 2015?

PSH; RRH

Note: This question does not apply to DV applicants and should not be included in their final score.

100%

Coordinated Entry Participation Score

Please enter scores during the Review Committee Meeting **ONLY**.

15

Housing First

Yes = 10
No = 0

Based on the program description, does the project utilize a Housing First and/or Low Barrier model?

PSH; RRH

Housing first model

Housing First Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

Project Effectiveness Strengths

Project Effectiveness Weaknesses

CoC Monitoring Score

PSH = 15
RRH =15

Populations Served

0 findings = 10
1 finding = 5
2 findings = 2
3+ findings = 0

Is the agency free of any CoC Monitoring findings for HUD programs?

PSH; RRH

included notice from HUD that they were being monitored and letter from CEO that at exit interview no findings

CoC Monitoring Score Score

Please enter scores during the Review Committee Meeting **ONLY**.

10

Unit Utilization Rate

90% or higher = 5
80% - 89% = 2
70% - 79% = 1
0% - 78% = 0

Unit Utilization Rate

What is the program's unit utilization rate?

A. Average = (January + April + July + October) ÷ 4
B. (Q9 Average ÷ Available Beds or Units) X 100

PSH

The average can be found in APR Q7b for Persons/Singles and Q8b for Households/Families and number of units is found in grant application. *

*** Beds for singles programs and units for family programs.**

PSH;RRH

95%

Unit Utilization Rate Score

Please enter scores during the Review Committee Meeting **ONLY**.

5

Other and Local Criteria Strengths

Other and Local Criteria Weaknesses

Non-HUD-Funded Homeless Beds

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2021 to December 31, 2021) HMIS report. If the project has not been operational for one year, the data will be based upon what is currently in the HMIS system. If projects have not input data into the HMIS system, the project will not be eligible for bonus question points.

Populations Served

Yes = 5
No = 0

If the project applicant has additional non-HUD-funded homeless beds (not a part of this project application), are those beds being entered into the HMIS system or Comparable Data system?

PSH; RRH

yes

Non-HUD-Funded Homeless Beds Score

Please enter scores during the Review Committee Meeting **ONLY**.

5

Percentage of Program Leavers

50% or more = 10
30% - 49% = 5
10% - 29% = 2
9% and below = 0

Percentage of program leavers that were employed at program exit?

_____%

PSH; RRH

0%

Percentage of Program Leavers Exit Score

Please enter scores during the Review Committee Meeting **ONLY**.

0

Bonus Question Strengths

Bonus Question Weaknesses

Tie Breaker (Innovative)

Unless otherwise noted, the following project performance scores are based on the calendar year (January 1, 2021 to December 31, 2021) HMIS report. If the project has not been operational for one

year, the data will be based on information currently in HMIS. If projects have not input data in HMIS system, the project will not be eligible for the tie-breaker question points.

Possible Points

PSH = 20

RRH = 20

10 for most innovative

Which proposal demonstrates the more innovative approach to ending homelessness in the community? (PSH; RRH)

Tie Breaker Innovative Score

Please enter scores during the Review Committee Meeting **ONLY**.

Tie Breaker Average Time to Move-In Date

Lowest Average Time =10
Second Lowest Average Time =8
Third Lowest Average Time =5
Fourth Lowest Average Time =2

What is the average time between the project start date and the housing move-in date? The lowest average time receives the highest point. Points will only be awarded to the top four projects with the lowest average. All other projects will not receive tiebreaker points. (PSH; RRH)

3.4 rank 7

Tie Breaker Average Time to Move-In Date Score

Please enter scores during the Review Committee Meeting **ONLY**.

Tie Breaker Strengths

Tie Breaker Weaknesess

3. Documentation of Match

Match amounts are based on documentation submitted by the applicant by the submission deadline. Information submitted after the deadline will not be included in the scoring of these sections. In addition, match forms/letters must be program specific.

Standard
Met = 10 points
Unmet = 0 points

Do the match form(s)/letter(s) sufficiently document the required 25% match for the specific renewal project?

PSH; RRH; PSH-YHDP; RRH- YHDP; SSO

Documentation of Match Score

Please enter scores during the Review Committee Meeting **ONLY**.

21. SSO Projects Completed

85% - 100% = 15
70% - 84% = 10

55% - 69% = 5
0% - 54% = 0

What is the percentage of households that exited to a permanent housing destination?

SSO

SSO Projects Completed Score

Please enter scores during the Review Committee Meeting **ONLY**.

22. SSO Projects Discharged

Below 15 % = 15
15% or Above = 0

What is the percentage of households that were discharged from the project involuntarily – expelled or otherwise?

SSO

SSO Projects Discharged Score

Please enter scores during the Review Committee Meeting **ONLY**.

23. SSO Services

30% and Above = 15
Below 30% = 0

What percentage of households received services while in the program?

SSO

24. Homeless Category – SSO

95% or more = 15
94% or less = 0

Does 95% or more of program participants fall into Category 1, 2, or 4 homeless status?

***SSO- Category 1, 2, or 4 Homeless Status**

SSO

CMIS Report

SSO Services Score

Please enter scores during the Review Committee Meeting **ONLY**.

Homeless Category - SSO Score

Please enter scores during the Review Committee Meeting **ONLY**.

FILES Add File

ACTIVITY LOG New Note

09/12/22 11:44 AM **Meghan Parnell:**
System - 09/12/22

09/12/22 11:39 AM **Meghan Parnell:**
System - 09/12/22 Record Modified: FieldValueScore141 151

09/12/22 11:27 AM **Meghan Parnell:**
System - 09/12/22 Record Modified

View All

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PANEL REVIEW SCORE FORM FY/GY2022

Service Category: Housing / Homelessness

Agency Name:	GULFSTREAM GOODWILL INDUSTRIES, INC.
Program Name:	New Avenues

Panel Information and Point Allocation

Designation	Name	Proposal Points
• Community Subject Matter Expert (SME)	Meghan Parnell	151
• Community Subject Matter Expert (SME)	LaWanda Lawson	151
• Community Subject Matter Expert (SME)	Brenda Oakes	151
	Final Score:	151.00
	Total Possible Score:	162
	Percentage of Possible Score:	93.21%

1. Panel Member Agreement of Final Score	
Meghan Parnell	
	09/12/2022
Signature	Date

2. Panel Member Agreement of Final Score	
LaWanda Lawson	
Signature	Date

3. Panel Member Agreement of Final Score	
Brenda Oakes	
Signature	Date

2022 CoC Project *Final Scores*

Agency	Program	Rank	Score	Percentage	Possible Total	Type	Priority	Dollar Requested	Allocated	Seniors = 1; CI = 2; Family = 3; Youth = 4
Adopt A Family of the Palm Beaches, Inc.	Project SAFE II	**10**	168	103.70%	162	PSH	3	$252,131.00	$252,131.00	
Adopt A Family of the Palm Beaches, Inc.	Connecting Youth to Oppo	**8**	173	110.19%	157	RRH	3 dash 4	$295,573.00	$295,573.00	
Children's Case Management Organization, Inc. dba Families First	Bridges to Success	**9**	156	106.85%	146	PSH	3	$264,134.00	$264,134.00	
The Lord's Place, Inc.	Project Family Care	**11**	158	97.53%	162	PSH	3	$340,014.00	$340,014.00	
The Lord's Place, Inc.	Home First	**4**	149	91.98%	162	PSH	1	$363,414.00	$363,414.00	
The Lord's Place, Inc.	Operation Home Ready IV	**2**	166	102.47%	162	PSH	1	$331,992.00	$331,992.00	Tier 1
Gulfstream Goodwill Industries Inc.	New Avenues	**5**	151	93.21%	162	PSH	1	$982,182.00	$982,182.00	
Gulfstream Goodwill Industries Inc.	Project Succeed	**3**	162	100.00%	162	PSH	1	$1,294,322.00	$1,294,322.00	
The Lord's Place, Inc.	Operation Home Ready III	**6**	137	93.20%	162	PSH	1	$308,066.00	$308,066.00	
Gulfstream Goodwill Industries Inc.	Beacon Place	**7**	116	77.78%	162	PSH	1	$838,720.00	$838,720.00	
YWCA of Palm Beach County, Inc.	YWCA DV SAFEhouse Rapid Re-Housin		0	0.00%	105	RRH	3	$465,426.00	$0.00	
Palm Beach County Human Services	HMIS Implementation	**1**	N/A	N/A	N/A	**HMIS**	N/A	$281,530.00	$281,530.00	

CoC Projects Accepted/Rejected					
Agency	**Program**	**Type**	**Amount Requested**	**Amount Recommended**	**Accepted/ Rejected**
Palm Beach County Human Services	CMIS	**HMIS**	$281,530.00	$281,530.00	Accepted
Adopt A Family of the Palm Beaches, Inc.	Project SAFE II	PSH	$252,131.00	$252,131.00	Accepted
Adopt A Family of the Palm Beaches, Inc.	Connecting Youth to Opportunities	RRH	$295,573.00	$295,573.00	Accepted
Children's Case Management Organization, Inc. dba Families First	Bridges to Success	PSH	$264,134.00	$264,134.00	Accepted
The Lord's Place, Inc.	Project Family Care	PSH	$340,014.00	$340,014.00	Accepted
The Lord's Place, Inc.	Home First	PSH	$363,414.00	$363,414.00	Accepted
The Lord's Place, Inc.	Operation Home Ready IV	PSH	$331,992.00	$331,992.00	Accepted
Gulfstream Goodwill Industries Inc.	New Avenues	PSH	$982,182.00	$982,182.00	Accepted
Gulfstream Goodwill Industries Inc.	Project Succeed	PSH	$1,294,322.00	$1,294,322.00	Accepted
The Lord's Place, Inc.	Operation Home Ready III	PSH	$308,066.00	$308,066.00	Accepted
Gulfstream Goodwill Industries Inc.	Beacon Place	PSH	$838,720.00	$838,720.00	Accepted
YWCA	The Way Home: Healing from DV	RRH	$ 465,426.00	$ -	Rejected
			$6,017,504.00	$5,552,078.00	

	HMIS
	Ranked Renewal Projects Accepted
	Ranked Renewal Projects Rejected

HHA
Palm Beach County

FY22 CoC Consolidated Application

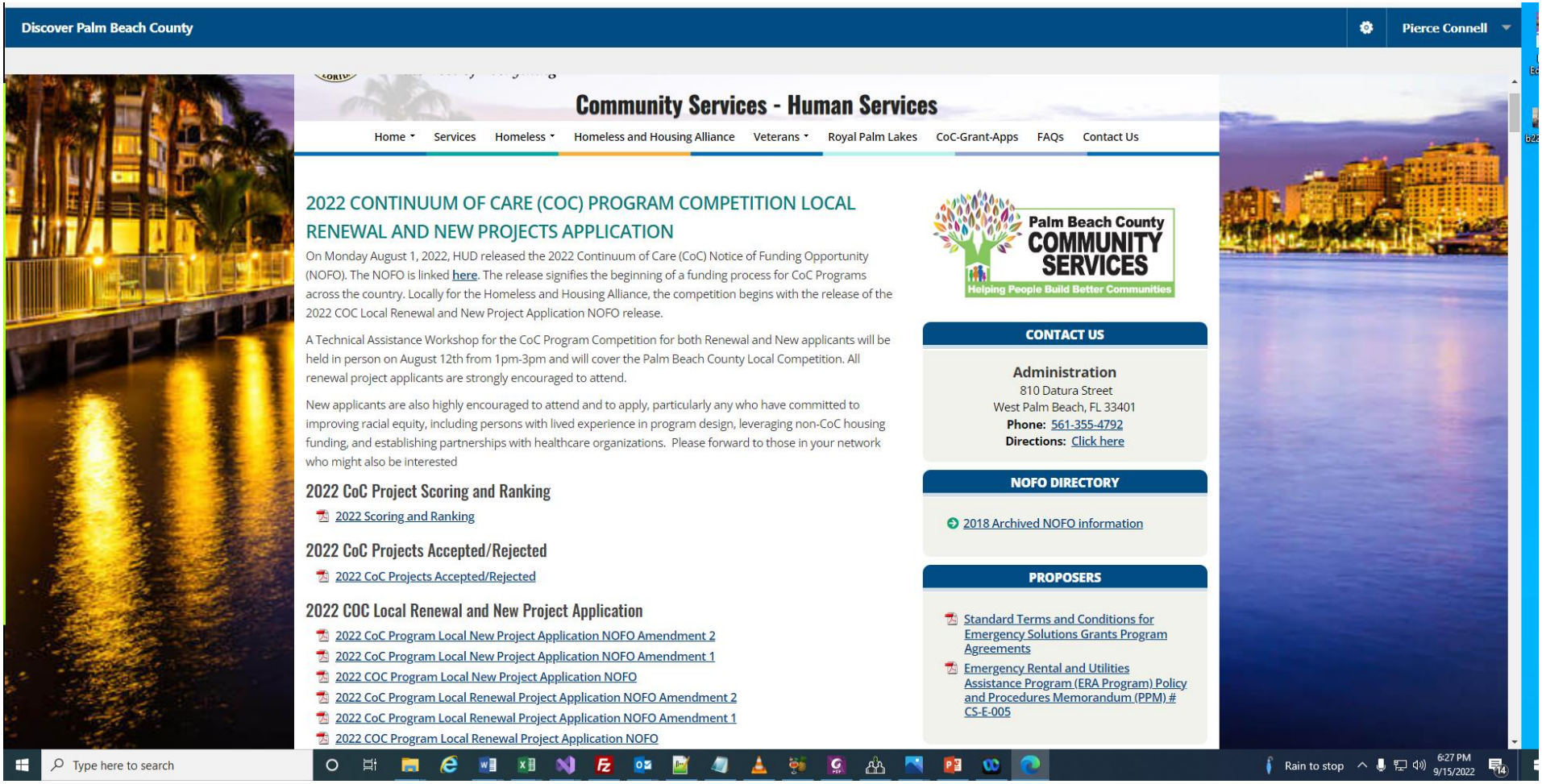
Attachment: Notification of Projects Rejected-Reduced

Question 1E-5

Cover Sheet

Public notification on website of priority listing that a project was reduced or rejected. Posted on 9/15/22.

Individual notification to project applicant via email with a letter attached that includes the reason(s) why your CoC reduced or rejected the project. Sent 9/14/22.


Discover Palm Beach County
Pierce Connell
Community Services - Human Services
Home
Services
Homeless
Homeless and Housing Alliance
Veterans
Royal Palm Lakes
CoC-Grant-Apps
FAQs
Contact Us
2022 CONTINUUM OF CARE (COC) PROGRAM COMPETITION LOCAL RENEWAL AND NEW PROJECTS APPLICATION
On Monday August 1, 2022, HUD released the 2022 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). The NOFO is linked here. The release signifies the beginning of a funding process for CoC Programs across the country. Locally for the Homeless and Housing Alliance, the competition begins with the release of the 2022 COC Local Renewal and New Project Application NOFO release.
A Technical Assistance Workshop for the CoC Program Competition for both Renewal and New applicants will be held in person on August 12th from 1pm-3pm and will cover the Palm Beach County Local Competition. All renewal project applicants are strongly encouraged to attend.
New applicants are also highly encouraged to attend and to apply, particularly any who have committed to improving racial equity, including persons with lived experience in program design, leveraging non-CoC housing funding, and establishing partnerships with healthcare organizations. Please forward to those in your network who might also be interested
2022 CoC Project Scoring and Ranking
2022 Scoring and Ranking
2022 CoC Projects Accepted/Rejected
2022 CoC Projects Accepted/Rejected
2022 COC Local Renewal and New Project Application
2022 CoC Program Local New Project Application NOFO Amendment 2
2022 CoC Program Local New Project Application NOFO Amendment 1
2022 COC Program Local New Project Application NOFO
2022 CoC Program Local Renewal Project Application NOFO Amendment 2
2022 CoC Program Local Renewal Project Application NOFO Amendment 1
2022 COC Program Local Renewal Project Application NOFO
Palm Beach County COMMUNITY SERVICES
Helping People Build Better Communities
CONTACT US
Administration
810 Datura Street
West Palm Beach, FL 33401
Phone: 561-355-4792
Directions: Click here
NOFO DIRECTORY
2018 Archived NOFO information
PROPOSERS
Standard Terms and Conditions for Emergency Solutions Grants Program Agreements
Emergency Rental and Utilities Assistance Program (ERA Program) Policy and Procedures Memorandum (PPM) # CS-E-005
Type here to search
Rain to stop
6:27 PM
9/15/2022

Maria Bond

From: Maria Bond
Sent: Wednesday, September 14, 2022 2:37 PM
To: Shea Spencer
Cc: Wendy Tippett
Subject: CoC Funding Notification
Attachments: Signed YWCA 2022 Funding Notification.pdf

Good Afternoon Shea,

Please find attached the funding notification for the FY 2022 CoC Local Renewal Competition. If you have any questions, please let me know.

Kind regards,

Maria Bond
Homeless Program and Contract Manager
Division of Human Services
810 Datura St. 2nd Floor
West Palm Beach, FL 33401
561-355-4779
mbond@pbcgov.org

We need to stop just pulling people out of the river.
We need to go upstream and find out why they're falling in.
-Desmond Tutu

HHA
Palm Beach County

HOMELESS AND HOUSING ALLIANCE OF PALM BEACH COUNTY

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Gibbie Nauman
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Jennifer Sellars
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Shelby Swiderski
Community Member
Gulfstream Goodwill Industries

Steven Tillman
Member at Large
Veterans Administration

Ezra Krieg
Permanent Housing Pillar Chair
Community Activist

Lisa Kemp
Systems Chair
City of West Palm Beach

September 14, 2022

Shea Spencer
CEO
YWCA Palm Beach County
1016 N Dixie Highway
West Palm Beach, FL 33401

Dear Ms. Spencer,

This letter is to inform you that the CoC Local Renewal and New Project Local Competition Non-Conflict Grant (NCG) Review Committee recommended the YWCA of Palm Beach County not receive any renewal funding in the 2022 CoC Competition. This decision was made in part because an incomplete application was submitted and had to be scored accordingly. The NCG Review Committee is unable to cure incomplete applications but did score the application with the information that was provided. The score that was provided for the YWCA application " The Way Home: Healing from DV" requesting $465,426.00 was zero (0).

Funding recommendations are based on HUD funding availability and the scoring and ranking of renewal applications submitted. The Homeless and Housing Alliance (HHA) Governance Board will vote on the funding recommendations submitted by the NCG Review Committee creating a priority listing.

As a reminder, there is an appeals process in place in the event that you would like to submit an appeal. If you have any further questions, please contact submit any requests electronically through the dedicated email address at CSD-COCNOFO@pbcgov.org.

Kind Regards,

Wendy Tippett
Director of Human Services & Community Action

HHA
Palm Beach County

FY22 CoC Consolidated Application

Attachment: Notification of Projects Accepted

Question 1E-5a

Cover Sheet

Email to applicants with project scores and notification that projects were accepted. 9/15/2022

Letter attached to email that included project name; funding amount and project score. 9/15/2022

Maria Bond

From: Maria Bond
Sent: Thursday, September 15, 2022 4:50 PM
To: kkennedy@goggi.org
Cc: Laura Contrera; Angie Sweeney; Wendy Tippett
Subject: CoC Program Competition Notification
Attachments: Gulfstream Goodwill.pdf; Coc Proposal Ranking and Tier to Post with changes 091522.pdf; CoC Projects Accepted Rejected Final 0915

Good Afternoon Mr. Kennedy:

Please find attached, a formal notification summarizing the HHA recommendations of the projects that were submitted by Gulfstream Goodwill Industries. I have also included the final HHA approved ranking and tier listing of all projects, in addition to a listing of all HHA approved projects that will be a part of the HUD Collaborative Application.

You can also find these documents publicly listed at the link below.
https://discover.pbcgov.org/communityservices/humanservices/pages/coc-grant-apps.aspx

We are pleased to notify you that the project submitted by Families First has been recommended for full funding.

If you have any questions, please feel free to contact me.

Kind regards,

Maria Bond
Homeless Program and Contract Manager
Division of Human Services
810 Datura St. 2nd Floor
West Palm Beach, FL 33401
561-267-3443
mbond@pbcgov.org

We need to stop just pulling people out of the river.
We need to go upstream and find out why they're falling in.
-Desmond Tutu

HHA
Palm Beach County

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Shelby Swiderski
Community Member
Gulfstream Goodwill Industries

Mason Youell
Member at Large
Veterans Administration

Ezra Krieg
Permanent Housing Pillar Chair
Community Activist

Lisa Kemp
Systems Chair
City of West Palm Beach

September 15, 2022

Keith Kennedy
Chief Executive Officer
Gulfstream Goodwill Industries
1715 Tiffany Dr E
West Palm Beach, FL 33407

Dear Mr. Kennedy,

Thank you for submitting renewal applications in the 2022 Continuum of Care (CoC) Program Application process. This year there were 12 renewal project submissions that were ranked. The HHA ranked the HMIS Implementation project to be the highest in the Tier 1 ranking. Additionally, there were 6 YHDP renewal/replacement projects submitted that will be renewed noncompetitively and there is no requirement that they be ranked.

The CoC Non-Conflict Grant Review Committee representing various stakeholder groups in the community, worked diligently to thoroughly review all projects. After reviewing all submitted applications, the committee ranked the projects according to their scores and their priority listing. This letter is to inform you that after the 2022 CoC Non-Conflict Grant Review process was completed, the Review Committee has recognized the merits of your programs and your submitted applications were recommended for funding.

•New Avenues, your renewal PSH application, was ranked number 5 in the renewal competition with a score of 151 out of 162 possible points. This project was recommended and approved by the HHA for the full funding request of$982,182.00 when submitted to the Department of Housing and Urban Development (HUD).

•Project Succeed, your renewal PSH application, was ranked number 3 in the renewal competition with a score of 162 out of 162 possible points. This project was recommended and approved by the HHA for the full funding request of$1,294,322.00 when submitted to the Department of Housing and Urban Development (HUD).

•Beacon Place, your renewal PSH application, was ranked number 7 in the renewal competition with a score of 116 out of 162 possible points. This project was recommended and approved by the HHA for the full funding request of $838,720.00 when submitted to the Department of Housing and Urban Development (HUD).

HUD is the ultimate funding authority and will make the final award decisions. If you have any questions or concerns, please don't hesitate to contact me at 561-355-4779.

Kind regards,

Maria Bond

Maria Bond
Homeless Program and Contract Manager

Maria Bond

From: Maria Bond
Sent: Thursday, September 15, 2022 4:44 PM
To: Julie Swindler
Cc: Renee Constantino; Wendy Tippett
Subject: CoC Program Competition Notification
Attachments: Families First.pdf; Coc Proposal Ranking and Tier to Post with changes 091522.pdf; CoC Projects Accepted Rejected Final 0915

Good Afternoon Julie,

Please find attached, a formal notification summarizing the HHA recommendation of the project that was submitted by Families First. I have also included the final HHA approved ranking and tier listing of all ranked projects, in addition to a listing of all HHA approved projects that will be a part of the HUD Collaborative Application.

You can also find these documents publicly listed at the link below.
https://discover.pbcgov.org/communityservices/humanservices/pages/coc-grant-apps.aspx

We are pleased to notify you that the project submitted by Families First has been recommended for full funding.

If you have any questions, please feel free to contact me.

Kind regards,

Maria Bond
Homeless Program and Contract Manager
Division of Human Services
810 Datura St. 2nd Floor
West Palm Beach, FL 33401
561-267-3443
mbond@pbcgov.org

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-Desmond Tutu

HHA
Palm Beach County

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Mason Youell
Member at Large
Veterans Administration

Ezra Krieg
Permanent Housing Pillar Chair
Community Activist

Lisa Kemp
Systems Chair
City of West Palm Beach

September 15, 2022

Julie Swindler
Chief Executive Officer
Families First of Palm Beach County
3333 Forest Hill Blvd, 2nd Floor
West Palm Beach, FL 33406

Dear Mrs. Swindler,

Thank you for submitting renewal applications in the 2022 Continuum of Care (CoC) Program Application process. This year there were 12 renewal project submissions that were ranked. The HHA ranked the HMIS Implementation project to be the highest in the Tier 1 ranking. Additionally, there were 6 YHDP renewal/replacement projects submitted that will be renewed noncompetitively and there is no requirement that they be ranked.

The CoC Non-Conflict Grant Review Committee representing various stakeholder groups in the community, worked diligently to thoroughly review all projects. After reviewing all submitted applications, the committee ranked the projects according to their scores and their priority listing. This letter is to inform you that after the 2022 CoC Non-Conflict Grant Review process was completed, the Review Committee has recognized the merits of your programs and your submitted applications were recommended for funding.

•Bridges to Success, your renewal PSH application, was ranked number 9 in the renewal competition with a score of 156 out of 146 possible points. This project was recommended and approved by the HHA for the full funding request of $264,134.00 when submitted to the Department of Housing and Urban Development (HUD).

HUD is the ultimate funding authority and will make the final award decisions. If you have any questions or concerns, please don't hesitate to contact me at 561-355-4779.

Kind regards,

Maria Bond

Maria Bond
Homeless Program and Contract Manager

HHA
Palm Beach County

HOMELESS AND HOUSING ALLIANCE OF PALM BEACH COUNTY

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Veterans Administration

Ezra Krieg
Permanent Housing Pillar Chair
Community Activist

Lisa Kemp
Systems Chair
City of West Palm Beach

September 15, 2022

Wendy Tippett
Division Director
Palm Beach County Human Services and Community Action
810 Datura Street, Second Floor
West Palm Beach, FL 33401

Dear Ms. Tippett,

Thank you for submitting a renewal application in the 2022 Continuum of Care (CoC) Program Application process. This year there were 12 renewal project submissions that were ranked. The HHA ranked the HMIS Implementation project to be the highest in the Tier 1 ranking. Additionally, there were 6 YHDP renewal/replacement projects submitted that will be renewed noncompetitively and there is no requirement that they be ranked.

The CoC Non-Conflict Grant Review Committee representing various stakeholder groups in the community, worked diligently to thoroughly review all projects. After reviewing all submitted applications, the committee ranked the projects according to their scores and their priority listing. This letter is to inform you that after the 2022 CoC Non-Conflict Grant Review process was completed, the Review Committee has recognized the merits of your program and your submitted application was recommended for funding.

HUD is the ultimate funding authority and will make the final award decisions. If you have any questions or concerns, please don't hesitate to contact me at 561-355-4779.

Kind regards,

Maria Bond

Maria Bond
Homeless Program and Contract Manager

Maria Bond

From: Maria Bond
Sent: Thursday, September 15, 2022 5:03 PM
To: Diana Stanley
Cc: Ray Morse; Wendy Tippett
Subject: CoC Program Competition Notification
Attachments: The Lord's Place.pdf; Coc Proposal Ranking and Tier to Post with changes 091522.pdf; CoC Projects Accepted Rejected Final 0915

Good Afternoon Matt,

Please find attached, a formal notification summarizing the HHA recommendations of the projecs that were submitted by Adopt-A-Family. I have also included the final HHA approved ranking and tier listing of all projects, in addition to a listing of all HHA approved projects that will be a part of the HUD Collaborative Application.

You can also find these documents publicly listed at the link below.
https://discover.pbcgov.org/communityservices/humanservices/pages/coc-grant-apps.aspx

We are pleased to notify you that all of the projects submitted by AAF have been recommended for full funding.

If you have any questions, please feel free to contact me.

Kind regards,

Maria Bond
Homeless Program and Contract Manager
Division of Human Services
810 Datura St. 2nd Floor
West Palm Beach, FL 33401
561-267-3443
mbond@pbcgov.org

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Permanent Housing Pillar Chair
Community Activist

Lisa Kemp
Systems Chair
City of West Palm Beach

September 15, 2022

Diana Stanley
Chief Executive Officer
The Lord's Place
2808 N Australian Avenue
West Palm Beach, FL 33407

Dear Mrs. Stanley,

Thank you for submitting renewal applications in the 2022 Continuum of Care (CoC) Program Application process. This year there were 12 renewal project submissions that were ranked. The HHA ranked the HMIS Implementation project to be the highest in the Tier 1 ranking. Additionally, there were 6 YHDP renewal/replacement projects submitted that will be renewed noncompetitively and there is no requirement that they be ranked.

The CoC Non-Conflict Grant Review Committee representing various stakeholder groups in the community, worked diligently to thoroughly review all projects. After reviewing all submitted applications, the committee ranked the projects according to their scores and their priority listing. This letter is to inform you that after the 2022 CoC Non-Conflict Grant Review process was completed, the Review Committee has recognized the merits of your programs and your submitted applications were recommended for funding.

•Project Family Care, your renewal PSH application, was ranked number 11 in the renewal competition with a score of 158 out of 162 possible points. This project was recommended and approved by the HHA for the full funding request of $340,014.00 when submitted to the Department of Housing and Urban Development (HUD).

Home First, your renewal PSH application, was ranked number 4 in the renewal competition with a score of 149 out of 162 possible points. This project was recommended and approved by the HHA for the full funding request of $331,992.00 when submitted to the Department of Housing and Urban Development (HUD).

Operation Home Ready IV, your renewal PSH application, was ranked number 2 in the renewal competition with a score of 166 out of 162 possible points. This project was recommended and approved by the HHA for the full funding request of $331,992.00 when submitted to the Department of Housing and Urban Development (HUD).

Operation Home Ready III, your renewal PSH application, was ranked number 6 in the renewal competition with a score of 137 out of 162 possible points. This project was recommended and approved by the HHA for the full funding request of $308,066.00 when submitted to the Department of Housing and Urban Development (HUD).

HUD is the ultimate funding authority and will make the final award decisions. If you have any questions or concerns, please don't hesitate to contact me at 561-355-4779.

Kind regards,

Maria Bond

Maria Bond
Homeless Program and Contract Manager

Maria Bond

From: Maria Bond
Sent: Thursday, September 15, 2022 4:54 PM
To: Matt Constantine
Cc: Emily E. Gorman; Nydia Sabugo-Marrou
Subject: CoC Program Competition Notification
Attachments: Adopt A Family.pdf; Coc Proposal Ranking and Tier to Post with changes 091522.pdf; CoC Projects Accepted Rejected Final 0915

Good Afternoon Matt,

Please find attached, a formal notification summarizing the HHA recommendations of the projecs that were submitted by Adopt-A-Family. I have also included the final HHA approved ranking and tier listing of all projects, in addition to a listing of all HHA approved projects that will be a part of the HUD Collaborative Application.

You can also find these documents publicly listed at the link below.
https://discover.pbcgov.org/communityservices/humanservices/pages/coc-grant-apps.aspx

We are pleased to notify you that all of the projects submitted by AAF have been recommended for full funding.

If you have any questions, please feel free to contact me.

Kind regards,

Maria Bond
Homeless Program and Contract Manager
Division of Human Services
810 Datura St. 2nd Floor
West Palm Beach, FL 33401
561-267-3443
mbond@pbcgov.org

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Mason Youell
Member at Large
Veterans Administration

Ezra Krieg
Permanent Housing Pillar Chair
Community Activist

Lisa Kemp
Systems Chair
City of West Palm Beach

September 15, 2022

Matt Constantine
Chief Executive Officer
Adopt-A-Family of the Palm Beaches
1712 2nd Avenue N,
Lake Worth, FL 33460

Dear Mr. Constantine,

Thank you for submitting renewal applications in the 2022 Continuum of Care (CoC) Program Application process. This year there were 12 renewal project submissions that were ranked. The HHA ranked the HMIS Implementation project to be the highest in the Tier 1 ranking. Additionally, there were 6 YHDP renewal/replacement projects submitted that will be renewed noncompetitively and there is no requirement that they be ranked.

The CoC Non-Conflict Grant Review Committee representing various stakeholder groups in the community, worked diligently to thoroughly review all projects. After reviewing all submitted applications, the committee ranked the projects according to their scores and their priority listing. This letter is to inform you that after the 2022 CoC Non-Conflict Grant Review process was completed, the Review Committee has recognized the merits of your programs and your submitted applications were recommended for funding.

- Project Safe II, your renewal PSH application, was ranked number 10 in the renewal competition with a score of 168 out of 162 possible points. This project was recommended and approved by the HHA for the full funding request of $252,131.00 when submitted to the Department of Housing and Urban Development (HUD).

- Connecting Youth to Opportunities, your renewal RRH application, was ranked number 8 in the renewal competition with a score of 173 out of 162 possible points. This project was recommended and approved by the HHA for the full funding request of $295,573.00 when submitted to the Department of Housing and Urban Development (HUD).

HUD is the ultimate funding authority and will make the final award decisions. If you have any questions or concerns, please don't hesitate to contact me at 561-355-4779.

Kind regards,

Maria Bond

Maria Bond
Homeless Program and Contract Manager

CoC Projects Accepted/Rejected					
Agency	**Program**	**Type**	**Amount Requested**	**Amount Recommended**	**Accepted/ Rejected**
Palm Beach County Human Services	CMIS	**HMIS**	$281,530.00	$281,530.00	Accepted
Adopt A Family of the Palm Beaches, Inc.	Project SAFE II	PSH	$252,131.00	$252,131.00	Accepted
Adopt A Family of the Palm Beaches, Inc.	Connecting Youth to Opportunities	RRH	$295,573.00	$295,573.00	Accepted
Children's Case Management Organization, Inc. dba Families First	Bridges to Success	PSH	$264,134.00	$264,134.00	Accepted
The Lord's Place, Inc.	Project Family Care	PSH	$340,014.00	$340,014.00	Accepted
The Lord's Place, Inc.	Home First	PSH	$363,414.00	$363,414.00	Accepted
The Lord's Place, Inc.	Operation Home Ready IV	PSH	$331,992.00	$331,992.00	Accepted
Gulfstream Goodwill Industries Inc.	New Avenues	PSH	$982,182.00	$982,182.00	Accepted
Gulfstream Goodwill Industries Inc.	Project Succeed	PSH	$1,294,322.00	$1,294,322.00	Accepted
The Lord's Place, Inc.	Operation Home Ready III	PSH	$308,066.00	$308,066.00	Accepted
Gulfstream Goodwill Industries Inc.	Beacon Place	PSH	$838,720.00	$838,720.00	Accepted
YWCA	The Way Home: Healing from DV	RRH	$ 465,426.00	$ -	Rejected
			$6,017,504.00	$5,552,078.00	

	HMIS
	Ranked Renewal Projects Accepted
	Ranked Renewal Projects Rejected

2022 CoC Project Rankings and Tiers

Agency	Program	Rank	Score	Percentage	Possible Total	Type	Priority	Dollar Requested	Allocated	Tier
Adopt A Family of the Palm Beaches, Inc.	Project SAFE II	**10**	168	103.70%	162	PSH	3	$252,131.00	$252,131.00	
Adopt A Family of the Palm Beaches, Inc.	Connecting Youth to Oppo	**8**	173	110.19%	157	RRH	3 dash 4	$295,573.00	$295,573.00	
Children's Case Management Organization, Inc. dba Families First	Bridges to Success	**9**	156	106.85%	146	PSH	3	$264,134.00	$264,134.00	
The Lord's Place, Inc.	Project Family Care	**11**	158	97.53%	162	PSH	3	$340,014.00	$340,014.00	
The Lord's Place, Inc.	Home First	**4**	149	91.98%	162	PSH	1	$363,414.00	$363,414.00	
The Lord's Place, Inc.	Operation Home Ready IV	**2**	166	102.47%	162	PSH	1	$331,992.00	$331,992.00	
Gulfstream Goodwill Industries Inc.	New Avenues	**5**	151	93.21%	162	PSH	1	$982,182.00	$982,182.00	Tier 1
Gulfstream Goodwill Industries Inc.	Project Succeed	**3**	162	100.00%	162	PSH	1	$1,294,322.00	$1,294,322.00	
The Lord's Place, Inc.	Operation Home Ready III	**6**	137	93.20%	162	PSH	1	$308,066.00	$308,066.00	
Gulfstream Goodwill Industries Inc.	Beacon Place	**7**	116	77.78%	162	PSH	1	$838,720.00	$838,720.00	
YWCA of Palm Beach County, Inc.	YWCA DV SAFEhouse Rapid Re-Housin		0	0.00%	105	RRH	3	$465,426.00	$0.00	
Palm Beach County Human Services	HMIS Implementation	**1**	N/A	N/A	N/A	**HMIS**	N/A	$281,530.00	$281,530.00	
PBCCSD (City of WPB)	Pathways to Independence	N/A	N/A	N/A	N/A	RRH	1	$70,081.00	$70,081.00	
PBCCSD (City of WPB)	Pathways to Independence	N/A	N/A	N/A	N/A	RRH	1	$412,036.00	$412,036.00	Tier 2
								$6,499,621.00	$6,034,195.00	

HHA
Palm Beach County

FY22 CoC Consolidated Application

Attachment: Final Project Scores for All Projects

Question 1E-5b

Cover Sheet

Final Project Scores including YHDP & Planning
Ranked/Not Ranked

2022 CoC Final Project Scores for All

Agency	Program	Rank	Score	Percentage	Possible Total	Type	Priority	Dollar Requested	Allocated	Accepted/Rejected	
Adopt A Family of the Palm Beaches, Inc.	Project SAFE II	**10**	168	103.70%	162	PSH	3	$252,131.00	$252,131.00	Accepted	
Adopt A Family of the Palm Beaches, Inc.	Connecting Youth to Oppor	**8**	173	110.19%	157	RRH	3 dash 4	$295,573.00	$295,573.00	Accepted	
Children's Case Management Organization, Inc. dba Families First	Bridges to Success	**9**	156	106.85%	146	PSH	3	$264,134.00	$264,134.00	Accepted	
The Lord's Place, Inc.	Project Family Care	**11**	158	97.53%	162	PSH	3	$340,014.00	$340,014.00	Accepted	
The Lord's Place, Inc.	Home First	**4**	149	91.98%	162	PSH	1	$363,414.00	$363,414.00	Accepted	
The Lord's Place, Inc.	Operation Home Ready IV	**2**	166	102.47%	162	PSH	1	$331,992.00	$331,992.00	Accepted	
Gulfstream Goodwill Industries Inc.	New Avenues	**5**	151	93.21%	162	PSH	1	$982,182.00	$982,182.00	Accepted	
Gulfstream Goodwill Industries Inc.	Project Succeed	**3**	162	100.00%	162	PSH	1	$1,294,322.00	$1,294,322.00	Accepted	
The Lord's Place, Inc.	Operation Home Ready III	**6**	137	93.20%	162	PSH	1	$308,066.00	$308,066.00	Accepted	
Gulfstream Goodwill Industries Inc.	Beacon Place	**7**	116	77.78%	162	PSH	1	$838,720.00	$838,720.00	Accepted	
YWCA of Palm Beach County, Inc.	YWCA DV SAFEhouse Rapid	**N/A**	0	0.00%	105	RRH	3	$465,426.00	$0.00	Rejected	
									$5,270,548.00		
Palm Beach County Human Services	HMIS Implementation	**1**	N/A	N/A	N/A	**HMIS**	N/A	$281,530.00	$281,530.00	Accepted	
									$281,530.00		
PBCCSD (City of WPB)	Pathways to Independence	N/A	N/A	N/A	N/A	RRH	1	$482,117.00	$482,217.00	Accepted	Reallocation/New
									$482,217.00		
Vita Nova Village, LLC	Vita Nova Diversion	N/A	N/A	N/A	N/A	SSO	N/A	$ 190,605.00	$ 190,605.00	Accepted	
Gulfstream Goodwill Industries Inc.	Touchdown Fact Team	N/A	N/A	N/A	N/A	SSO	N/A	$ 364,992.00	$ 364,992.00	Accepted	
Vita Nova Village, LLC	Vita Nova TH-RRH	N/A	N/A	N/A	N/A	RRH	N/A	$ 554,494.00	$ 554,494.00	Accepted	
Adopt A Family of the Palm Beaches, Inc.	YHDP-CYTO 2	N/A	N/A	N/A	N/A	RRH	N/A	$ 298,593.00	$ 298,593.00	Accepted	
Gulfstream Goodwill Industries Inc.	Homerun 2 PSH YHDP	N/A	N/A	N/A	N/A	PSH	N/A	$ 632,026.00	$ 632,026.00	Accepted	
Adopt A Family of the Palm Beaches, Inc.	YHDP-Youth Establishing St	N/A	N/A	N/A	N/A	PSH	N/A	$ 283,571.00	$ 283,571.00	Accepted	
									$ 2,324,281.00		
Palm Beach County Human Services	CoC Planning Grant	N/A	N/A	N/A	N/A	Planning	N/A	$ 242,270.00	$ 242,270.00	Accepted	
									$ 242,270.00		
									$8,600,846.00		

HHA
Palm Beach County

FY22 CoC Consolidated Application

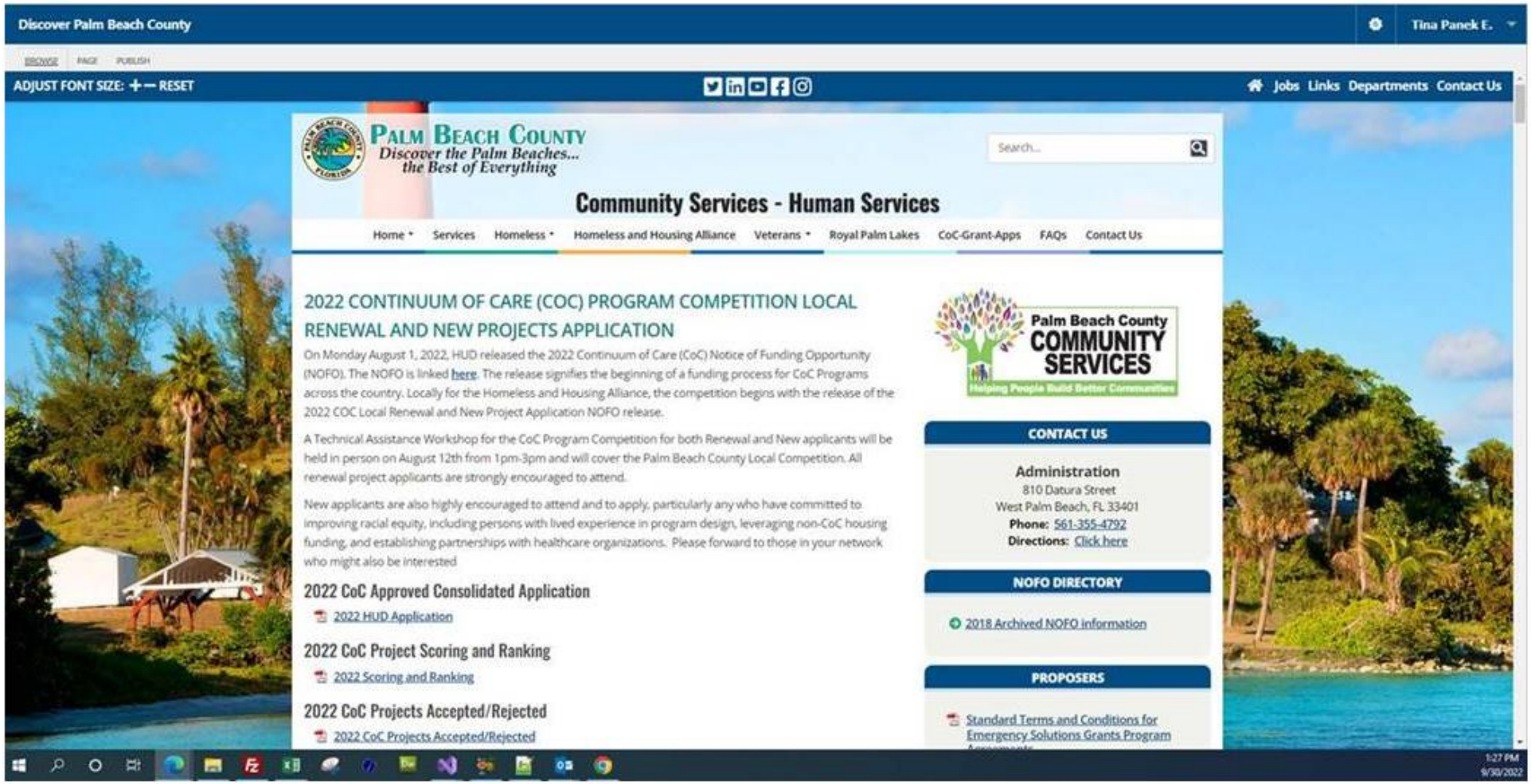
Attachment: Web Posting-CoC-Approved Consolidated Application

Question 1E-5c

Cover Sheet

Screenshot of website posting that displays posting of the final version of the CoC's approved version of CoC's Consolidated Application 9/30/22

Posted on 9/30/22 - HUD extension granted for application through 10/07/22


Discover Palm Beach County
Tina Panek E.
ADJUST FONT SIZE: + − RESET
Jobs Links Departments Contact Us
PALM BEACH COUNTY
Discover the Palm Beaches... the Best of Everything
Search...
Community Services - Human Services
Home
Services
Homeless
Homeless and Housing Alliance
Veterans
Royal Palm Lakes
CoC-Grant-Apps
FAQs
Contact Us
2022 CONTINUUM OF CARE (COC) PROGRAM COMPETITION LOCAL RENEWAL AND NEW PROJECTS APPLICATION
On Monday August 1, 2022, HUD released the 2022 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). The NOFO is linked here. The release signifies the beginning of a funding process for CoC Programs across the country. Locally for the Homeless and Housing Alliance, the competition begins with the release of the 2022 COC Local Renewal and New Project Application NOFO release.
A Technical Assistance Workshop for the CoC Program Competition for both Renewal and New applicants will be held in person on August 12th from 1pm-3pm and will cover the Palm Beach County Local Competition. All renewal project applicants are strongly encouraged to attend.
New applicants are also highly encouraged to attend and to apply, particularly any who have committed to improving racial equity, including persons with lived experience in program design, leveraging non-CoC housing funding, and establishing partnerships with healthcare organizations. Please forward to those in your network who might also be interested
2022 CoC Approved Consolidated Application
2022 HUD Application
2022 CoC Project Scoring and Ranking
2022 Scoring and Ranking
2022 CoC Projects Accepted/Rejected
2022 CoC Projects Accepted/Rejected
Palm Beach County COMMUNITY SERVICES
Helping People Build Better Communities
CONTACT US
Administration
810 Datura Street
West Palm Beach, FL 33401
Phone: 561-355-4792
Directions: Click here
NOFO DIRECTORY
2018 Archived NOFO information
PROPOSERS
Standard Terms and Conditions for Emergency Solutions Grants Program
1:27 PM
9/30/2022

HHA
Palm Beach County

FY22 CoC Consolidated Application

Attachment: Notification of CoC-Approved Consolidated Application

Question 1E-5d

Cover Sheet

Notification to Listserv that the CoC posted the final version of the CoC's Consolidated Application on 9/30/22

Sent on 9/30/22 – HUD extension granted for application through 10/07/22

HHA

Palm Beach County

HOMELESS AND HOUSING ALLIANCE OF PALM BEACH COUNTY

Good Afternoon HHA Membership,

The local funding competition for the 2022 HUD NOFO is now complete. The HHA Governance Committee voted to approve the CoC Consolidated Application on Wednesday, October 5, 2022.

Please find the link below to the final 2022 HHA CoC Consolidated Application which includes the 2022 CoC Final Priority Listing. With an extension granted from HUD, the Consolidated Application will be submitted on October 7, 2022.

Please note for your convenience, both of these documents are available online at:

2022 CoC Approved Consolidated Application

If you have any questions about this information, contact me at 561-267-3443

Kind regards,

Maria Bond
Homeless Contract and Program Manager

CoC New and Renewal Proj... Allocation

Sent September 30th 2022 at 8:09 pm EDT

Subject	Notification of Approval and Posting
Preheader	2022 CoC Consolidated Application
From name	PBC Homeless and Housing Alliance
From	communityservices@pbcgov.org
Reply	pbc-hha@pbcgov.org
Lists	HHA Executive Board; HHA General Members
Email link	https://conta.cc/3jy2lBM

Send a test email

Enter up to 5 email addresses

communityservices@pbcgov.org ×

Personal Note 0/400

This note will appear at the top of the email.

Send Now | Print

Send with confidence and save time! Try Inbox Preview to see an instant preview of your email in the top email clients.

litmus powered

HHA
Palm Beach County

FY22 CoC Consolidated Application

Attachment: Housing Leveraging Commitment

Question 3A-1

City of WPB MOU

Match Letter City of WPB

Memorandum of Understanding

Memorandum of Understanding

Between

Palm Beach County, Division of Human Services and Community Action

and

The City of West Palm Beach, Department of Housing and Community Development

This Memorandum of Understanding (MOU) sets for the terms and understanding between Palm Beach County, Division of Human Services and Community Action and the City of West Palm Beach, Department of Housing and Community Development for the City of West Palm Beach, Department of Housing and Community Development to be the sub-recipient of the 2022 HUD Continuum of Care Competition to which Palm Beach County Human Services and Community Action has applied.

Background
The City of West Palm Beach, Department of Housing and Community Development provides outreach and placement services to homeless residents within the City and as such, has developed a strong relationship with Palm Beach County Division of Human Services and Community Action, the Collaborative Applicant of the Continuum of Care for Palm Beach County FL-605.

Purpose
This MOU focuses specifically on the 2022 New Project submission to the U.S. Department of Housing and Urban Development. Palm Beach County, Human Services and Community Action will oversee the HUD funding if awarded and serve as the applicant for the application. The application requests housing for 21 chronically homeless individuals who reside on the street and desire to be placed into permanent housing through the Rapid Rehousing program, Pathways to Independence. Support services and operating support will be offered to program participants. Funding and oversight will be the responsibility of Palm Beach County and client engagement, oversight, case management and housing placement are the responsibility of the City of West Palm Beach.

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Reporting
Palm Beach County will be responsible for program oversight as well as data oversight. Monthly reports will be collected through the HMIS system and compared to case note progress and data. The annual progress report (APR) will be the responsibility of both parties.

Funding
The amount of funding applied for is $482,117 ($412,117 for a new project and $70,000 in a reallocation of funding from another HUD provider. The match required by HUD is $120,530 and the City of West Palm Beach has agreed, through the Match Letter for the grant application, to commit the above amount in in-kind.

Duration
This MOU is valid for a one-year grant period with further extensions of such with the consent of both parties.

Contact Information
Wendy Tippett
Palm Beach County, Division of Human Services and Community Action
Director of Human Services and Community Action
810 Datura Street – 2nd Floor West ; West Palm Beach, FL ; 33401
561-355-4772
Wtippett@pbcgov.org

Jennifer Ferriol
West Palm Beach, Department of Housing and Community Development
Director of Housing and Community Development
401 Clematis Street – 3rd Floor
West Palm Beach, FL 334041
561-822-1250
jferriol@wpb.org

Date: Sept. 26. 2022

Jennifer Ferriol, Director
City of West Palm Beach, Department of Housing and Community Development

Date: Sept 27 2022

Wendy Tippett, Director
Palm Beach County, Division of Human Services and Community Action

WEST PALM BEACH

Housing & Community Development

September 26, 2022

Wendy Tippett
Palm Beach County, Division of Human Services and Community Action
Director of Human Services and Community Action
810 Datura Street – 2nd Floor
West Palm Beach FL, 33401

RE: Pathway to Independence – Match Requirement

Dear Ms. Tippet:

Please accept this correspondence to evidence the City of West Palm Beach's support of the Pathway to Independence Project/ Program. In the form of in-kind contributions for staff salaries to support the operations of the program, the City will match the required amount in excess of $120,530.

The City fully acknowledges that Palm Beach County has been an instrumental in addressing the homeless populations and in creating safe, decent, and affordable housing. The City values the ongoing working relationship with and support provided by the Palm Beach County Community Services Division.

Should you have any further questions, do not hesitate to contact Lisa Kemp, Community Resource Manager, at 561-822-1250.

Sincerely,

Jennifer Ferriol
Director of Housing and Community Development

CC: Lisa Kemp, Community Resource Manager

401 Clematis Street, 3rd Floor
West Palm Beach, FL 33401
561.822.1250

HHA
Palm Beach County

FY22 CoC Consolidated Application

Attachment: Project List for Other Federal Statutes

Question 3C-2

N/A