

## Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

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

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

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

**1A-1. CoC Name and Number:** IL-512 - Bloomington/Central Illinois CoC

**1A-2. Collaborative Applicant Name:** PATH, Inc

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

**1A-4. HMIS Lead:** PATH, Inc

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

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

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

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

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

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

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

**(limit 2,000 characters)**

1. Our CoC is largely rural; member agencies know the community. Therefore, word of mouth is an effective way to invite. The CoC sends a press release to the media to seek new members in May. The CoC solicits new members through our CoC website. The CoC Planner solicits new members in a free, bi weekly newsletter that provides updates on human services. The call for new members is a constant theme in the newsletter. The CoC Planner, in conjunction with the CoC hub facilitators, sends invitations on social media (e.g., Facebook) quarterly. The hub coordinators post fliers throughout the counties through the hub coordinators.

2. CoC meetings take place in accessible locations. If an access issue arises, the CoC Planner takes the lead role in resolving an issue. In the past, we have paid for ASL interpreters for the deaf and hard-of-hearing. Fliers are posted at disability advocate organizations promoting membership in We make the CoC and offering assistance with any barriers. Our website message is in PDF form so that people with visual impairments can use software such as JAWS or ZoomText to access the invitation and more information about the Continuum.

3. CoC members working with people who are or have been homeless continually recruit. Street outreach workers recruit during the PIT count.

4.

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1. The CoC Planner collects and distributes input from CoC local hub meetings and full CoC-wide meetings. These meetings alternate bi-monthly to discuss local issues, and all meetings seek to have people who are homeless or previously homeless. The COC Planner engages in community events, radio spots, and other media outlets seeking input on homeless issues as well as educating communities. The CoC Planner and CoC hub facilitators attend local meetings with other professionals from healthcare and housing development. The Planner sits on the County Regional Housing Commission, which includes local government and high level county officials. The CoC and ESG funded projects also solicit opinions from people experiencing homelessness. Consumer surveys, focus groups, and anecdotal evidence coming from outreach workers and CE staff help document pressing or emerging needs.

2. The CoC represents the state of homeless issues at community forums, such as the annual Behavior Health Forum, the Coordinating Council for Criminal Justice, the Behavioral Health Care Council. Church forums, the National Alliance for the Mentally Ill, and the League of Women Voters provide opportunities that lead to changes for people experiencing homelessness.

3. It is the responsibility of the CoC leadership, including the hubs, the Executive Committee, and the CoC planner to disseminate information from all the documented sources. On-going discussion through strategic planning creates innovative ideas to reduce homelessness.

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

Describe in the field below how your CoC notified the public:

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

**(limit 2,000 characters)**

1. The CoC sends public press releases to the media, emails to the CoC email lists and bi-weekly newsletter, posts to the CoC website, and alerts social media when the NOFA is released. In the public notification, we explain that the CoC will accept any new projects from eligible applicants and to contact the CoC Planner. An information packet, with personal contact, explains the process, eligibility, and quality threshold standards and how to submit the proposal.

2. A conversation is had to determine if they are an eligible applicant according to 24 CFR 578.15. The Collaborative Applicant also discusses their ability or willingness to participate in HMIS, the Coordinated Entry system, provide a 25 percent match, eligible costs, recordkeeping requirements, and other basic HUD regulations concerning the type of project they are interested in submitting. If they pass these eligibility thresholds, then they are instructed to create an e-snaps account and create the new project to submit to the Collaborative Applicant.

3.

4. With the information from the released NOFA, the Ranking Committee evaluates the new project for the NOFA quality threshold. If the project passes, it proceeds to the Ranking Committee, and then they will be evaluated in the same objective manner as the other projects. A modified ranking tool will not include past performance standards. Based on the score of the project, and additional qualitative discussion with the Ranking Committee on how long the project has existed (without CoC funds) and how it would assist the CoC in furthering its goals, a rank will be determined.

5. On the CoC website, the posted public notification is available in PDF to allow users to access JAWS or ZoomText. If other accommodations are necessary, the Collaborative Applicant will follow through on solutions.

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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1C-1.	<b>Coordination with Federal, State, Local, Private, and Other Organizations.</b>	
	NOFO Section VII.B.1.b.	

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	No
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	No
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)	No
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	No
14.	Private Foundations	No
15.	Public Housing Authorities	
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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**You must select a response for elements 1 through 17 in question 1C-1.**

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1. The CoC Planner organizes the ESG process, consulting with ESG program recipients throughout the year, at their annual monitoring, and and at the annual grant process. The frequent engagement with recipients allows them to express concerns as well as to work with the CoC Planner on how the project fits in within the CoC's strategic plan. Projects that fit the CoC's strategic plan are ranked and sent to the ESG agency. The CoC Planner also works with recipients to reallocate ESG funds when necessary.

2. The CoC Planner monitors all ESG recipients at the end of their operating year. The monitoring reviews compliance with the Illinois Department of Human Services standards. Feedback to the agencies also focuses on fixing errors for the CAPER. The new CoC Planner recently was able to collaborate with IDHS by gaining access into the electronic system to monitor draw-downs of funds. The CoC Planner then helped IDHS staff in monitoring prompt draw-downs, as well as understanding an agency's history of spending. That access will allow the CoC to evaluate projects.

3.

4. The CoC Planner writes and releases information for the Consolidated Plan. Information from the ESG projects includes a description of services, numbers served, unmet needs, etc

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes



3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	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)	

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

Describe in the field below:

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

**(limit 2,000 characters)**

1. Homeless school liaisons are members of the Central Illinois Continuum of Care and attend CoC meetings. They conduct trainings on eligibility/educational rights of homeless students for homeless providers, on site and at regional summits.

2. Our CoC has formal partnerships with youth education providers. The main function of the partnership is active referrals and locating families experiencing homelessness. One of our CoC-funded projects, the Iroquois Kankakee Regional Office of Education, actively works doing outreach, getting people in the CE system, as well as providing additional supportive services for those in the CE system.

3. CoC homeless providers and McKinney Vento liaisons will identify homeless families, work on best enrollment practices and use agency specific releases to share information. With families' consent, shelter and Transitional housing programs will inform liaisons when a homeless family enters their program. A roster of liaisons and homeless program staff are exchanged and updated as needed.

4. The Regional Office of Education #17 operates McKinney-Vento liaisons that work with the school districts to locate anyone experiencing homelessness and refer the families to other services in the community. Our CoC also utilizes 211, a 24/7 call center, to allow better access for families to learn about resources in schools for those experiencing homelessness.

5. A goal is to assist agencies to review their policies, practices and programs to remove barriers to homeless students' academic success. Transportation is one of the most significant barriers to success and is critically underfunded. The law says that school districts must provide students experiencing homelessness with transportation to and from their school of origin, at a parent or guardians

request. For unaccompanied youth, districts must provide transportation to and from the school of origin at the homeless liaison’s request.

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

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

**(limit 2,000 characters)**

Area liaisons, as well as local liaisons are very active in our CoC. In order to get information out about educational rights and services for homeless families, providers post posters in places like shelters, food pantries, and soup kitchens where parents can see them. Brochures with available services and liaison contact information are also given to parents at service or shelter intake. At intake, it is also prioritized to connect homeless families and liaisons immediately. All homeless assistance providers have contact information for all their local homeless liaisons and homeless liaisons have contact information for providers at intake into housing programs or other supportive services, all case workers ask about the current educational status and needs for the family. Agencies inform families and unaccompanied youth of their educational rights. If any children are not enrolled in school, the service provider assists the client in contacting the school directly.

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

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

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

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

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

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

**(limit 2,000 characters)**

1. Training on domestic violence protocols happens at the hub level, where DV providers play an active role. They give presentations to enhance understanding of the complexities of DV, including trauma-informed, victim-centered care, and safety planning.

At the time of the annual, strategic planning meetings, a DV provider will be chosen to present an overall description to ensure everyone has a firm understanding of the issues and understands trauma informed care.

2. Our Coordinated Entry (CE) staff have held meetings with DV providers to ensure the CE system responds to the specific needs of those experiencing DV. Safety planning and procedures are discussed to ensure those on our Prioritization List receive the best care possible. Additionally, both of our CE staff have gone through our 8 week training course for 2-1-1. This training includes a presentation by 2 area DV providers as well as other discussions on safety planning and trauma informed care.

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

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

**(limit 2,000 characters)**

One domestic violence shelter in our CoC receives ESG funding and uses a comparable database (InfoNet) for HMIS purposes. Other DV shelters in our CoC participate in the Coordinated Entry (CE) system. De-identified data is used to assess trends, needs, gaps and use that for future planning or adjust service delivery. For example, one DV provider (Neville House) was able to use that data to learn that more clients were using medical marijuana than previous years. They updated procedures related to medications. They also trained their staff on how to be culturally sensitive to those needs and it has been a smooth process.

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

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

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

**(limit 2,000 characters)**

1. CE navigators and housing providers must prioritize safety and equitable access to housing and services for households who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. When an individual actively fleeing domestic violence presents at a non-victim service organization, the organization will make every effort to connect the individual with a victim’s services organization while ensuring that any referral is the client’s choice.

2. While victim service providers operate specialized housing and services targeted to households who are experiencing domestic violence, CE participants have access to the full range of all housing and services available. For this reason, all CE agencies including those who are victim service providers must offer homeless prevention and housing navigation services. All CE services will use a unique identifier and confidential methods of communication to coordinate services and housing placement for these households.

3. All CE services will use a unique identifier and confidential methods of communication to coordinate services and housing placement for these households. The domestic violence staff fills out the paper housing assessment and assign code names. The redacted personal identifying information (e.g., social security number, birthdate) is emailed to CE staff. The information is kept in a special population file so the CE staff can prioritize those individuals for housing. There is no entry into HMIS. CE staff contacts monthly to determine housing status. While at the DV shelter, clients have contact information for the CE staff.

1C-6.	<b>Addressing the Needs of Lesbian, Gay, Bisexual, Transgender—Anti-Discrimination Policy and Training.</b>	
	NOFO Section VII.B.1.f.	

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Kankakee County Housing Authority	1%	Yes-Both	No
Bloomington Housing Authority	8%	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 2,000 characters)**

Our Vermilion County hub has a strong working relationship with the The Housing Authority of Danville. They attend CoC meetings and actively educate the hub on housing matters. The HA has a homeless preference for those experiencing homelessness. Additionally, the HA also has earmarked some Section 8 Vouchers specifically for those experiencing DV.

Within the past year our Kankakee hub facilitator was able to get the Kankakee County Housing Authority, the second largest PHA in our CoC, to attend the CoC meetings again after several years. This relationship is inchoate and as it develops both the hub facilitator and the CoC Planner will work to find ways to adopt a homeless admission preference. While not having a general homeless preference for their programs, they do have an admission preference for Veterans who are at risk or experiencing homelessness.

Our CoC also has a working relationship with the Housing Authority of the City of Bloomington (BHA), which runs the McLean County Housing Authority. The BHA has attended CoC meetings for several years and their Executive Director is involved on our Ranking Committee. The BHA does have a homeless admission preference in place for their public housing program. The BHA worked with agencies in the CoC when they were awarded Mainstream Vouchers, targeting people experiencing homelessness or those at risk of experiencing homelessness. The BHA let agencies know in a CoC meeting many months in advance and helped the CoC-funded agencies in the specific details necessary to be accepted with the voucher. That information allowed

case managers and outreach workers to find eligible clients to fill out an application.

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

**You must select a response for elements 1 through 4 in question 1C-7b.**

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

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

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

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

**(limit 2,000 characters)**

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

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

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

**(limit 2,000 characters)**

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
--	----

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

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No
---	----

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

<b>PHA</b>
This list contains no items

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

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

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

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

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

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

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

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

**(limit 2,000 characters)**

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



Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:

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

**(limit 2,000 characters)**

1. Outreach maps out the common areas that people will sleep in the community. The outreach worker routinely checks these. Street outreach engages with the community by taking tips from the public, businesses, or other agencies regarding places they feel might have homeless encampments. The police also identify people on the streets. Goals to get off the streets, gain resources, and think about obtaining permanent housing, are client-centered. It is non-judgmental and non-coercive. It is more efficient at getting clients motivated. The first goal of outreach is to attempt to get them off the streets. Due to lack of housing resources, this amounts to trying to get them into ES. Through several contacts, outreach can gain rapport and identify goals and barriers. Outreach has also engaged in problem-solving techniques that are outside the homeless services system. When working with DV clients, outreach does not have them relive the trauma. They refer clients to local DV services or discuss avenues to transport clients to services in other geographic areas. Outreach can safety plan with the client.

2. Our outreach does not cover 100 percent of the CoC’s geographic area. To accommodate for this, 211 is used as a port of entry for counties without outreach services. 211 is a 24/7 call center. Some case managers for certain programs in our CoC (e.g., Salvation Army SSVF, McKinney Vento Liaisons, IDES Disabled Veterans Outreach) provide additional outreach. All of these providers coordinate with CoC projects.

3. Outreach occurs during normal business hours, weekdays. Occasionally, night time street sweeps happen to engage with people where they sleep.

4. Outreach workers take hygiene packs, food, mittens, etc. to people staying in places not meant for human habitation. Offering to sign people up with mainstream resources, including a free cell phone, allows Outreach to offer important resources to those who may not have sought out assistance.

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

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

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

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC). NOFO Section VII.B.1.i.	
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		2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”			

**You must enter a value for both years in question 1C-12.**

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization. NOFO Section VII.B.1.m.	
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Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	No	No
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training. NOFO Section VII.B.1.m	
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Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;

3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

**(limit 2,000 characters)**

1. The CoC is made up of professionals who are completely knowledgeable about mainstream resources and who train new staff on the systems of SNAP, Medicaid, TANF, cell phones, etc. The CoC Planner also e-mails the entire CoC regarding potential changes to mainstream resources. This allows staff to anticipate changes that can impact our clients.

2. Every person entering a CoC program is assessed and all the mainstream resources are reviewed one-by one to find out if there is any mainstream resource the individual does not have but needs. Referrals are made and case managers have the responsibility of making sure the individual received the service and documents the results in HMIS.

3. Illinois has started to use Managed Care Organizations to collaborate with health care organizations, Medicaid, and Medicare and provides the avenue to sign up for health care.

4. Case managers and outreach workers have the responsibility to inform clients of how and when to use Medicaid along with spend-down and medication benefits.

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

Describe in the field below how your CoC’s coordinated entry system:

1.	covers 100 percent of your CoC’s geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

**(limit 2,000 characters)**

1. Our Coordinated Entry (CE) system utilizes a 2-1-1 call center that operates 24/7 as an access point. That call center covers 44 counties in the state of Illinois and 9 of those counties are in our CoC. For the other two rural counties not covered (Mason and Logan), our CE staff contact key informants that do work in those areas. In Logan, we regularly work with a staff member from the Regional Office of Education #17, which covers this county. The Salvation Army SSVF have staff that work in Mason County. Once staff make contact with someone experiencing homelessness, they refer them to our CE staff directly. We are also in the process of trying to expand access points for people experiencing homelessness in Mason and Logan counties, as well as the other largely rural counties in our CoC.

2. Our call center, 2-1-1, is a great lever. The service is not associated with any one issue. It offers help on all problems in a confidential manner. The availability of the service is a free phone call. So even if someone experiencing

homelessness may not seek specific homeless services, they may call regarding other services. The caller may then learn of resources related to homelessness that they may never have thought to ask. Trained operators take calls and provide information and referrals to services in their local area. 2-1-1 is also a common referral by teachers, pastors, non-profit agencies, and businesses. This expands the reach of our CE system.

3. Once clients are assessed with the VI-SPDAT they are provided with a score. They are then placed on our CoC Prioritization List (PL), which is confidentially handled by our CE staff.

4. All clients on the PL are also case-conferenced to determine that their score accurately reflects the severity of their situation. Once a housing opportunity arises, the CE staff consult the list to make a housing referral.

<b>1C-15.</b>	<b>Promoting Racial Equity in Homelessness–Assessing Racial Disparities.</b>	
	NOFO Section VII.B.1.o.	

<b>Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?</b>	No
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<b>1C-15a.</b>	<b>Racial Disparities Assessment Results.</b>	
	NOFO Section VII.B.1.o.	

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

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

**You must select a response for elements 1 through 6 in question 1C-15a.**

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	
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.	
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	
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.	
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	
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.	
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	
	Other:(limit 500 characters)	
12.		

**You must select a response for elements 1 through 11 in question 1C-15b.**

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

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

**(limit 2,000 characters)**

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.		
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.		

3.	Participate on CoC committees, subcommittees, or workgroups.		
4.	Included in the decisionmaking processes related to addressing homelessness.		
5.	Included in the development or revision of your CoC's local competition rating factors.		

**You must enter a value of '0' or more for elements 1 through 5 in both columns in question 1C-16.**

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

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

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

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

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

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
-------	--	--

NOFO Section VII.B.1.q.

Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:

1.	unsheltered situations;
2.	congregate emergency shelters; and
3.	transitional housing.

**(limit 2,000 characters)**

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

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

**(limit 2,000 characters)**

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
-------	--	--

NOFO Section VII.B.1.q

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

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

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

- |    |  |
|----|--|
| 1. | decrease the spread of COVID-19; and   |
| 2. | ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks). |

**(limit 2,000 characters)**

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

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

- |    |                                  |
|----|----------------------------------|
| 1. | safety measures;                 |
| 2. | changing local restrictions; and |
| 3. | vaccine implementation.          |

**(limit 2,000 characters)**

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

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

**(limit 2,000 characters)**

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

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

**(limit 2,000 characters)**

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

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



**(limit 2,000 characters)**

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/15/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	08/18/2021

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	No
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	No
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

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

NOFO Section VII.B.2.d.

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

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

**(limit 2,000 characters)**

1. The definition of specific severity of needs consists of people living on the streets and tent cities, no income, no regular access to food, demonstrated risk behaviors such as harm to self or others, people who are subject to acts of violence from others, unmanaged chronic health conditions, and people older than 60. The ranking committee also looks to see whether or not projects served any subpopulations, e.g., veteran, youth, DV, family, and people who meet the definition of chronic homelessness.

2. Projects receive extra points on the ranking tool for serving those with most severe needs. Understanding that these needs and vulnerabilities result from unmet needs, discussion takes place as to how well projects fill unmet needs. The Qualitative assessment also aided the review and ranking process to determine how projects aided special populations or hard-to-reach participants. These assessments are particularly useful for projects that tied with the objective ranking tool.

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

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

Describe in the field below:

- |    |   |
|----|---|
| 1. | your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed; |
| 2. | whether your CoC identified any projects through this process during your local competition this year;  |
| 3. | whether your CoC reallocated any low performing or less needed projects during its local competition this year;   |
| 4. | why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and                                 |

5. how your CoC communicated the reallocation process to project applicants.

**(limit 2,000 characters)**

1. The CoC’s reallocation process ensures the projects submitted best align with the CoC funding mechanism’s priorities and contribute to a competitive application that collaboratively secures dollars to reduce homelessness. The CoC seeks to make data-driven decisions based on information gathered from a common assessment tool, HUD-recommended data tools, and HMIS. We don’t lose sight of the fact the CoC does not value reallocated projects. Rather, the CoC anticipates that most reallocated projects will seek funders with priorities better suited to these projects.

Renewal project applicants who seek to reallocate must notify the CoC in writing of their intent by the due date of HUD’s Grant Inventory Worksheet (GIW). The GIW will serve as the CoC’s tool to identify Project Applicants’ intent to reapply.

2. Salvation Army of Kankakee did not submit a renewal this year. The Central Illinois Continuum of Care has reached a consensus that reallocation will not be an annual mandate. This reallocation policy has been approved and is in our CoC Governance Charter. Reallocation, however, will be closely reviewed in during every grant process.

3. Our CoC reallocated funding that normally would have went to Salvation Army of Kankakee to an expansion to Horizons program and a new program for ROE#17.

4. n/a

5. The reallocation process is in our Governance Charter, and since all grantees are renewals, everyone is aware of the reallocation process. When a new applicant applies, information on reallocation is covered. Since the Salvation Army of Kankakee did not submit a renewal this year reallocation to new projects and expansions were considered and information regarding reallocation was covered.

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

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

**You must select a response for question 1E-4a.**

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

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

**You must select a response for element 1—if you select Yes, you must enter a date in element 2 in question 1E-5.**

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

**You must enter a date in question 1E-5a.**

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen. NOFO Section VII.B.2.g.	
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Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	
--	--

**You must enter a date in question 1E-6.**

## 2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Service Point by Well Sky
--	---------------------------

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 2021 HIC data into HDX.	05/14/2021
---	------------

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

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

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

**(limit 2,000 characters)**

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	285	52	137	58.80%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	116	18	91	92.86%
4. Rapid Re-Housing (RRH) beds	96	0	96	100.00%
5. Permanent Supportive Housing	179	0	191	106.70%
6. Other Permanent Housing (OPH)	0	0	0	

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

1. Our CoC only had one project type, Emergency Shelter, which had a bed coverage rate below 84.99. That means that our goal over the next 12 months is to increase bed coverage for this type by 41.2%. With the new CoC Planner, we will determine if the bed coverage as reflected here is accurate. All data has the potential to have an error, and currently there is no way to evaluate degrees of error. Training of all licensed HMIS users needs consistent review regarding proper data entry, data quality, and timeliness standards. We will be trying to create a data culture to have users motivated to keep data clean and accurate. These reviews start in November. Better instructions for the projects on filling out the HIC to ensure those numbers match the PIT. In December, ES projects will evaluate potential barriers and determine feasibility to change them. These assessments are ongoing and aided by consumer surveys. In central Illinois, the winter months can get very cold. During the last ten days of January, it's the possible utilization rate could be influenced by increased generosity of friends and family to shelter people due to the extreme cold. If clients disagree with shelter rules, large communal living, or temporarily banned from a shelter, then it increases the chances of certain clients with intact family and friend networks have some opportunities. The evaluation of barriers to shelter, which decrease bed utilization rate, will be ongoing throughout the year on a bimonthly schedule. COVID-19 could also have played a part in the lowered HMIS bed coverage rate.

2. The steps described will be spearheaded by the new CoC Planner who is also the HMIS Lead. They facilitate HMIS training sessions. They will engage the ES

projects on the ongoing barrier evaluation of their projects using HMIS data, consumer surveys, and other qualitative assessments (e.g., casual conversations with clients). As the HMIS Lead, the Planner will evaluate bed utilization rate on a bimonthly basis to gauge progress.

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

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

**You must enter a value in question 2A-5b.**

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

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
--

- |    |  |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent.               |

**(limit 2,000 characters)**

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	No
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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- 24 CFR part 578

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	No
--	----

## 2C. System Performance

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

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- 24 CFR part 578

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	NOFO Section VII.B.5.b.	

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

**(limit 2,000 characters)**

1.The CoC identified risk factors for people becoming homeless for the first time by collecting data at each intake. Regardless of how long someone has been homeless, we ask people to identify what they believe to be the major cause(s) or their homelessness at the start. This information is aggregated through a report in HMIS. Additionally, we have 211 as a Coordinated Entry access point. Many people call regarding rent and utility assistance. Those calls are logged and reports can be done to determine information as to why they are needing assistance beyond lack of income or no employment. During normal business hours, those calls are often transferred to our Coordinated Entry staff who can fill out a prevention and diversion document, which collects information regarding their particular situation.

2.With that data our CoC has a portrait of risk factors for those at risk of becoming homeless. Through our CoC meetings we are able to inform local agencies about the risk factors and where people need to go regarding homeless services. Each of our three hubs in the CoC has one major agency that is historically known in the community as a one-stop place to get information, as well as a variety of other services. Our CoC also partners with a legal organization (Prairie State Legal) to use their renter’s handbook and refer that to callers inquiring about services. The marketing for 211 allows folks across 44 counties to know they can call to inquire about rental assistance, eviction processes, or other homeless services, before they experience homelessness. We have also acquired CDBG funds and Homeless Prevention funds from the Illinois Department of Human Services that can be used to prevent someone from being homeless for the first time as well.

3.The CoC Planner at PATH, Inc. is responsible for overseeing the CoC’s strategy and compiling data.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	Describe in the field below:	
1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

**(limit 2,000 characters)**

1.Our CoC prioritizes identifying those experiencing chronic homelessness for housing placements through our Coordinated Entry system. With those individuals, an assessment is done to understand what barriers are in place as well as the reasons why they are continuing to stay homeless. Barriers to emergency shelters, quality of case management or other supportive services at shelters or supportive services only projects, as well as availability and eligibility requirements of housing options are analyzed. The CoC Planner contributes knowledge on homelessness to a local committee in McLean County that discusses issues related to housing affordability and stock of affordable housing. 2019, our CoC was recognized for effectively ending homelessness among Veterans. The infrastructure we have in place allows caseworkers to identify homeless Veterans and quickly get them rehoused or preventing them from becoming homeless in the first place.

2.Those with the longest times homeless are identified by street outreach programs as well as emergency shelters. The housing assessment for the Coordinated Entry system gets all people experiencing homelessness on our prioritization list and at that point we are able to learn who has the longest episodes of homelessness. The CE staff coordinated with all participants on the list and refer those with the longest lengths of homelessness to housing options first.

3.The CoC Planner at PATH, Inc. is responsible for overseeing the CoC’s strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

**(limit 2,000 characters)**

1.The strategy begins with increasing the rate of successful exits to all types of housing. We engage in monthly review of CE system and HMIS. Each particular project type has its own unique challenges for exiting clients, and therefore no one strategy works for all projects. However, all projects actively work with supportive services to allow participants greater access to necessary resources which results in faster transition. In each hub, an agency also maintains a private housing market list that is updated biweekly. They also have subsidized housing information for those that qualify. To this end, our CoC has worked with 3 PHAs to improve access for those experiencing homelessness.

2. Our CoC strategy to retain clients in PSH is to ensure project staff are empathetic and patient with clients to ensure they are making progress on goals and not exited out of the program. Effectively following the rules requires have good rapport and building a trusting relationship. For many clients in PSH, they work on mental health or substance abuse goals. Many projects in our CoC either have trained staff in these areas or have easy access because of partnerships. We also evaluate all cases for the reasons participants exit permanent housing. Additionally, we educate all clients that they are able to receive services from our supportive services projects 6 months after they have been housed, which helps stabilize them. Our CoC is developing a strategy to move participants from PSH projects to other permanent housing destinations. We will evaluate qualitative data (e.g., what do participants think about moving on) as well as quantitative data to determine what barriers exist for participants to move on to other permanent housing options.

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

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

**(limit 2,000 characters)**

1.Our CoC plans to build on our HMIS data approach system solutions by investigating associations of variables with returns to homelessness. These ‘risk factors’ can then help out in housing referrals in our CE system. Quarterly reports will now be shared with the full CCoC to look for trends and new solutions. In one county, a program to find individuals with episodes of homelessness, incarceration, and visits to the emergency room exists. HMIS provides data along with medical and jail records. The FUSE program is the result of identifying individuation with high recidivism in all three areas and assigns a case manager and permanent supportive housing to each person. At any point in time around ten individuals are being closely followed to decrease the high frequency of services. It is a pilot project; the results will be shared with all counties in the Continuum.

2.Our CoC’s strategy to prevent returns to homelessness involves a multi-layer approach. For example, an exit to a temporary stay with friends or family may

have different outcomes than an exit to permanent subsidized housing. Clients receive CoC assistance for up to 6 months from move-in date. Support can help clients navigate and leverage community resources for emergency assistance for rent or utilities. Clients also know that emotional support and problem-solving are available when difficulties arise. We work with all clients to gain employment, increase their employment income, and increase any non-cash benefits that will assist them in being able to pay their bills. In the state of Illinois, a \$15 minimum wage law was passed. This is a livable wage for the state. It intensifies all efforts to find employment.

3.The CoC Planner at PATH, Inc. is responsible for overseeing the CoC’s strategy.

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

**(limit 2,000 characters)**

1.The CoC has always focused on increasing employment income but we realize documentation is a problem. Part of the issue is that when people do get placed in a job, they don’t always stay connected to homeless organizations. Part of our new strategy is to have case managers, outreach, and employment programs communicate with each other and with HMIS. The topic will be a constant agenda item for all CoC meetings. The Executive Committee will measure our progress and ensuring that data is entered into HMIS.

2. Mainstream employment organizations are mandated to have a process to help homeless people find employment, with a “Job First” attitude. They can assess skills, education, and personal goals to find a “fit” for the individual seeking a job. We want to help this process by providing some supports through the case manager system and for the staff working at HUD funded employment programs. On-the-job training and apprenticeships help increase cash income. Our strategy to utilize these organizations is being a conduit of information at every point in the assessment process provided through case managers. The CoC Planner will be responsible for up-dating and renewing connections with mainstream employment agencies.

3.The CoC Planner at PATH, Inc. is responsible for overseeing the CoC’s strategy.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
NOFO Section VII.B.5.f.		
Describe in the field below how your CoC:		

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

**(limit 2,000 characters)**

1. Information about job fairs is routinely disseminated. The employment program at the Salvation Army works with developing private employers and employment organizations. Although not funded by HUD, Labryinth House and Joy Care do a lot of the work with employers and share their information. This is an area the CoC has left the strategy to the provider agencies, not wanting to duplicate efforts. This area will be explored at our Strategic Planning process this fall to determine if the CoC should make changes in this area.

2. We do not know, as a CoC, how much focus is placed on education, training, and employment opportunities for residents living in permanent supportive housing. Anecdotaly, we know that residents have been transitioned to employment and moved from supportive housing into private housing, but it is not frequent. Much of the availability of permanent supportive housing is based upon people with serious mental illness and intractable substance abuse, and employment opportunities are limited.

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

Describe in the field below:

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

**(limit 2,000 characters)**

1. Assessments for every person entering the CCoC system include exploring non-employment cash income. General Assistance Funds through Townships, SSI and SSDI benefits, or lack of, are explored. The assessment delves into child support for families with children and referrals are made to the Department of Human Services to pursue past due payments.

2. Increasing access will mean making appointments at the correct organization and ensuring transportation to that employment. The outreach worker and case managers can oversee this process, using bus passes or directly providing transportation. Professionals assist in obtaining necessary paperwork, e.g., a state ID, birth certificate, etc., who has access to funds for this purpose. Making sure the individual completes the application and makes it to all appointments is necessary if we are to increase access to non-employment cash sources.

3. The CoC Planner at PATH, Inc. is responsible for overseeing the CoC's strategy.

## 3A. Coordination with Housing and Healthcare Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
---	----

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

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

1.	Private organizations	
2.	State or local government	
3.	Public Housing Agencies, including use of a set aside or limited preference	
4.	Faith-based organizations	
5.	Federal programs other than the CoC or ESG Programs	

**You must select a response for elements 1 through 5 in question 3A-1a.**

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

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

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

<b>1.</b>	<b>Did your CoC obtain a formal written agreement that includes:</b> <b>(a) the project name;</b> <b>(b) value of the commitment; and</b> <b>(c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?</b>	
<b>2.</b>	<b>Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?</b>	

**You must select a response for elements 1 and 2 in question 3A-2a.**

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

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

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			



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

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

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- 24 CFR part 578

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.r.	

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

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.s.	

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

**(limit 2,000 characters)**

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

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

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	
--	--

**You must select a response for question 3C-1.**

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

If you answered yes to question 3C-1, describe in the field below:

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

**(limit 2,000 characters)**

## 4A. DV Bonus Application

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

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- 24 CFR part 578

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

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

**You must select a response for question 4A-1.**

Applicant Name
This list contains no items

## 4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes		
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes		
1E-2. Project Review and Selection Process	Yes		
1E-5. Public Posting—Projects Rejected-Reduced	Yes		
1E-5a. Public Posting—Projects Accepted	Yes		
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
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:**

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## Submission Summary

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

Page	Last Updated
<b>1A. CoC Identification</b>	09/25/2021
<b>1B. Inclusive Structure</b>	11/14/2021
<b>1C. Coordination</b>	Please Complete
<b>1C. Coordination continued</b>	Please Complete
<b>1D. Addressing COVID-19</b>	Please Complete
<b>1E. Project Review/Ranking</b>	Please Complete
<b>2A. HMIS Implementation</b>	Please Complete
<b>2B. Point-in-Time (PIT) Count</b>	11/15/2021
<b>2C. System Performance</b>	11/15/2021
<b>3A. Housing/Healthcare Bonus Points</b>	Please Complete
<b>3B. Rehabilitation/New Construction Costs</b>	11/15/2021

  

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<b>3C. Serving Homeless Under Other Federal Statutes</b>	Please Complete
<b>4A. DV Bonus Application</b>	Please Complete
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required