Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: TX-603 - El Paso City & County CoC

1A-2. Collaborative Applicant Name: El Paso Coalition for the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: El Paso Coalition for the Homeless

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

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

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

	Describe in the field below how your CoC:
1.	**communicated 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)Each year an email is distributed to the Coalition's listserv of 450+ email addresses describing the work of the CoC including the Coalition's role as coordinating entity for numerous agencies that provide housing, services & support to the homeless in our community, inviting entities to join the initiative & support the Coalition and our partners to address strategic initiatives to prevent & end homelessness. Membership application is available on our website. Invitations are communicated/announced & publicly posted on community bulletin boards & released through electronic media (social media & CoC list serve). CoC invites community members such as county-wide community task force meetings, Coalition meetings, business districts, & through many networking opportunities.
2)The CoC ensures effective communication w/individuals with disabilities by sharing invites/apps in a variety of accessible electronic formats, including CoC webpage, which is responsive to screen reader software (e.g., accessibility tags to PDF docs) &

email listservs.
3)The CoC ensures that Homeless/formerly homeless are continuously encouraged to join the CoC during events such as Point in Time, homeless advisory meetings (all homeless-local mental health authority), etc., and throughout the year. The CoC conducts targeted outreach to have conversations those experiencing homelessness & what a pivotal role they can have on how the system is designed.
4)The CoC is inclusive when soliciting new members to address equity in El Paso County. Invited entities include, for example: Ysleta del sur Pueblo, Department of Finance & Revenue (Indian Reservation); Centro de Salud Familiar La Fe, La Fe Clinic (FQHS targeting those who residing in Segundo Barrio, a low-income, Hispanic neighborhood); Volar Center for Independent Living (non-profit agency supporting people with disabilities.) The CoC is focused on diversity in its representation.

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

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

(limit 2,000 characters)

1) CoC solicits a wide variety of individuals/organizations who weigh in on the issues on homelessness. Through ongoing planning process which includes monthly meetings of the CoC Planning body, we rely on local expertise from nonprofits that oversee/manage homeless programs, along with homeless/formerly homeless people who have lived experience. Also, we solicit participation from our local PHAs & law enforcement in all committees. The CoC works closely with CoC's across the state to obtain a perspective on how other communities are addressing similar issues and review practices that are successful.
2) CoC coordinates monthly general membership meetings which are advertised on the agency's website & announced through the list serve of 450+ email addresses. Meetings are open to the public & the agenda includes items where interested entities can offer opinions, share upcoming functions, or discuss issues with existing programs. City, ESG Recipient & a member of the CoC, frequently contacts the CoC regarding feedback from City Council Representatives & their constituents. The County is the CE operator, a member of the CoC, & information is communicated to the Coalition from County Commissioners & their constituents.
3) Information gathered in meetings was used to develop criteria for ESG tranche 2 funding, specifically to address highly vulnerable individual and families first with RRH including wrap-around case management. We also took feedback into consideration when shaping the local Emergency Housing Voucher program, in particular, creating move-on strategies with the funding opportunity and progressive engagement, two approaches that have proved successful in our community. In addition, feedback from providers resulted in

the development of a Homelessness Diversion pilot program which is a first for our community. Information gathered in addressing preventing & ending homelessness is incorporated in the ESG/CoC priorities.

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

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

(limit 2,000 characters)

1)The CoC actively notifies & encourages new proposals/applicants who are not currently funded. CoC notified the public that the local competition was open & would be accepting projects applications via email announcement on 9/15/21, also posted on CoC website, other community list serves. In the local competition notice, a public workshop was scheduled for 9/20/21 for entities interested in submitting a new project proposal or a proposal for DV or CoC Bonus. Handouts highlighting project criteria, competition timeline, as posted in the RFP, were distributed to attendees.
2)The CoC actively notifies & encourages new applicants who are not currently funded. This year, the CoC received a new applicant who had not been funded in the past. The Review Team reviewed all their project proposal & recommended funding to the CoC Board. The CoC Board funded this new agency.
3)Local competition documentation indicated that all projects must be submitted via email with all required documents attached. Two workshops were scheduled on 9/20/21, at 1pm for Renewals & 3pm for New Projects. Both workshops focused on the application process, including eligibility & ensured that if any questions on the process can be addressed by CoC Staff via email or phone call.
4)Communicated in the local competition documentation & in the workshops was the process being followed, the timeline & the scoring tool. The CoC adopted the scoring & ranking of 22 FY 2021 CoC Application projects through the local RFP process. The rating/ranking tool for new & renewal projects, not only focused on performance but on community need & HUD best practices, agency capacity, ability of proposed project to meet stated CoC goals & HUD priorities.
5)The CoC announces at every meeting the availability of accessible formats & ensures effective communication with individuals with disabilities by posting content & documents on our website that can be accessible to screen-reading software via PDF documents.

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

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

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

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

18.		

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)In December 2020, the City of El Paso as ESG recipient requested homeless data from the CoC as part of their decision-making process on the allocation ESG CV. On 6/10/21, the City consulted with the CoC in planning & allocating regular ESG Funds-no changes were recommended to the previous year's allocation of ESG Program funds. The Policies & Procedures covering the 21-22 funding year, which incorporated the allocation of ESG funds, were distributed. The CoC also consulted with the TX Dept of Housing & Community Affairs, who is a recipient of ESG. The consultation was with Texas Homeless Network who arranges a CoC coordinated conference call between TX & CoCs & directly with TDHCA on the regular ESG allocation & CV funds.
2)The CoC has a formalized process to monitor & communicate individual ESG sub-recipient performance to the City as ESG recipient on a quarterly, semi-annual & annual basis. Annually, the CoC provides actual performance by ESG component compared to local benchmarks which is uploaded to IDIS for CAPER reporting. All ESG recipients have language in their contract referencing this monitoring & a copy of the benchmarks established annually by the Performance & Benchmarks committee & approved by the CoC Board. The Coalition serves as ESG Coordinator on behalf of the TX Dept., the state ESG Entitlement entity. ESG awards are made by the CoC Board, so all performance reporting for state-funded ESG subrecipients is provided to the CoC Board following the same timeline as described above.
3)Annually, the CoC provides PIT & HIC data, along with specific population information for Veterans, Families, Individuals, DV aggregate data to the ConPlan jurisdiction.
4)The ConPlan for the City of El Paso outlines the jurisdictions 5 year goals for reducing & ending homelessness. The CoC provides updated information directly into the draft ConPlan that includes, local homeless demographics, housing & services, data derived from HMIS, CAPER, PIT & HIC & LSA.

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

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

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	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)The CoC works & coordinates closely with 14 school district Homeless Liaisons, SEA & LEAs to ensure McKinney-Vento educational services are being met & to identify children eligible for homeless education services. Participation ensures that programs are actively engaging with schools & the CoC's policies & that programs include the educational needs of youth. The CoC convenes quarterly mtgs with school districts and shelter staff.
2) CoC's policies ensure homeless children in CoC/ESG programs are enrolled in school & connected to services in collaboration School District Homeless Liaisons. Shelters are provided materials that enforce students rights to continuing education services regardless of homeless status. School district homeless liaisons collaborate with runaway shelter to connect runaway youth with appropriate resources based on their age.
3) Texas Education for Homeless Children & Youth (TEHCY) provides resources & services to ensure that all Texas children living in homeless situations have the opportunity to enroll in, attend, & succeed in school. Prior to the pandemic, CoC & TEHCY & Region 19(LEA) staff coordinate a workshop that is offered to local school districts & shelters that serve children.
4) CoC policy required that providers serving households w/children designate a specialized staff person as an educational liaison to both inform households of their eligibility for schooling. A representative from Region 19 (local LEA) serves on the agency's board of directors.
5) The CoC has strong collaborative relationships with each of the school districts in the CoC Geographic area. Strong partnerships have made a positive impact on the efficacy in linking homeless children back into school with transportation and any services they may need under McKinney-Vento.

6) All Homeless Liaisons participate routinely in membership mtgs of the CoC. The CoC has a formal partnership a Homeless Liaison from Socorro ISD through their participation on the CoC Board.

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)

Providers who work with families with children or unaccompanied youth attend State & local education meetings. Provider staff at family programs have a designated position (family advocate) that work with and meet with relevant school personnel in the appropriate school district to discuss issues the children in the program may be experiencing that may impact their education. Emergency Shelters and Transitional Housing programs have policy/procedures, publicly posted, informing residents of their right to educational services for homeless children. At the time of intake, Case Managers provide information to residents that details the steps which will be taken to ensure that parents are aware of and take advantage of their rights under McKinney-Vento, to include, uniforms, transportation, school supplies and after school tutoring which is provided by Region 19, local Education Service Center. The CoC, SEA and LEA ensure that shelter staff are trained regularly on assuring that families seek out and receive services in a timely manner. The homeless liaisons and shelter staff work to maximize benefits for the homeless children. Quarterly meetings are held to discuss issues/barriers that are faced when dealing with school aged homeless children. The CoC provides quarterly training on HUD funded programs & eligibility. The CoC has a RRH program for youth that has a formalized MOU with a large school district. CoC policy required that providers serving households with children designate a specialized staff person as an educational liaison to both inform households of their eligibility for schooling. The liaison provides direct support to set up services on the households behalf to ensure there is no disruption in education services to those experiencing homelessness or who are transitioning from shelter to permanent housing.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No

4.	**Early Head Start**	No	No
5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	No
6.	**Head Start**	No	No
7.	**Healthy Start**	No	No
8.	**Public Pre-K**	No	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)Our DV provider who is active in the CoC, CASFV, offers trauma-informed & victim centered service training on a quarterly basis that focus on maintaining safety/security, referrals to PH interventions that prioritizes safety, confidential ES & 24 hour hotline. The Emergency Transfer Plan (ETP), as approved by the CoC Board, also requires all CoC providers to be trauma-informed & to troubleshoot other possible options to resolve safely. Training is part of the on-boarding process for all CASFV Staff. For on-boarding, the CoC is involved in training CASFV Staff on resource availability, navigation, the ETP.
2)CE Policies ensure survivors have access to all resources. CE staff receives quarterly training on safety protocols, how to identify participants fleeing or attempting to flee DV or sexual assault. Currently, CE refers DV victims to DV center hotline. The CoC is working w/DV provider to implement their newly funded CE project by sharing best practices, i.e. Houston DV CE. Sharing best practices has proven effective in enabling CE staff to become knowledgeable on best practices & procedures when working w/victims of DV. Shelter assists victims to navigate the criminal justice & social service systems to meet their needs & maintain their safety, based on choice. DV Provider operates the only safe & confidential shelter for victims (86 beds) & a TH shelter w/15 beds. CoC coordinates housing services w/shelters through referral & collaboration at the DV Center to ensure victims are given safe options & safety planning is received. Safety & security are maintained through safety planning & following all applicable laws & statutes guiding confidentiality & disclosure of victims. Training is also part of the on-boarding process for all CASFV Staff. During the on-boarding, the CoC is involved in training DV Staff on resource availability, navigation, the ETP, CE best practices.

1C-5a.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using**	

	De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

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

(limit 2,000 characters)

The CoC HMIS identifies victims/survivors referred directly to shelters who otherwise could not be accommodated by dedicated programs due to lack of beds. In addition, the CoC uses de-identified aggregate data from our DV providers comparable database for the annual HIC and PIT. The data provides demographics, household size, disabling conditions; informing the CoC on the number of units and types of housing needed to be able to meet the special needs of victims of DV. De-identified data was also utilized during the rating and ranking process for the CoC local competition. The data provided gave the CoC the ability to assess ongoing needs for victims of DV and performance outcomes which all informed the DV Bonus projects. The CoC utilizes all de-identified data to feed into addressing local needs.

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

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

(limit 2,000 characters)

1)The CoCs DV CE System, focuses on prioritizing safety for households fleeing DV by conducting quarterly staff training on trauma-informed care, victim rights, person-centered care, available resources as well as system navigation & access. DV CE System focuses on maintaining safety/security, referrals to PH interventions, confidential ES & offers a 24 hour hotline. The Emergency Transfer Plan (ETP) requires all CoC providers to be trauma-informed & to troubleshoot other possible options to resolve in a safe way.
2)The DV CE System incorporates trauma-informed care, victim rights, person-centered care, is designed to provide a safe & expeditious transfer process in accordance with the CoCs ETP by prioritizing the DV household transfer from either a transfer to another PH program or to another unit whichever may be the case. Relationships with landlords has provided our CoC the ability to break leases without consequences when enacting the ETP. DV ETP prioritizes safety & victim centered services to prioritize safety. DV provider who is active in the CoC, offers trauma-informed, victim centered services that focus on maintaining safety/security, referrals to PH interventions that prioritizes safety, confidential ES & 24 hour hotline.
3)The DV prioritizes confidentiality of victims. This guides the CE System protocols which incorporates trauma-informed care, victim rights, person-centered care, & maximizes client choice for housing & services. The CE System utilizes a 24-hour confidential hotline to administer the prioritization tool

that is imbedded in their secured, comparable database & is only accessible to the DV provider. Providing proprietary identifiable information during the initial CE assessment process is optional. The DV Provider does not deny services to those seeking assistance should this data not be made available through CE. All referrals made through the DV CE System are only accessible by CASFV staff.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the City of El Paso			

You must enter information for at least 1 row in question 1C-7.

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)

1) The CoC is fortunate to have a great working relationship with the City of El Paso Housing Authority (HACEP). The CoC continues to take active measures to educate The City of El Paso PHA on homelessness in El Paso and the need for PH options outside of CoC funded PH programs. As a result the local PHA has adopted a homeless preference for public housing. Currently, discussions are taking place to expand the preference to include HCV. The County of El Paso PHA has partnered with the Coalition for strategic planning efforts and is reviewing their policies to possibly have a homeless preference. The CoC continues to have one-on-one meetings and email communication coupled with statistics on our existing PSH programs. Through this process the CoC and PHAs have been able to discuss the current needs of the homeless. The CoC actively works with the 3 PHAs in the geographic area; they are the City of El Paso PHA, County of El Paso PHA and Town of Anthony PHA. The City of El Paso PHA provides a greater access to the HCV and Public Housing Programs, 37 vouchers for chronically homeless and manages the HUD VASH vouchers in collaboration with the local VA. The El Paso County manages HUD VASH vouchers in collaboration with the VA and Mainstream Vouchers. The CoC will continue to work with HACEP in sharing PIT and HMIS data to be able to review preference criteria
2) N/A

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**	No
2.	**PHA**	No
3.	**Low Income Tax Credit (LIHTC) developments**	Yes
4.	**Local low-income housing programs**	Yes
	Other (limit 150 characters)	
5.		

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

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

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

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**

2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

1)The CoC has worked closely with the City of El Paso PHA in the implementation of the Emergency Housing Voucher Program. The implementation prioritizes specific populations and all prospective clients are referred through the local Coordinated Entry system, along with required documentation to expedite the eligibility process.
2) The CoC and EHV recipient have two formal agreements: An MOU which defines the project criteria, prioritizations and CoC role and a separate Services Agreement that documents the procedure to review referrals and to identify available housing.

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

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

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

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

(limit 2,000 characters)

1)The El Paso Coalition for the Homeless partnered with the Housing Authority of the City of El Paso to apply for the Tenant Protection Vouchers (TPVs) for youth eligible under the Family Unification Program (FUP) AND the Emergency Housing Voucher (EHV) programs.
2)HUD awarded 24 TPVs and 105 EHVs. HACEP receives referrals for their EHV program exclusively from the CoC's Coordinated Entry System.
3)The coordination with HACEP and the CoC has resulted in additional housing vouchers dedicated to youth and households experiencing homelessness. Prioritizing those ready to move on from PSH or RRH for EHV benefits those households accessing ongoing affordable housing. The TPVs voucher is a cross-system collaborative effort to prevent and end homelessness among youth with a current or priory history of child welfare involvement.

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

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

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

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

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

PHA
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.**	18
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.**	18
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)

The CoC continues to emphasize Housing First & low/no barrier approach to help homeless persons obtain & maintain PH. A vital part of the strategy for the CoC to ensure that the CE is fully functional in identifying, prioritizing households with high acuity. The CoC has implemented a system for clients

who are in PSH & have stabilized & whose service needs have decreased, these clients are offered PH options, which makes available units for moving persons directly from the street. The CoC works collaboratively with PSH partners in addressing & meeting this performance measure & strategies to make improvements. The CoC continues to engage landlords who are willing to offer low/no barrier housing to those experiencing homelessness. CoC also focuses on connecting households to housing subsidies, i.e. HCV, Section 811, etc. The CoCs Performance Committee & the CE Oversight Committees are responsible for ensuring strategies have been established/implemented to meet this measure. CoC is also focusing on improving access to healthcare, mental healthcare, mainstream benefits, especially the utilization of the SOAR process which is mandated for all CoC funded programs. The Performance & Benchmarks Committee is responsible for ensuring strategies have been established/implemented to meet this measure. CoC continues to oversee programs to ensure that each project has adopted a housing first approach by 1) reviewing each programs Policies & Procedures yearly, 2) reviewing various data points in HMIS such as income at entry, length of homelessness at entry, # of disabling conditions at entry, length of time between program start date & move-in date, exit interview information. In a detailed analysis of our PH system, 40% of those housed in PSH & RRH came directly from the street.

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

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

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

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

(limit 2,000 characters)

1)The CoC has developed an outreach consortium that focuses on identifying all living on the street. Funding resources from multiple donors, agencies have been combined to support this comprehensive multi-agency initiative which includes youth, LGBTQI, veterans, mentally ill, individuals/families who are on the street, encampments or other places not meant for human habitation. TX Governor Greg Abbott passed an anti-camping ban, effective 9/1/21. As a result, collaborative efforts with local law enforcement have increased significantly. Consortium has developed processes to address this ban by identifying the size of camp, # of individuals, population at camps (elderly, disabled) & location. Teams offer services such as substance abuse, mental health, healthcare, safety through referrals to shelters or PH interventions.

When teams are contacted by law enforcement, teams coordinate their efforts to avoid duplication of services. Multiple contacts may be required prior to either engaging the homeless or linking them to the community's CE process and when agreed upon, triage is conducted utilizing the VISPDAT & those assessed are placed on the CoC's acuity list.
2)CoC utilizes ESG, SSVF, SAMSHA, RHY, foundations/private funding & volunteer organizations ensures that outreach is covering 100% of the geographic area. CoC currently has 11 outreach teams to ensure adequate coverage.
3)Street Outreach occurs 7 days/week w/varying shifts to accommodate the needs in the community & includes afterhours & emergencies.
4)CoC Street consortium focuses on constant engagement for those who are less likely to request assistance, by building a trusting relationship. CoC tailors teams to target youth, LGBTQI, veterans, mentally ill, etc. Teams target encampments that have a high concentration of those with long history of homelessness & have acuity. Outreach Consortium Committee is comprised of 11 teams who meet monthly to coordinate the difficult challenges of engaging homeless clients.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	190	412

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

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

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

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

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

(limit 2,000 characters)

1)CoC systematically keeps staff informed by through email distribution, through agenda items at membership meetings, through dissemination of training opportunities including webinars & conferences. Mainstream benefit providers partners are: TX HHS (SNAP, TANF, people of disabilities, etc.), EP County General Assistance, FQHCCs, & Molina Health Care. CoC provides SOAR training to providers to ensure quick access to SSA benefits.
2)CoC disseminates information on the availability of mainstream resources. State/local benefit programs are invited to membership meetings to disseminate information on programs that would benefit our population, ie. Peer recovery, TANF/food stamps, rehab,etc. CoC staff are encouraged to attend benefits meetings & review benefit program websites to ensure they are aware of changes & opportunities. CoC staff member is dedicated to Resource Facilitation whose responsibility that all homeless assistance projects, including CoC-funded, are kept informed about available services, including contact information, needed forms and/or documentation, access, etc., throughout the year.
3)CoC collaborates with providers assist with ACA applications & linkages to health care through mobile units, multiple clinics. CoC collaborates with local county hospital that offers healthcare options for those who are experiencing homelessness. Local FQHC is funded by the National Healthcare for the Homeless Foundation for a dedicated clinic for the homeless. The county hospital & the FQHC work together to coordinate health care coverage to address medical needs.
4)The CoC, through Medicare/Medicaid administrator, is providing partners 'how to' effectively utilize Medicare/Medicaid to be able to provide a comprehensive health care approach that can support clients in accessing, i.e.

medical transportation, smoking cessation, case management, etc. TX HHS also provides technical assistance to providers on accessing billing for Medicaid eligible expenses & access to WIC.

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)EP County, as the operator of CE System, ensures 100% coverage of the CoC geographic area, TX-603. CoC's entire geographic area is accessible to CE processes either through the designated CE access points located strategically across the county, the 2-1-1 community information & referral hotline, one of the many shelter & program participants, or a street outreach team.
2)EP County partnered with the local 2-1-1 & serves as the entry point to CE. Our local Homeless Outreach Consortium works closely with CE to ensure those living in encampments receive on-going outreach & support; a population that are resistant to services of any kind. The Homeless Outreach Consortium works closely with El Paso PD Crisis Intervention Team to also reach out to those who are highly resistant to receiving assistance. EP County CE System links to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the CE process. Street outreach teams are considered an access point for the CE process, & they operate as such. They seek to engage persons who may be served through CE but who are not currently seeking assistance or are unable to seek assistance. CE operator provides outreach to Emergency Shelters, law enforcement, mental health providers, etc. to keep all informed.
3)CE System utilizes VI-SPDAT. There are 4 homeless assistant tools, one for each of the following: families, individuals, youth, justice-involved & homeless prevention. These tools have aided the community in implementing a prioritization scheme, which is prioritizing PSH & Mid Term RRH programs for those who are a higher acuity.
4)EP County, as the CE operator, monitors timeliness of acceptance via providing a warm-hand off by contacting program & sharing the referral & follow-up with participant being referred. The CoC wants to assure that referred households receive assistance in a timely manner & reviews.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance	Yes

exists within the last 3 years?	

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

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

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

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

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

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

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

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

(limit 2,000 characters)

The CoC has been discussing Racial Equity in our community for 3 years. The initial phase focused on highlighting the scope of racial disparities of those experiencing homelessness and comparing those data points US Census data. From there the community focused on data from CE referrals and program acceptance. This step highlighted the inequitable rates and what changes are needed to ensure equitable rates. Based on these findings, a committee was created to address (to include someone with lived experience) these findings and to determine whether any identified racial disparities are being perpetrated by processes within our system. This guidance was derived from participating in HUDs CE Prioritization & Assessment Community Workshop. Addressing racial equity was part of the scoring in the FY 2021 CoC local competition.

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

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

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

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	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).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	

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

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

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

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

(limit 2,000 characters)

1)Upon the Emergency Declaration, the CoC partnered w/entities to address safety needs for those in unsheltered situations by obtaining food, hygiene products & PPE & providing to Street Outreach Teams for dissemination. Housing was promoted rather than usual efforts to move someone from the street into a shelter. As a result, a high # of unsheltered homeless obtained safety in PH. CoC worked w/City/County to create transportation program for testing sites & quarantine facilities for those living on the street, as a safe/sterile environment rather than exposing them to public transportation.
2)CoC acted quickly to partner w/Office of Emergency Management, including City/County officials, to stand up a temp shelter, where CDC safety protocols were in place, to allow for social distancing at area congregate shelters & to act as a funnel into shelter system. Clients seeking shelter were screened for symptoms & if none were present, they were allowed to enter the temporary site for up to 6 days prior to being referred to other shelters. For symptomatic persons, transportation was coordinated to testing sites & then to a quarantine facility until results were obtained. Persons w/negative results were returned to temporary shelter & positive persons remained at the quarantine facility. CoC obtained hygiene, sanitization products & PPE & disseminated to other ES to ensure their environments & clients were safe. CDC guidance posters emailed to all providers. Weekly meetings to discuss issues, review data, & address needs along with available bed space within the system to facilitate movement from the temporary shelter.
3)CoC coordinated hygiene, sanitization products & PPE for TH projects during the pandemic. Assistance to achieve social distancing was provided where necessary. THs were invited to participate in weekly meetings where issues

were discussed, data was reviewed & needs were addressed. THs offered beds as available to reduce the capacity of the temporary shelter.

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

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

(limit 2,000 characters)

Prior to COVID-19 there had not been developed relationships w/City Public Health Department. As a result the CoC has developed new relationships w/City Public Health Department, FQHCs & local healthcare providers. Together, we were able to develop a plan that addressed quarantining. Through this experience, there will be a better understanding of roles & responsibilities between the CoC & the City/County Health Department. In addition, the CoC was able to make these providers aware of a homelessness system in El Paso County as they weren't before. A Cares-Collaborative's committee was created that proposed to the City of El Paso a community-wide crisis response plan comprised of key community stakeholders. The committee proposed formalizing a process to address any future community-wide systemic crises, &/or surge conditions. It was also proposed to the City that the committee would seek technical assistance from HUD, evaluate best practices from other communities, & develop a comprehensive crisis plan that addresses local resource gaps, augments surge capacity & develops strategies that protect the health, safety, & wellbeing of households experiencing homelessness. Also proposed was the implementation of best practices to address the lack of community crisis response plan & appropriate surge capacity: develop/implement comprehensive emergency planning, provide immediate, low barrier shelter, & implement diversion/prevention measures. Comprehensive emergency planning must be a coordinated effort, including implementing several steps to improve our emergency planning (HUD, Disaster Recovery Homelessness Toolkit 2020). Step 1: Find out what disaster planning has taken place The Cares-Collaborative will work w/City & OEM to develop an accurate picture of what effective disaster planning has already taken place. Step 2: Involve the right people. Task Force intended to formalize a process to address any future community-wide systemic crises, &/or surge conditions.

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)

1)The CoC worked collaboratively w/Texas Department of Housing & Community Affairs (TDHCA) to identify components to fund under the ESG-CV specifically to address housing &/or hotels vouchers in lieu of congregate shelters. ESG tranche 1 prioritized RRH & Hotel vouchers to prevent & limit the spread of COVID-19. ESG tranche 2 prioritized RRH & HP to provide housing & keep households from being evicted to limit the spread of COVID-19. The CoC coordinated w/City to create a transportation for testing & isolation & quarantine to limit the spread of COVID-19.
2)The CoC had several coordination calls w/TDHCA on discussing local needs. Based on local meetings, CoC recommended the need for additional housing interventions with a prioritization on vulnerable populations based on age & underlying conditions (diabetes, obesity, etc.). Similar guidance was provided to collaborative entities applying for ESG-CV II funding.
3)CoC had several coordination calls w/TDHCA on discussing local needs. Based on many local meetings, the CoC recommended the need for homeless prevention assistance with a intensive case management component for households threatened with eviction. Texas being a unique state, due to the TX Supreme Court not recognizing the moratorium as of 3/31/21. Due to substantial resources available to the City for eviction prevention, ESG CV funds were not recommended for this purpose.
4)The CoC coordinated w/City as entitlement jurisdiction through the Office of Emergency Management to ensure that all providers were provided necessary healthcare supplies such as thermometers, gloves, N-95 face masks, using available resources through both the treasury & ESG-CV.
5)CoC coordinated w/City as entitlement jurisdiction through the Office of Emergency Management to ensure that all providers were provided necessary sanitary supplies such as bleach, hand sanitizer, handwashing stations, disinfectants, cleaning tools, using available resources through both the treasury & ESG-CV.

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

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

(limit 2,000 characters)

1)Prior to the Emergency Declaration, a representative from City/County Public Health Department presented at our monthly general membership meeting to provide guidance for providers to prepare for the imminent pandemic. Information was provided with respect to CDC guidelines, cot &/or bed placement, the need for hand sanitizer, changes to traditional food service & shelter-in-place strategies. CoC worked closely w/healthcare system, especially hospitals, regarding discharge of homeless COVID-19 positive persons & coordinated with both providers & the quarantine facilities operated by OEM to provide temporary shelter. To decrease the spread of COVID-19, City/County Health Department created a plan for supporting quarantining; non-congregate shelter for those exposed to or exhibiting symptoms of COVID while the City/County Public Health Department assisted with testing & treatment referrals.

2)During the pandemic, CoC continued coordinating with the Public Health Department to tour facilities & recommend modifications where needed to implement CDC recommendations. CoC added an agency item to its standing Planning Committee meeting to discuss the impact the pandemic was having on homeless assistance providers & develop suggestions/solutions where doable. CoC continued to solicit & disseminate hygiene, sanitization products & PPE to ensure safety of staff & clients. CoC worked closely w/healthcare system, especially hospitals, regarding discharge of homeless COVID-19 positive persons & coordinated with both providers & the quarantine facilities operated by OEM to provide temporary shelter. To ensure safety measures were implemented, City/County Health Department created a plan for supporting quarantining; non-congregate shelter for those exposed to or exhibiting symptoms of COVID while the City/County Public Health Department assisted with testing & treatment referrals.

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)

1)Guidance on best practices from CDC, the City/County Health Department & OEM were posted on the CoC lead's website as a quick reference for homeless assistance programs within the region. Posters with CDC guidance on handwashing, covering a cough, etc. were emailed to all providers. Monthly meetings became virtual to ensure safety of the providers but to also continue the dialogue about their needs & how we could address, including the ongoing need for sanitization products & PPE, some of which became available through a request form submitted to OEM. Information was routinely emailed membership listserv of 450+.
2)CoC participated in an initiative headed by the City in conjunction with OEM to create a fluid Policy & Procedure document that could be easily updated, disseminated & posted to relevant websites regarding changes in local restrictions. The document was completed, posted on the CoC lead's website & disseminated to the listserv. Changes become more frequent so staff of the City's Community & Human Development Department took over the project & utilized a website "El Paso Strong" as the primary location for this informational document, along with other guidance & contact information about COVID-19, as a "one stop" resource.
3)Guidance from HUD regarding a promotional campaign to bring awareness to the provider community was converted to a powerpoint presentation, with local information of healthcare facilities, clinics, priority populations to receive the vaccine & opportunities to register, etc., & presented to the membership at a regular general membership meeting & also disseminated via email. Providers were encouraged to begin these conversations with their clients in preparation for the availability of the vaccine. When the vaccine became available, CoC worked closely with OEM regarding the various shelters, TH, RRH programs so schedules could be developed to provide the vaccine, ensuring that sufficient

quantity was available for all eligible persons.

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)

Persons experiencing Homelessness were initially prioritized in the following way to receive the vaccine: individuals that were over 50 and had an underlying health condition (frail and elderly); individuals in congregate shelters; individuals and families in non-congregate shelters and TLCs; and persons in Rapid Rehousing still under a case management project. As vaccines became more prevalent, they were offered to any sheltered person as well as shelter staff as long as they met the age requirement. In partnership with OEM and Street Outreach Teams, the CoC then began an extensive initiative to vaccinate unsheltered homeless once the single-dose vaccine became available, coordinating with numerous entities to secure locations and market the event to those living on the street. Vaccination initiatives continue through the support of OEM for clients either entering the homeless system or for those that didn't accept the vaccine when originally offered. Local clinics also let the CoC know when product is available. Vaccines for those experiencing homelessness, whether sheltered or unsheltered, are documented in the geographical HMIS.

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)

To address the possible increase in domestic violence calls for assistance, CASFV increased staff time dedicated to its 24-hour hotline. These operators provide coordinated entry, safety planning & provide immediate support to clients seeking to flee a domestic violence situation. To help guide more homeless clients in seeking housing options, the Center launched a chat feature on its website & added a texting function on its hotline to provide multiple channels to support callers. CASFV followed local & national health official guidelines to implement mask wear, practice social distancing, coordinate quarantining, promote vaccinations & maintain disinfecting & deep cleaning. For clients who were exposed or contacted COVID, CASFV staff worked w/ local health officials to set up testing & connect them w/medical attention. CASFV conducted an outreach campaign w/local media contact to raise awareness of the issue of domestic violence & resources available. CASFV's outreach team conducted community education presentations virtually to connect w/non-profit agencies & community groups regarding services available & to promote

referrals. CASFV saw an increased demand in clients seeking rental & utility assistance. CASFV leveraged additional support from the TX HHS Commission to meet rental, utility & client assistance needs. Center Advocates gathered information on services available during COVID to refer clients to outside community resources. CASFV's Workforce Advocate aided clients w/workforce readiness & in seeking employment opportunities during the pandemic. CASFV's comprehensive wrap-around services pivoted to a hybrid delivery model to connect clients w/services during stay at home orders. Throughout the pandemic, TH & RRH services remained available. CASFV provided case management, advocacy, support groups, therapy, workforce training, GED classes, parenting classes in a virtual format.

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

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

(limit 2,000 characters)

The CoC adjusted its Coordinated Entry system, as a result to the onset of COVID-19 pandemic. Previously to the pandemic, CE staffed assessors in multiple locations across the community. With the shelter-in-place mandate, assessors were force to work remotely. Kiosks with Webex capability were donated to the temporary shelter, which served as a funnel into the homeless assistance sector. At the beginning of the pandemic, there was a scarcity of housing opportunities so all clients seeking services were initially referred to the temporary shelter and then to another shelter when space became available. As RRH began to be funded through the VA's SSVF program, local CDBG CARES and local and state ESG-CV, full assessments resumed and clients became housed. The local CE uses the VI-SPDAT but assessors began asking about CDC vulnerabilities including age in order to more appropriately refer clients to the numerous CV programs offering housing. Local prioritization had to be modified from those with the highest acuity to those with the most CDC-identified vulnerabilities. As CV funding is dwindling, CE has resumed the more traditional approach to prioritize housing for those initially identified in the CE P&Ps at the time of implementation.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	10/19/2021
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.**	10/21/2021

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

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

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

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 CoC created an objective scoring that rewards projects for prioritizing chronic homeless (CH), reducing barriers, and meeting or exceeding local performance measures. The focus of this years tool was to incorporate local performance measures. Projects that serve CH exclusively are also prioritized. Threshold criteria includes that all projects are required to participate in CE which assesses and prioritizes CH households and severity of needs and vulnerabilities for program openings. During ranking, score was considered first for each applicant. Scoring criteria included varied performance thresholds by project type. The project narrative, housing first questionnaire, eLOCCS reports, and HMIS/comparable database reports were used when determining ranking.
2) The CoC provided opportunities for projects who serve high barrier persons to receive additional application points. Also included was a section that addressed Housing First, which gave reviewing team which projects would implement a housing first/low barrier approach to vulnerable populations, including persons with criminal backgrounds, the LGBTQ population and persons with drug or alcohol addiction.

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

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

(limit 2,000 characters)

1)CoC & Statewide, the Hispanic & African-American population face highest disparities in homelessness. Hispanic & African-American program representatives are actively engaged in various levels, at the case management level as well as leadership to include the CoC board & various committees. From participation in national workshops & feedback from membership discussion, the following questions were incorporated into the CoC application & scored as part of the rating factors: describe your organization's commitment to racial equity; include the following: Racial & ethnic makeup of your organization's leadership staff & board, including statistics; detail the initiatives & efforts your organization has implemented to increase the representation of people of color in leadership positions; describe efforts to increase cultural & racial competency among your staff/volunteers/program participants; how does your organization analyze data & information about race & ethnicity.

2)In developing the Independent Review Team for the FY2021 CoC applications, CoC solicited volunteers from a broad range of entities to ensure diversity in the group. Hispanics & African-Americans, both of whom are over-represented in the local homelessness population, were represented on the IRT.
3)Projects were also scored based on narrative responses that described how their agency is addressing racial inequities & what future planning they are doing towards an equitable system specifically the racial & ethnic makeup of the agency's leadership staff & board, the initiatives & efforts the agency implemented to increase the representation of people of color in leadership positions, the agency's efforts to increase cultural & racial competency among your staff/volunteers/program participants, how the agency analyzed data & information about race & ethnicity & examples of how agency addresses racial inequities for participants in your programs.

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 reallocation process allows project reduction, rejection, & reallocation during project review & ranking. A project may initiate voluntary reallocation in writing for any reason. Competitive reallocation is CoC-initiated based on criteria developed by the CoC (including meeting threshold, fund expenditure, outcome & project management performance). As part of the scoring tool for renewal projects, performance utilizing existing community metrics was evaluated (capacity rates, length of time from start date to move-in date, recidivism, increase in income). Projects that scored low in this category could be subject to reallocation. In addition, projects with continued low spend-down rates were not eligible for renewal by the CoC Board.
2)Through the rating process, 2 projects were identified as low scoring & subject to reallocation. One project was not allowed to submit a renewal request due to low spend-down rates but was invited to participate in the new project competition. Our local PHA initiated a voluntary reallocation as allowable under our reallocation process for one of their existing PSH projects.
3)Two low-scoring projects were reduced by the CoC Board through the ranking process. Because the scores were close, the CoC Board chose not to eliminate but to offer a reduced amount. Populations served by the low-scoring projects were considered when making this decision to not eliminate but to reduce.
4)N/A
5)The project with continued low spend-down rates was contacted via email after the CoC Boards decision to reallocate & was provided materials to re-

submit as a new project. The two low-scoring projects that were reduced were contacted by telephone, informed of the CoC Board's decision, & were offered the option to accept the reduced amount or to forgo funding completely. Both entities accepted the reduced amount. A letter was sent to both agencies via email regarding the CoC Boards decision & confirming their acceptance of the reduced amount.

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

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

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

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/20/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/20/2021

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

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus Inc./Clarity Human Services

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)

1)The CoC works closely with our DV Provider, Center Against Sexual and Family Violence, and with their HMIS comparable database, OSNIUM. Our HMIS staff have had various meetings with OSNIUM staff on ensuring that the data elements being collected are from the most recent HUD Data Standards. 2) HMIS Staff has worked closely with OSNIUM Staff in reviewing reports being created from their system and comparing to hard data, this process has confirmed that the reports being generated from OSNIUM are able to provide de-identified aggregate data and is submitted to the CoC quarterly. The de-identified data that is provided by the DV Provider is monitored, for all DV programs managed by CASFV to ensure conformance to local performance metrics. The process utilized for monitoring and evaluating program performance is followed for all DV programs.

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	927	165	652	85.56%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	195	15	180	100.00%
4. Rapid Re-Housing (RRH) beds	412	24	388	100.00%
5. Permanent Supportive Housing	186	0	186	100.00%
6. Other Permanent Housing (OPH)	60	0	0	0.00%

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

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

(limit 2,000 characters)

Not Applicable.

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.	11.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	

	NOFO Section VII.B.3.c.

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

(limit 2,000 characters)

Not Applicable.

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

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

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

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

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

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

2C. System Performance

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

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

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

(limit 2,000 characters)

1) As reported last year, risk factors were identified for individuals/families who have become homeless for the first time utilizing HMIS. Factors identified, include young mothers with children less than 3 years of age, complete families who were less than 3 months in prior living situation; and youth living with family/friends.
2) Strategies that the CoC uses to address individuals/families at risk of becoming homeless are: programs that provide financial management, credit repair, childcare, utility & rental assistance services (homeless prevention) to help at risk households maintain their housing. Local Legal Aid provides free legal services to assist households who are illegally evicted and may become homeless. Another strategy is to use prevention resources to keep people where they are, using its prevention resources to target funding and services earlier when the housing crisis begins. The CoC continues to work with entitlement community to increase the amount of prevention funding. The CoC holds regular committee meetings with agencies administering prevention/rapid rehousing funds to discuss barriers to services, such as "timing out" of welfare benefits.
3) The El Paso Coalition for the Homeless is responsible for ensuring strategies have been established/implemented to meet this measure of Reducing the Number of First-Time Homeless.

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) Length of Time Homeless Persons in ES, SH and TH = 33 days. The CoC continues to increase inventory of appropriate and affordable housing. CE is a key system in rapidly coordinating housing opportunities. The CoC continues to work with the CE operator to improve process. The CoC establishes community standards for average length of stay for all ES & TH programs, promoting best practice models that decrease length of stay and increase stability in housing/successful exit to PH, increasing midterm RRH for households and addressing the lack of affordable housing and insufficient income as a part of our local Strategic Plan. CES Policies requires prioritization be given to households with the longest lengths of homelessness. Specific training, developed in collaboration with the ESG entitlement entity, is conducted at least annually to discuss barriers and review options available within the community. Efforts to engage landlords to lower barriers and increase affordable housing options is ongoing.
2) On a quarterly, semiannual and annual basis, utilizing HMIS data, the CoC and Performance and Benchmarks Committee monitors the average length of program stay and evaluates households with longest length of stay to determine their recurring factors. In addition to monitoring, needed tools and best practices are provided to ensure length of stay is decreased. CoC is working with ES, RRH & TH programs to ensure they are connecting participants with employment opportunities & mainstream benefits. The El Paso CoC uses By Name list tools to track data regarding length of homelessness for specific populations including veterans, youth and chronically homeless. CES Policies requires prioritization be given to households with the longest lengths of homelessness.
3) The El Paso Coalition for the Homeless along with the Performance and Benchmarks Committee is responsible for ensuring strategies have been established/implemented to meet this measure.

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 CoC continues to emphasize Housing First and low/no barrier approach to help homeless persons obtain and maintain permanent affordable housing. A vital part of the strategy for the CoC to ensure that the CE is fully functional in identifying, prioritizing households with high acuity. The CoC has implemented a system for clients who are in PSH and have stabilized and whose service needs have decreased, these clients are offered PH options, which makes available units for moving persons directly from the street. The CoC works collaboratively

with PSH partners in addressing and meeting this performance measure and strategies to make improvements. The Coalition continues efforts to engage landlords who are willing to offer low/no barrier housing to those experiencing homelessness. The CoC also focuses on connecting households to housing subsidies, i.e. PH, HCV, Section 811, Section 211. Performance metrics have also been adopted by the CoC's Performance Committee to review the Average Length of Time (Days) from Start Date to Move-in for PSH to evaluate and potentially expedite the process.
2) Strategies to increase rates at which households in PH, other than RRH retain their PH are, the CoC has been focusing with new local PH interventions that increase home based case managers to ensure that households in PH interventions receive case management while in the program, ensuring the engagement of clients to ensure that they are meeting their individualized service plans and are stable. The CoC is also focusing on improving access to healthcare, mental healthcare, mainstream benefits, especially the utilization of the SOAR process which is mandated for all CoC funded programs.

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)HMIS data is analyzed to identify households who return to homelessness & characteristics of those households experiencing multiple bouts of homelessness in our community. CoC identified common factors of households (families/individuals) by analyzing HMIS data.
2)Based on data, the CoC reports to the Performance Committee, which is comprised of reps from ES, TH, mental health providers, CE staff, PH programs, will focus on identifying those who are returning to homelessness & target them for services that may have not been offered for example, increased mental health services, a stronger focus on income streams including employment opportunities. To reduce returns to homelessness, the CoC has implemented the following strategies: CE using VISPDAT to identify vulnerabilities of those experiencing homelessness, referral into PH program based on score, programs providing PSH must prioritize beds for those households with longest histories of homelessness &/or most episodes of homelessness, provide best practices training on case management & strengthening collaborations that focus on developing linkages & resources to provide supports to households who are at risk of returning to homelessness. CoC feels that case management is crucial in ensuring that households are able to remain stably housed. Agencies providing RRH or TH assistance must make accommodations to provide at least 6 months of follow-up services to ensure households have transitioned & remain stable in PH. Finally, the bonus project will create a project for CH with a high level of case management plus a mental health clinic all within the same structure & a 24/7 case management presence. This project is designed to reduce recidivism.
3)The El Paso Coalition for the Homeless, Performance Committee & the CE

Oversight Committee are responsible for ensuring strategies have been established/implemented to meet this measure.

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 continues to ensure program participants are connected with mainstream resources for employment. CoC has developed a process to identify & implement best practices, including supportive services for employment & client tailored wrap around services. Process helps the household & case manager identify the most appropriate income generating path for them & to begin the process of education & training leading to employment. The CoC has also organized partnerships between employment vendors for training & education. Programs within our CoC have employment specialists that have developed partnerships w/businesses who have a preference of hiring those who are experiencing homelessness to include those who have a sex offence in background.
2)The CoC has a partnership with TX Department of Aging & Disability in working with head of households & individuals in gaining employment while receiving SSI/SSDI. The VAs Compensated Work Therapy works with homeless veterans to gain employment. The TX Workforce has a specialized program that targets those who are unemployed, provides assistance & necessary tools to obtain employment, i.e. transportation, equipment, uniforms, etc. The CoC is supported by Workforce Solutions Borderplex & trains program staff on utilizing online job search engine for maximizing job matches & resume building. CoC has also organized partnerships between employment vendors for training & education. The YWCA has implemented Learn Invest Focus Train (LIFT) which focuses on training the parent(s) entering the workforce. TX Workforce routinely meets with homeless clients to develop plans on obtaining employment. An example of partnership is with our local ES for migrant farm workers. TX Workforce has a designated employee that spends 8 hours a week working with migrant farmworkers in exploring other avenues of employment.
3)El Paso Coalition for the Homeless is responsible for ensuring strategies have been established/implemented to meet this measure.

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)CoC promotes partnerships & access to employment opportunities with employers & employment organizations by holding job fairs. TX Workforce Solutions teaches program staff on utilizing online job search engine for maximizing job matches & resume building. In addition, specialized training is offered on how to build relationships with community employers & how to match appropriately. The CoC shares information on job fairs, employer connect events & job postings through the CoC email listserv. Partner agencies include TX Workforce & other local agencies, school districts, nonprofit housing & services providers, faith-based organizations, private business to include manufacturing, food processing, retail, etc. The VA host annual Veteran Stand Down event to assist veterans in accessing employment opportunities. Our community has had a high success with increasing earned income for those who are homeless & undocumented. The CoC has a partnership with TX HHS, Department of Aging & Disability, in working with head of households & individuals in gaining employment while receiving SSI/SSDI. The VAs Compensated Work Therapy works with homeless veterans to gain employment.
2) Homeless program participants in PSH are assisted to access & retain employment through specialized programs. This includes supported employment & vocational rehabilitation programs administered by partner agencies that service participants with disabilities. Mental health authority has a workforce development department that focuses on creating workforce options for those who suffer from mental health. Large homeless provider provides on the job training in the food industry, from washing dishes to catering events. A recovery program hires former participants to provide peer support for an opioid crisis center funded by SAMSHA. Local youth center funded by TX Workforce focuses on preparing aging out of foster youth through training, education, internships that lead to gainful employment.

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

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

(limit 2,000 characters)

1) The CoC continues to ensure program participants are connected with mainstream resources of non-employment AND employment income for which they are eligible. The CoC has begun discussions to authorize CoC program staff to have the ability to complete SNAP and TANF applications on behalf of program participants. CoC has established a goal of 54% of program participants exiting programs with non-employment income. CoC has developed a process in identifying & implementing best practices, including supportive services for employment & client tailored wrap around services. This process helps the household & case manager identify the most appropriate income

generating path for them, whether it's applying for public benefits due to disability or beginning the process of education & training leading to employment. A key strategy implemented over the past year was our CoCs participation in the SSI/SSDI Outreach, Access, & Recovery (SOAR) process. CoC program-funded projects are required to participate in SOAR training & use the SOAR process to better identify, engage, & enroll homeless households with disabilities so they can receive cash assistance they are entitled to. A SOAR Steering committee has been established as an ongoing support system to assist those completing applications & discuss barriers & solutions encountered. This effort will continue indefinitely.
2)CoC strategy focuses on providing each of the program case managers the tools needed to guide program participants when accessing mainstream resources, i.e. SOAR, TANF, SNAP. TX HHS provides direct training with programs that gives the case manager the ability to directly apply on behalf of the household. Coalition staff also provides direct training as well.
3)The El Paso Coalition for the Homeless and the Performance Committee is responsible for ensuring strategies have been established/implemented to meet this measure.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

Not Applicable

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

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

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

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

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

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

(limit 2,000 characters)

Not Applicable

4A. DV Bonus Application

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

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

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

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

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

	Project Type	
1.	**SSO Coordinated Entry**	Yes
2.	**PH-RRH or Joint TH/RRH Component**	Yes

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

1.	**Enter the number of survivors that need housing or services:**	492
2.	**Enter the number of survivors your CoC is currently serving:**	147
3.	**Unmet Need:**	345

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**

2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or**
3.	**if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.**

(limit 2,000 characters)

1) In a year, DV provider served 674 persons, of those, approximately 73% needed additional PH interventions.
2) The CoC collected aggregate data from the DV providers comparable database (OSNIUM) and HMIS.
3) The CoC is unable to meet the needs of all survivors in the geographic area due to the need of additional rental assistance housing. The issue that our CoC is facing is the lack of affordable housing which is a result of COVID-19 and the eviction moratorium.

4A-3.	**New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.**	
	NOFO Section II.B.11.(c)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	Center Against Sexual and Family Violence
2. Project Name	Coordinated Entry (Expansion)

4A-3a.	**New SSO-CE Project–Addressing Coordinated Entry Inadequacy.**	
	NOFO Section II.B.11.(c)	

	Describe in the field below:
1.	**how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and**
2.	**how the proposed project addresses inadequacies identified in element 1. above.**

(limit 2,000 characters)

1) CASFV CE Grant is for $42,000 - CASFV is needing to expand staff by one person and to be able to have additional coverage during after hours.
2) Additional CE staff will be able to provide additional and extended coverage

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

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

Applicant Name
La Posada Home, Inc.

YWCA El Paso Del ...

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

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

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

1.	Applicant Name	La Posada Home, Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	35.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	91.00%

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

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

(limit 1,000 characters)

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

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

(limit 2,000 characters)

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

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

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

(limit 5,000 characters)

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

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

(limit 2,000 characters)

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

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

(limit 5,000 characters)

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

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

(limit 5,000 characters)

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

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

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

1.	**Applicant Name**	YWCA El Paso Del Norte
2.	**Rate of Housing Placement of DV Survivors–Percentage**	
3.	**Rate of Housing Retention of DV Survivors–Percentage**	

You must enter a response for elements 1 through 3 in question 4A-4.

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

Describe in the field below:

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

(limit 1,000 characters)

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

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

(limit 2,000 characters)

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

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

(limit 5,000 characters)

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

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

(limit 2,000 characters)

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

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

(limit 5,000 characters)

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

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

(limit 5,000 characters)

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	Vulnerability Tools	11/11/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Notice	11/11/2021
1E-2. Project Review and Selection Process	Yes	Project Review	11/11/2021
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: Vulnerability Tools

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Local Notice

Attachment Details

Document Description: Project Review

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/29/2021
1B. Inclusive Structure	11/10/2021
1C. Coordination	11/10/2021
1C. Coordination continued	11/11/2021
1D. Addressing COVID-19	11/11/2021
1E. Project Review/Ranking	11/11/2021
2A. HMIS Implementation	11/11/2021
2B. Point-in-Time (PIT) Count	11/09/2021
2C. System Performance	11/11/2021
3A. Housing/Healthcare Bonus Points	11/09/2021
3B. Rehabilitation/New Construction Costs	11/09/2021

3C. Serving Homeless Under Other Federal Statutes	11/09/2021
4A. DV Bonus Application	Please Complete
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Notes:

4A. DV Bonus Application list contains 2 incomplete items.

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

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- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
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- SPDAT V 1.0 for Youth

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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

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Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
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More information about SPDAT training, including pricing, is available online at

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Administration

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

Opening Script

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

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

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

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

SCORE:

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A. History of Housing and Homelessness

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

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

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

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

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

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

B. Risks

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

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

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

c) Been hospitalized as an inpatient? ____ ☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

C. Socialization & Daily Functioning

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

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

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

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

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

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

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

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

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

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D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
19. When you are sick or not feeling well, do you avoid getting help?	☐ **Y**	☐ N	☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ **Y**	☐ N	☐ N/A or Refused

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

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ **Y**	☐ N	☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ **Y**	☐ N	☐ Refused

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

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

a) A mental health issue or concern?	☐ **Y**	☐ N	☐ Refused
b) A past head injury?	☐ **Y**	☐ N	☐ Refused
c) A learning disability, developmental disability, or other impairment?	☐ **Y**	☐ N	☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused

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

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

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

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

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

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

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

Scoring Summary

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

Follow-Up Questions

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

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

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

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Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

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Administration

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

Opening Script

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

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

Basic Information

PARENT 1

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

PARENT 2

☐ No second parent currently part of the household

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

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

SCORE:

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Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

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

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

SCORE:

A. History of Housing and Homelessness

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

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

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

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

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

SCORE:

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B. Risks

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

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

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

   c) Been hospitalized as an inpatient? ____ ☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

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C. Socialization & Daily Functioning

14.	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	☐ **Y**	☐ N	☐ Refused
15.	Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused

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

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

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

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

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

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

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

D. Wellness

19.	Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	☐ **Y**	☐ N	☐ Refused
20.	Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
21.	If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	☐ **Y**	☐ N	☐ Refused
22.	Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
23.	When someone in your family is sick or not feeling well, does your family avoid getting medical help?	☐ **Y**	☐ N	☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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E. Family Unit

32.	Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ **Y**	☐ N	☐ Refused
33.	Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ **Y**	☐ N	☐ Refused

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

34.	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ **Y**	☐ N	☐ Refused
35.	Has any child in the family experienced abuse or trauma in the last 180 days?	☐ **Y**	☐ N	☐ Refused
36.	*IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Y	☐ **N**	☐ N/A or Refused

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

37.	Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ **Y**	☐ N	☐ Refused
38.	Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ **Y**	☐ N	☐ Refused

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

39.	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Y	☐ **N**	☐ Refused
40.	After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...			
	a) 3 or more hours per day for children aged 13 or older?	☐ **Y**	☐ N	☐ Refused
	b) 2 or more hours per day for children aged 12 or younger?	☐ **Y**	☐ N	☐ Refused
41.	*IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ **Y**	☐ N	☐ N/A or Refused

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

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Scoring Summary

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

Follow-Up Questions

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

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

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

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Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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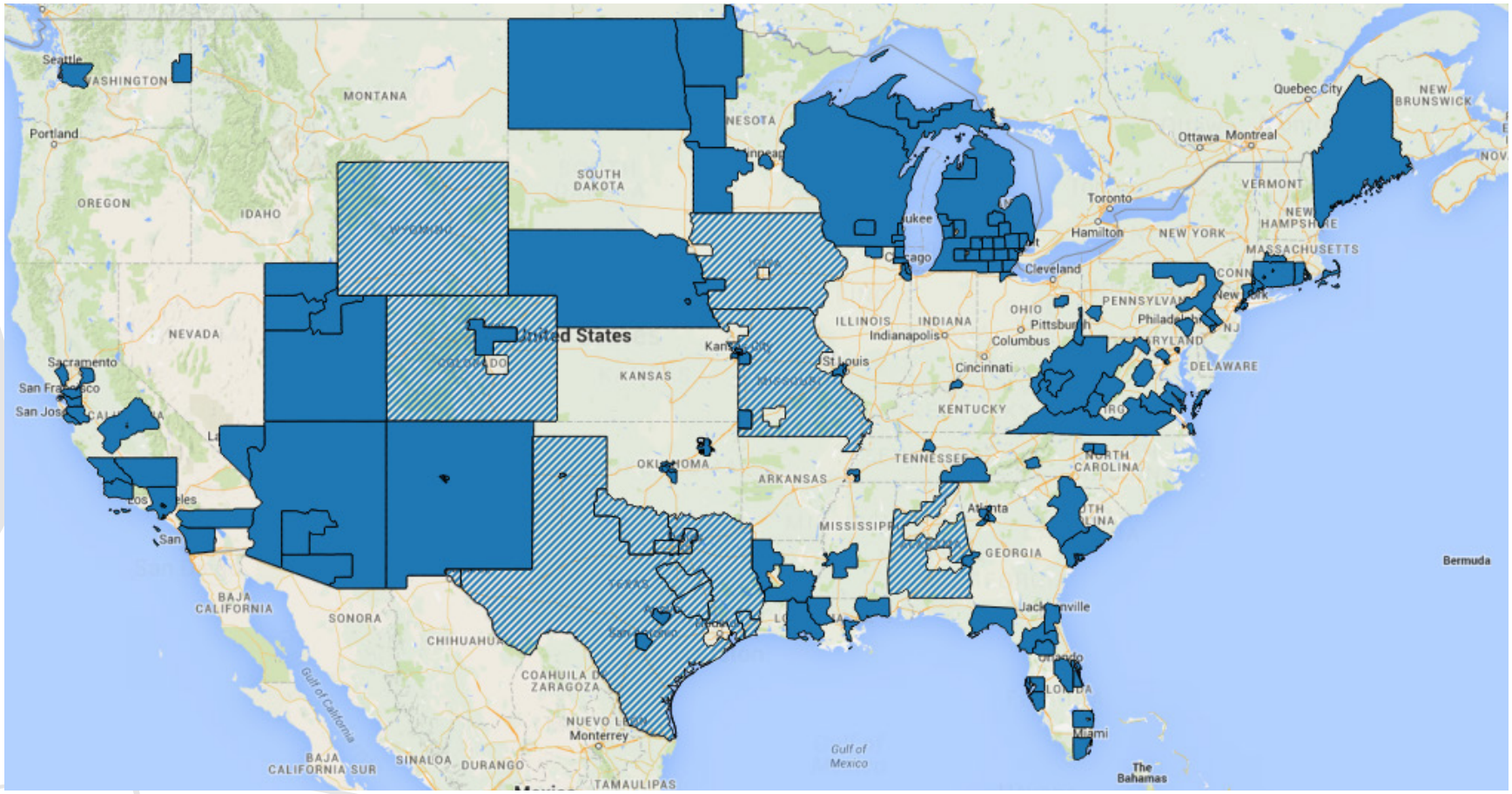
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

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Eric Rice, PhD

COMMUNITY SOLUTIONS

CSH

USC SCHOOL OF SOCIAL WORK

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

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Administration

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

Opening Script

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

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

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

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

SCORE:

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A. History of Housing and Homelessness

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

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

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

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

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

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

B. Risks

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

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

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

c) Been hospitalized as an inpatient? ____ ☐ Refused

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

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

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

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

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

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

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

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ **Y**	☐ N	☐ Refused	
8. Were you ever incarcerated when younger than age 18?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.**				**SCORE:**
9. Does anybody force or trick you to do things that you do not want to do?	☐ **Y**	☐ N	☐ Refused	
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**				**SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ **Y**	☐ N	☐ Refused	
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused	
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.**				**SCORE:**
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**				**SCORE:**
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **SELF-CARE.**				**SCORE:**

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15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home?	☐ **Y**	☐ N	☐ Refused
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	☐ **Y**	☐ N	☐ Refused
c) Because your family or friends caused you to become homeless?	☐ **Y**	☐ N	☐ Refused
d) Because of conflicts around gender identity or sexual orientation?	☐ **Y**	☐ N	☐ Refused

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

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

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

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
20. When you are sick or not feeling well, do you avoid getting medical help?	☐ **Y**	☐ N	☐ Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	☐ **Y**	☐ N	☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/5
D. WELLNESS	/5
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

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Follow-Up Questions

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

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

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

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The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

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The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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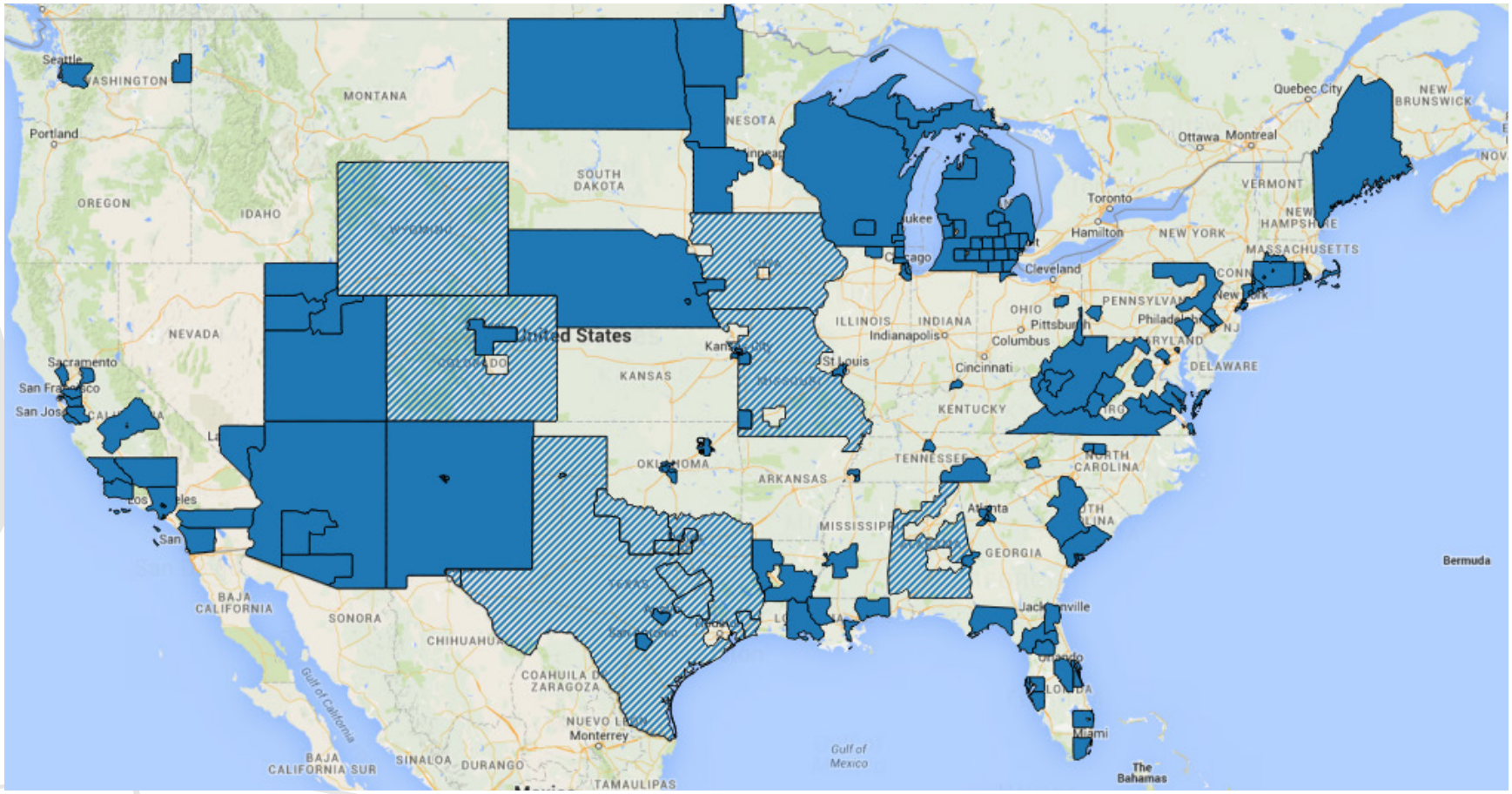
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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EL PASO COALITION FOR THE HOMELESS
CONTINUUM OF CARE GRANT COMPETITION

NOTIFICATION OF INTERNAL COMPETITION FOR HUD CONTINUUM OF CARE FUNDS
The U.S. Department of Housing and Urban Development (HUD) makes resources available to communities through a national competition for its Continuum of Care (CoC) Homeless Assistance Programs.
The El Paso Coalition for the Homeless (TX-603) announces the internal competition for HUD Continuum of Care Funding.

This competition is to award funding made available through the HUD Continuum of Care Notification of Funding Opportunity (NOFO). HUD has made available extensive resources to support applicants. These can be found at www.hud.gov

In preparation for submission of the CoC application for HUD funding, the El Paso CoC is now accepting applications from all agencies interested in applying for funding to support both NEW and RENEWAL projects through the El Paso CoC process. New agencies and projects not previously funded by the CoC may be awarded funding reallocated from existing Continuum Projects or through Bonus funding in the Competition. All new agencies and projects awarded in the FY 2021 Competition as part of the El Paso CoC will be required to participate in the local Homeless Management Information System (HMIS) and the local Coordinated Entry (CE) process.

The HUD Continuum of Care program provides funding to programs serving homeless individuals and families in the community that are in accordance with the goals of:

1. Ending Chronic Homelessness – HUD encourages communities to increase the number of units dedicated and prioritized for the chronically homeless,
2. Ending Family Homelessness – HUD encourages communities to increase availability of rapid re-housing opportunities for homeless families,
3. Ending Youth Homelessness – HUD encourages communities to work closely with youth service providers to identify the unique need of homeless youth and increase resources and programs available to address their housing and service needs.
4. Ending Veteran Homelessness – HUD encourages CoCs to prioritize veterans to the extent possible, in existing permanent housing programs with a focus on those veterans not eligible for VA funded housing or services. In addition, CoCs should coordinate with the local VA and VA funded programs to ensure access and opportunities for all homeless veterans.

For the FY 2021 CoC Competition, HUD identified the following funding priorities which will inform its evaluation of CoCs and project efforts toward ending homelessness for all populations:

1. Creating a systemic response to homelessness – CoCs should use CoC Program performance measures such as the average length of homeless episodes, rates of return to homelessness, and other factors that determine the effectiveness of serving people experiencing homelessness. Additionally, CoCs should be doing everything they can to create and use an effective CE process, promote participant choice, coordinate homeless assistance and mainstream housing service providers to ensure people experiencing homelessness receive assistance quickly that results in obtaining and maintaining housing, and make the delivery of homeless assistance open, inclusive, and transparent.

2. Strategically allocating and using resources – HUD calls for communities to critically evaluate all funding requests to ensure effective resource allocation.

New Project – Bonus Availability

New project applications are requested from qualified nonprofit and local government organizations for the FY 2021 Continuum of Care Program Competition. Applications are sought for projects that can make maximum efficient, economical, and effective use of the prospective allocation of the United States Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funds. Our CoC has been allotted the following for FY 2021

- $308,079 Permanent Housing Bonus
- $924,236 Domestic Violence Bonus

In accordance with the HUD funding priorities, the El Paso Continuum of Care will consider the following types of proposals for new project application in the FY 2021 Competition:

1. Permanent Supportive Housing projects that will be dedicated to chronically homeless individuals and/or families, including unaccompanied youth. This may include funding for rental assistance, leasing, services, or operating dollars.
2. Rapid Re-Housing for homeless individuals and/or families, including unaccompanied youth. Rapid rehousing projects may serve homeless households who do not have a disabling condition. Programs will need to serve only those living on the streets or in emergency shelter as well as those fleeing domestic violence. Rapid Re-Housing projects may request short-term (1-3 months) or medium-term (3-24 months) rental assistance and service funding.
3. Joint TH and RRH Component projects, which will combine Transitional Housing (TH) and Rapid Rehousing (PH-RRH) into a single project to serve individuals and/or families experiencing homelessness.
4. Supportive Services Only Projects for Coordinated Entry.

For new projects, it is mandatory for any agency that thinking of applying under these funds to attend the CoC New Applicant Informational.

Applicants should review the information available in this Internal Competition Notification and the Notice of Funding Opportunity from HUD. Please review the materials prior to starting the application. Inquiries are to be submitted to Camille Castillo at ccastillo.epch@elp.twcbc.com.

Participation Fee

For all projects New and Renewal that are included in the CoC's submitted Consolidated Application, a fee will be assessed to subsidize operations and administrative costs. For FY 2021, the fee is 3*% x the project's recorded budget*. This will be invoiced to the respective projects in a timely manner, and it will be due no later than November 16th. If you are not able to, please contact Carol Bohle, Executive Director.

2021 HUD Continuum of Care NOFO

Request for Proposals

Project Eligibility

The El Paso CoC is requesting applications from eligible organizations conducted as part of the U.S. Department of Housing and Urban Development's (HUD) FY 2021 Continuum of Care Program Funding Competition. HUD requires that each community applying for homeless services funds under the CoC Program conduct a local competition to select new and renewal projects that: align with HUD's funding priorities, are high performing, utilize best practices in the field, and best meet the needs of people experiencing homelessness. This guide will provide instructions and resources for completing the FY 2021 new and renewal project applications.

Eligible Projects

The following funding requests will be considered for project funding in the FY 2021 Continuum of Care Funding Competition:

- **Permanent Housing - Rapid Re-housing (RRH)** projects for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter, or persons fleeing domestic violence situations
- **Permanent Housing - Permanent supportive housing (PSH)** projects that serve chronically homeless individuals and families, including unaccompanied youth (not eligible for domestic violence bonus funds)
- **Transitional Housing and Permanent Housing – Rapid re-housing (TH-RRH)** projects serving persons fleeing domestic violence situations (this project can additionally serve homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter)
- **Support Services Only – Coordinated Entry (SSO-CE)** projects to develop or operate a centralize or coordinated assessment system for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter, or persons fleeing domestic violence situations (not eligible for domestic violence bonus funds)

Local Competition Timeline

All applicants should review the applicable documents for project Submission Guidelines, timeliness and more information about how projects are scored and selected for inclusion in the Continuum of Care's application to HUD for funding.

September 29TH	**RENEWAL Project Application Submission for Rating & Ranking** • Project Applications must be emailed to ccastillo.epch@elp.twcbc.com no later than **12 Noon**. • Faxes and hard copies will **not** be accepted. • LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
September 20th	New Applicant Informational – Mandatory - 3:00 PM via Zoom – See Appendix for meeting link
September 20th	Renewal Q & A Session – 1:00 PM via Zoom – See Appendix for meeting link
October 5th	**NEW Project Application Submission for Rating & Ranking** • Project Applications must be emailed to ccastillo.epch@elp.twcbc.com no later than **12 Noon**. • Faxes and hard copies will **not** be accepted. LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
October 6th – 12th	Review and Scoring of New Projects
October 14th	CoC Board Funding Decision
October 18th	CoC Funding Notifications to Project Applicants
October 19th & 20th	Esnaps work sessions with NEW Applicant(s)
October 26th	Esnaps Draft Application Due
November 2nd	Esnaps Final Application Due
November 8th, 9th & 10th	Comment period
November 15th	CoC Consolidated Application Submission by EPCH

Eligible Applicants

To be considered a qualified organization, the applicant must meet the following mandatory criteria:

- A Non-Profit 501(c)(3) tax-exempt organization or local government
- Applicants must be registered with https://www.sam.gov/SAM before submitting their application. In addition, Applicants must maintain an active SAM registration with current information while they have an active Federal award or an application or plan under consideration by HUD
- DUNS Number Requirement. Applicants must provide a valid DUNS number, registered and active at https://www.sam.gov/SAM, in the application. DUNS numbers may be obtained for free from Dun & Bradstreet.
- Must submit the last 2 years' single audit or independent financial audit that demonstrates the financial and management capacity and experience to carry out the project as detailed in the project application and the capacity to administer federal funds. Demonstrating capacity may include a description of the applicant and subrecipient's experience with similar projects and with successful administration of CoC Program funds or other federal funds
- A commitment to operating the program under the Housing First model.
- Able to document at least a 25% cash or in-kind match for the amount of funding requested
- Organizations applying for the domestic violence bonus funding MUST have a history of serving individuals, families, and/or youth fleeing domestic violence, dating violence, or human trafficking.

Submission Requirements

Applicants must submit (1) electronic copy of the application and all required supporting documents to ccastillo.epch@elp.twcbc.com. No paper or faxed applications will be accepted.

Applicants are **highly encouraged** to review and understand the accompanying local competition process and timeline, which includes further instructions, requirements, and resources that ensure your project will meet the eligibility criteria.

Questions regarding the NOFA process, application templates, and instructions can be directed to ccastillo.epch@elp.twcbc.om.

ALL RENEWAL project applications must include the following components:

1. Completed Application
2. Match and Leveraging Letters/MOUs
3. List of Board of Directors
4. Project Organizational Chart
5. Housing First Certification
6. Fair Housing Policy Certification
7. Proof of Ownership or Lease (if housing will be provided at site-based location)
8. Single or Independent Audits (most recent 2 years)
9. Copy of Projects Program Policies/Rules
10. Copy of Non-Discrimination Policy

ALL NEW project applications must include the following components:

1. Completed Application
2. Match and Leveraging Letters/MOUs
3. Articles of Incorporation and Bylaws
4. Federal Tax Exemption Determination Letters
5. List of Board of Directors
6. Project Organizational Chart
7. Housing First Certification

8. Fair Housing Policy Certification
9. Proof of Ownership or Lease (if housing will be provided at site-based location)
10. Single or Independent Audits (most recent 2 years)
11. Proof of updated SAM registration

All submissions will undergo a threshold reviewed for completion and accuracy prior to being scored by the CoC's Committee. Projects that submit incomplete applications or do not submit their application by the stated deadline in the competition timeline document may not be considered for funding. Please review the FY 2021 CoC NOFO Local Competition Guidelines for additional information about submission and threshold requirements please go to www.hud.gov.

Policies & Regulations

Coordinated Access

In the *2012 CoC Program Interim Rule*, HUD mandated that every Continuum of Care develop a Coordinated Entry system, with a primary purpose of making rapid, effective, and consistent client-to-housing and service matches. The Interim Rule mandated that as part of Coordinated Entry, CoCs must implement:

- Entry points into the CoC system of care that are clearly defined, easily accessible, and well-advertised
- A standardized and comprehensive assessment protocol and tool that is used to identify and document the needs of all individuals and families seeking emergency shelter and housing
- A standardized referral process for all programs receiving funding through the CoC that consistently refers individuals and families to the most appropriate emergency shelter and housing interventions and ensures that limited resources are used most effectively.

Housing First

Housing first is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

The Housing First approach is rooted in these basic principles:

- Homelessness is first and foremost a housing problem and should be treated as such
- Housing is a right to which all are entitled
- Issues that may have contributed to a household's homelessness can best be addressed once they are housed
- People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible without preconditions of treatment acceptance or compliance for issues such as mental health and substance use
- The service provider working with the individual should connect the client to robust resources necessary to sustain that housing, and participation is achieved through assertive engagement, not coercion

All projects are required to utilize a Housing First approach in their program design by incorporating the above principles, reducing barriers to client eligibility and program admission (especially as it relates to mental health, substance use, and "housing readiness" requirements), and to the extent possible, providing and documenting assertive service engagement with clients instead of implementing a program discharge. Projects may not require participants to be sober or seek mental health treatment as a condition of housing and/or services. Programs receiving funding through the NOFO will be monitored for compliance with Housing First requirements and may be asked to modify their program policies and procedures as a condition of funding. **Each funding applicant must sign the Housing First Agreement in the application packet to be considered for funding.**

Fair Housing Compliance

All housing programs funded through this RFP must be compliant with federal, state, and local laws in the delivery of their services and housing projects, which include ensuring equal opportunity and access to housing for protected class statuses. Programs will be monitored for compliance with fair housing laws, and if found in violation, El Paso CoC may give corrective action up to and including termination of funds. El Paso CoC reserves the right to require sub-recipients to change program policies or requirements that may unnecessarily limit access to housing.

Each funding applicant must sign the Fair Housing Agreement in the application packet to be considered for funding.

Performance Standards

Every year the Performance Committee reviews and revises performance metrics to measure towards making homelessness rare and brief at both the system level and project level. The metrics align with the performance metrics released by HUD and other common performance indicators used by El Paso CoC. The project level metrics allow the Continuum of Care to ensure the highest performing projects are funded to provide housing and services, identify areas of strength, and areas for improvement. All CoC-funded projects will be required to report on the metrics and are subject to the performance standards adopted by the CoC.

HMIS Participation

Use of an HMIS system is required by the Department of Housing and Urban Development (HUD). El Paso CoC will utilizes data entered into HMIS to measure system and project-level performance, coordinate service delivery, verify client eligibility for services, and fulfill reporting requirements for a variety of funders, including the federal government, state government, and philanthropic partners. The HMIS is used by more than 20 organizations which provide homeless services at more than 98 programs.

When an agency is selected for funding, the agency must agree to participate in the HMIS system, have staff complete all required HMIS trainings, and ensure that data entry into HMIS meets quality standards set by El Paso CoC.

Agency wide data entry is mandatory and includes, but is not limited to, conducting an intake assessment with each client, completing bed check-ins, and conducting an exit assessment with each client when they stop accessing services.

Required Insurance Coverage

For new projects, the selected organization must currently carry or be willing to obtain the following insurance coverage as part of the project:

- Professional Liability Errors, and Omissions Insurance (minimum $1 million policy)
- Worker's Compensation Coverage
- General Commercial Liability Insurance (minimum $1 million policy)
- Business Automobile Liability Insurance (minimum $1 million policy) *if applicable*
- Fidelity Coverage ($10,000)

New Project Budget

Under the CoC, new projects can request funding in up to 6 categories, dependent on the project type;

	Leasing	Rental Assistance	Supportive Services	Operations	HMIS	Admin
	*Facility or units *Lease between service provider and unit owner *Client is sublessee of service provider *Responsible for 100% of rent costs and damages, even if client doesn't pay rent *Service provider must pay for vacancies	* Apartments, houses, facilities *Lease between client and housing owner (sole tenancy) *Written rental assistance agreement between housing owner and service provider *Client pays portion of rent according to 24 CFR 578.77. Service provider pays remaining portion of rent (not responsible for client portion of rent) *Service provider cannot make rental assistance payments on a vacant unit except as provided in 24 CFR 578.51(i)	*Includes wide range of services such as case management, assistance with moving costs, client assistance, treatment, food, and counseling.	Costs for housing units: *Property Taxes/Insurance *Maintenance and repair *Security *Utilities *Furniture and equipment *Cannot be requested if project is using rental assistance funds in same structure	*Staffing and equipment costs to meet the regulatory requirements for participation in HMIS	*Each new CoC grant includes 10% admin. *Admin includes management, monitoring, environmental review, etc. Does not include staff or overhead directly related to activities—that is under the other categories
PSH (site-based)	✓	✓	✓	✓	✓	✓
PSH (scattered site)		✓	✓	✓	✓	✓
RRH		✓	✓		✓	✓
Joint TH-RRH		✓	✓	✓	✓	✓
SSO-CE			✓		✓	✓

Renewal Project

When completing the budget template, renewal projects must ensure that the configuration of units and total in each cost category (leasing, rental assistance, etc.) are the same as the pre-approved amounts from the FY 2020 CoC Grant Contract. The Grant Inventory Worksheet is posted on the website.

Match and Leveraging

Match refers to actual cash or in-kind resources contributed to the grant. All costs paid for with matching funds must be for activities that are eligible under the CoC Program, even if the recipient is not receiving CoC Program grant funds for that activity. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources. Match resources may be from public (not statutorily prohibited by the funding agency from being used as a match) or private resources.

To determine the amount of match required for your project, develop a proposed budget for the funds you will be requesting through the CoC Program. Subtract the amount requested for leasing and multiply the new total by 25%. This is the amount of match required.

Match Calculation Examples	
Without Leasing	**With Leasing**
Total amount requested from HUD (without leasing): • Rental Assistance funding = $90,000 • Supportive Services funding = $10,000 • Project Administration funding (7%) = $7,000 • Total amount requested = $107,000 Total amount requested from HUD x .25 = Minimum Match Requirement $107,000 x .25 = $26,750	Total amount requested from HUD (with leasing): • Leasing funding = $80,000 • Supportive Services funding = $20,000 • Project Administration funding (7%) = $7,000 • Total amount requested = $107,000 Total amount requested from HUD, excluding amount requested for leasing $107,000 - $80,000 = $27,000 Total amount minus leasing x .25 = Minimum Match Requirement $27,000 x .25 = $6,750

Eligible Costs for Match

All match contributions (cash or in-kind) in the CoC Program must be for eligible activities/costs per Subpart D of the CoC Program Interim rule, regardless of whether the activities/costs are included in the HUD-approved project budget. The eligible categories of match are as follows:

Supportive Services:

1. Assessment of Service Needs
2. Assistance with Moving Costs
3. Case Management
4. Child Care
5. Education Services
6. Employment Assistance
7. Food
8. Housing/Counseling Services
9. Legal Services
10. Life Skills
11. Mental Health Services
12. Outpatient Health Services
13. Outreach Services
14. Substance Abuse Treatment Services
15. Transportation
16. Utility Deposits
17. Operating Costs (SSO Projects ONLY)

Operating

1. Maintenance/Repair
2. Property Taxes and Insurance
3. Replacement Reserve
4. Building Security
5. Electricity, Gas, and Water
6. Furniture
7. Equipment (lease, buy)

Documentation of In-Kind Match

Documentation of in-kind service match requires a different approach than documentation of in-kind goods and equipment. The sub-recipient must enter into a formal memorandum of understanding (MOU) with the agency providing the in-kind service(s) and must establish a system to document the actual value of services provided during the term of the grant.

New projects may use a letter from the partner agency to document the commitment to provide the in-kind service in advance of executing a formal MOU, for instance, if the sub-recipient opts to wait to execute an MOU upon receipt of notification of award from HUD. However, it is preferred that new project applicants also submit completed MOUs with their project application if possible.

A memorandum of understanding is not required for the documentation of cash match or in-kind goods and equipment commitments from CoC Program recipients/sub-recipients. Instead, the agency should obtain match letters, following the included example template.

HOUSING PROGRAM MODELS & RESOURCES

Renewal and New project applicants should review a variety of best practices and tools to assist them in preparing their applications for funding and improving their outcomes. The following information gives a brief overview of housing models and best practices.

Permanent Supportive Housing (PSH)

Supportive housing is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities.

Research has proven that supportive housing is a cost-effective solution to homelessness, particularly for people experiencing chronic homelessness. Study after study has shown that supportive housing not only resolves

homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons.

Supportive housing links decent, safe, affordable, community-based housing with flexible, voluntary support services designed to help the individual or family stay housed and live a more productive life in the community. It looks and functions much like any other brand of housing. People living in supportive housing have a private and secure place to make their home, just like other members of the community, with the same rights and responsibilities. The difference is that they can access, at their option, services designed to build independent living and tenancy skills, assistance with integrating into the community, and connections to community-based health care, treatment, and employment services.

There is no time limitation, and tenants may live in their homes as long as they meet the basic obligations of tenancy. While participation in services is encouraged, it is not a condition of living in the housing. Housing affordability is ensured either through a rent subsidy or by setting rents at affordable levels.

There is no single model for supportive housing's design. Supportive housing may involve the renovation or construction of new housing, set-asides of apartments within privately-owned buildings, or leasing of individual apartments dispersed throughout an area. There are three approaches to operating and providing supportive housing:

- *Purpose-built or single-site housing:* Apartment buildings designed to primarily serve tenants who are formerly homeless or who have service needs, with the support services typically available on site.
- *Scattered-site housing:* People who are no longer experiencing homelessness lease apartments in private market or general affordable housing apartment buildings using rental subsidies. They can receive services from staff that can visit them in their homes as well as provide services in other settings.
- *Unit set-asides:* Affordable housing owners agree to lease a designated number or set of apartments to tenants who have exited homelessness or who have service needs, and partner with supportive services providers to offer assistance to tenants.

PSH Best Practices

- Corporation for Supportive Housing – Supportive Housing Quality Toolkit
- U.S. Interagency Council on Homelessness - Implementing Housing First in Permanent Supportive Housing
- HUD - Recovery Housing Policy Brief
- SAMSHA - Permanent Supportive Housing Evidence-Based Practices
- Corporation for Supportive Housing – Best Practices for Serving Unaccompanied Youth in Non-Time-Limited Supportive Housing

Rapid Re-Housing (RRH)

Rapid re-housing is an intervention designed to help individuals and families quickly exit homelessness and return to permanent housing. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household. Rapid re-housing has the following core components:

Housing Identification

- Recruit landlords to provide housing opportunities for individuals and families experiencing homelessness.
- Address potential barriers to landlord participation such as concern about short term nature of rental assistance and tenant qualifications.
- Assist households to find and secure appropriate rental housing.

Rent and Move-In Assistance

- Provide assistance to cover move-in costs, deposits, and the rental and/or utility assistance (typically six months or less) necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing.

Rapid Re-Housing Case Management and Services

- Help individuals and families experiencing homelessness identify and select among various permanent housing options based on their unique needs, preferences, and financial resources.
- Help individuals and families experiencing homelessness address issues that may impede access to housing (such as credit history, arrears, and legal issues).
- Help individuals and families negotiate manageable and appropriate lease agreements with landlords.
- Make appropriate and time-limited services and supports available to families and individuals to allow them to stabilize quickly in permanent housing.
- Monitor participants' housing stability and be available to resolve crises, at a minimum during the time rapid re-housing assistance is provided.
- Provide or assist the household with connections to resources that help them improve their safety and well-being and achieve their long-term goals. This includes providing or ensuring that the household has access to resources related to benefits, employment, and community-based services (if needed and appropriate), so that they can sustain rent payments independently when rental assistance ends.
- Ensure that services provided are client-directed, respectful of individuals' right to self-determination, and voluntary. Unless basic program-related case management is required by statute or regulation, participation in services should not be required to receive rapid re-housing assistance.

RRH Best Practices

- U.S. Interagency Council on Homelessness - Webinar: Core Principles of Housing First and Rapid Re-Housing
- HUD – Rapid Re-Housing Models for Unaccompanied Youth
- National Alliance to End Homelessness – Rapid Re-Housing Performance Standards and Benchmarks

Joint Transitional Housing and Rapid-ReHousing (Joint TH-RRH)

Joint transitional housing and rapid re-housing combines two existing program components –transitional housing and permanent housing –rapid rehousing in a single project to serve individuals and families experiencing homelessness. Joint projects are intended to provide a safe place for people to stay with financial assistance and wrap around supportive services that assist participants to move to permanent housing as quickly as possible. Stays in the transitional housing or crisis housing should be brief and without preconditions, and participants should quickly move to permanent housing without preconditions. Joint projects can help address several needs within communities that have that the following challenges:

- Large numbers of people living in unsheltered locations, including encampments
- Lack of safe crisis housing for people fleeing domestic violence
- High rates of unsheltered youth

Joint projects must be able to provide both units supported by the transitional housing component and the tenant-based rental assistance and services provided through the rapid re-housing component to all participants. Projects are required to provide both components to participants; however, participants may choose to receive only the transitional housing unit, or the assistance provided through the rapid re-housing component

Joint projects at minimum should incorporate the following core components:

- Target and prioritize individuals and families experiencing homelessness with higher needs and who are the most vulnerable.
- Housing first approach with client-driven service models to assist participants to move to permanent housing as quickly as possible. Participants cannot be required to participate in treatment or services to receive assistance.
- Low-barriers to entry to accommodate people with possessions, partners, pets, and or other needs.
- Incorporate client-choice by assisting participants move to permanent housing based on unique strengths, needs, preferences, and financial resources. To include allowing participants to choose when they are ready to exit crisis housing portion of the project and move to permanent housing.
- Provide participants to resources that help them improve their safety and well-being to achieve their goals.

Joint TH-RRH Best Practices

- HUD – The New Joint Transitional Housing and Rapid Re-Housing Component
- Safe Housing Partnership – Joint Transitional Housing and Permanent Housing – Rapid Re-housing component Project for Domestic Violence Survivors
- National Alliance to End Homelessness – The Joint Component is for Homeless Youth, Too

Supportive Services Only – Coordinated Entry (SSO-CE)

Supportive services only – coordinated entry project is to develop or operate a centralized or coordinated entry system. SSO-CE projects are to implement policies, procedures, and practices that equip the CoC's coordinated access to better meet the needs of homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter, or persons fleeing domestic violence situations.

Supportive Services Only – Coordinated Entry projects at minimum should incorporate the following core components:

- Navigation and support services to matched participants to ensure move to permanent housing.
- Coordination and outreach services to participants and housing providers
- HMIS utilization for coordinated access

Supportive Services Only – Coordinated Access (SSO-CA) Best Practices

- U.S. Interagency Council on Homelessness – Enhancing Coordinated Entry through Partnerships with Mainstream Resources
- HUD – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System

Appendices
Required Application Forms

Fair Housing Policy & Statement of Agreement

It is imperative that all programs tailor their program to comply with all federal, state and local laws dealing with Fair Housing. All programs funded by the El Paso CoC must comply with these regulations:

The Fair Housing Act of 1968 ensures equal access to housing and guarantees equal opportunity without regard for race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), or disability.

The Age Discrimination Act of 1975 ensures that persons cannot, on the basis of age, be excluded from participation, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving Federal financial assistance.

Section 504 of the Rehabilitation Act prohibits discrimination as it applies to service availability, accessibility, delivery, employment, and the administrative activities and responsibilities of organizations receiving Federal financial assistance. A recipient of Federal financial assistance may not, on the basis of disability:

- Deny qualified individuals the opportunity to participate in or benefit from federally funded programs, services, or other benefits.
- Deny access to programs, services, benefits or opportunities to participate as a result of physical barriers.
- Deny employment opportunities, including hiring, promotion, training, and fringe benefits, for which they are otherwise entitled or qualified

The Equal Access Rule requires equal access to HUD programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

A program that is not currently in compliance with these guidelines must present a clear timeline demonstrating how their agency is actively engaged in a process to correct their adherence to these regulations. An agency that substantiates such a timeline for corrective action may be issued a performance-based contract that may be terminated within 6 months if compliance or satisfactory progress toward compliance is not met.

El Paso CoC reserves the right to impose additional requirements and conditions on projects to ensure that all programs and services are easily accessible to clients, reduce barriers to housing whenever possible, and do not unnecessarily screen out potential participants.

The purpose of this Notice and requirement is that it be signed ONLY when Fair Housing Law as applicable. Nothing in this Notice shall be read, in any way, to suggest that other federal, state or local laws are not applicable to any program funded under this RFP.

Statement of Agreement

By signing this policy, I _____(Authorized Representative), as the authorized representative for _____(Project), agree that our project will comply with the stated regulations and laws in the delivery of services provided to clients. I understand that if the project is found to be in non-compliance with these regulations, that the El Paso CoC will take corrective action up to and including termination of funding.

Name of Agency: _____
Name of Applicant's Authorized Representative: _____
Authorized Representative's Title: _____
Signature of Authorized Representative: _____

Housing First Agreement

Housing First is an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

The Housing First approach is rooted in these basic principles:

- Homelessness is first and foremost a housing problem and should be treated as such
- Housing is a right to which all are entitled
- Issues that may have contributed to a household's homelessness can best be addressed once they are housed
- People who are homeless or on the verge of homelessness should be returned to or stabilized in permanent housing as quickly as possible without preconditions of treatment acceptance or compliance for issues such as mental health and substance use
- The service provider working with the individual should connect the client to robust resources necessary to sustain that housing, and participation is achieved through assertive engagement, not coercion

To be considered "Housing First," the program must meet the following minimum expectations:

1. **The program must focus on quickly moving residents to permanent housing**
2. **The program may not screen out clients for:**
   - Having too little or no income
   - Active or history of substance abuse
   - Having a criminal record
   - History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)
3. **The program may not terminate clients for:**
   - Failure to participate in supportive services
   - Failure to make progress on a service plan
   - Loss of income or failure to improve income
   - Being a victim of domestic violence

By completing and signing this agreement, I _____ (full name), as the authorized representative for _____(project), agree that our project will utilize a housing first approach for this grant. I understand that if the project is found to be in non-compliance with housing first, that the El Paso CoC will take corrective action up to and including termination of funding.

Name of Agency: _____

Name of Applicant's Authorized Representative: _____

Authorized Representative's Title: _____

Signature of Authorized Representative: _____

Must be on Agency Letterhead – Cash Match Sample

DATE

El Paso Coalition for the Homeless
6044 Gateway East, Suite 211
El Paso, TX 79905

RE: Agency Name – Cash Match Letter
Project Name – (Include Grant Number if project renewal)
FY 2021 CoC Program

I am writing to you regarding (Agency Name)'s renewal/new application for (Project Name/Grant # if applicable) under the FY 2021 CoC Program Competition.

Please let this letter serve as our commitment to provide cash match in the amount of $_____ from (Funding Source) for (Eligible Match Activities). This cash match will be available starting (Date) for the grant period, (Date) through (Date).

This cash match will be used to provide (Description of Services).

Type of Commitment	Cash
Type of Source (Private, Government)	
Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	$

(Closing Statement & Signature of Agency Head)

FY 2021 CoC Renewal Project Q & A Session
Monday, September 20th 1:00 PM
Join Zoom Meeting
https://us06web.zoom.us/j/87288733768?pwd=c0RVTGQ3VWd1UFlVVEhOTDc3L1hOQT09

Meeting ID: 872 8873 3768
Passcode: 225788
One tap mobile
+13462487799,,87288733768#,,,,*225788# US (Houston)
+12532158782,,87288733768#,,,,*225788# US (Tacoma)

Dial by your location
- +1 346 248 7799 US (Houston)
- +1 253 215 8782 US (Tacoma)
- +1 720 707 2699 US (Denver)
- +1 646 558 8656 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 312 626 6799 US (Chicago)

Meeting ID: 872 8873 3768
Passcode: 225788
Find your local number: https://us06web.zoom.us/u/kC3nF8kV9

FY 2021 CoC New Applicant Informational - Mandatory
Monday, September 20th 1:00 PM
Join Zoom Meeting
https://us06web.zoom.us/j/87281695041?pwd=aHdiaGJjUWNaV0JkU0MzT3lwc1lPQT09

Meeting ID: 872 8169 5041
Passcode: 516921
One tap mobile
+13462487799,,87281695041#,,,,*516921# US (Houston)
+17207072699,,87281695041#,,,,*516921# US (Denver)

Dial by your location
- +1 346 248 7799 US (Houston)
- +1 720 707 2699 US (Denver)
- +1 253 215 8782 US (Tacoma)
- +1 301 715 8592 US (Washington DC)
- +1 312 626 6799 US (Chicago)
- +1 646 558 8656 US (New York)

Meeting ID: 872 8169 5041
Passcode: 516921
Find your local number: https://us06web.zoom.us/u/kcliRX9kVG

El Paso Continuum of Care 2021 Application – New Project Application

Your application must be received by Camille Castillo, El Paso Coalition for the Homeless, electronically by **12:00 PM on Tuesday, October 5, 2021**. Email address is ccastillo.epch@elp.twcbc.com

General Project Information

Agency/Organization Name	Employer Identification Number (EIN)	DUNS Number

Address	Zip

Phone	Fax	Web-site

Executive Director Name	Phone	Email

Contact Information

Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director.

Primary Contact

Name	Title	Phone	Email

Secondary Contact

Name	Title	Phone	Email

Type of Application

☐ New Project ☐ Reallocating existing project ☐ Expansion of existing project

Reason for Reallocation – Provide a brief description for why you are reallocating or expanding current project:

Proposal Information

Project Name | Site Address

Proposal Request | Total Project Budget | Total Agency Budget

Project Type
☐ Permanent Supportive Housing ☐ Rapid Re-Housing ☐ Joint TH-RRH ☐ Coordinated entry/access

Project
☐ Single Site ☐ Scattered Site

Total Number of Units: #_____ Total Number of Beds: #_____

Total Number of Households Served: #_____ Total Number of People: #_____

Target Population (Select all that apply)
☐ People experiencing chronic homelessness ☐ Seniors ☐ Veterans ☐ Families with children
☐ Youth (18-24) ☐ Persons living with disabilities ☐ Persons living with mental illness ☐ Persons living with substance use disorder ☐ Fleeing domestic violence ☐ Persons living with HIV/AIDS
☐ N/A – Project serves all subpopulations
☐ Other _____

Reallocation

Project Description 150 words max - Provide a <u>brief overview</u> of the program describing the population to be served, the number of households to be served, the services to be provided, and the proposed outcomes.

Project Description (Total 180 Points)

Provide a detailed description of the project scope, to include the following: ***(30 Points – up to an additional 10 points will be awarded to projects that serve CH exclusively)***

- **Target population including the number of households/clients served**
- **Plan to identify housing and/or supportive services**
- **Anticipated project outcomes**
- **Coordination with other organizations**
- **How CoC funding will be used**

Describe your Agency's vision for implementing a Housing First model or experience in utilizing a Housing First approach. Describe how you will lower barriers to entry and during program enrollment. How will your project <u>quickly</u> move participants into permanent housing? ***(25 Points)***

Describe your experience working with individuals or families who have behavioral health needs, domestic violence, trauma, or other vulnerability factors (as applicable for proposed project population). If applying for domestic violence bonus funding, please include a description of your agency's experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and your ability to house survivors and meet safety outcomes. ***(20 Points)***

Creating opportunities for lived experience, advocacy, and decision making creates more effective housing programs and elevates the standard of care provided. Describe how you will engage participants with lived experience in organizational and program planning, policy and decision making for this project. ***(20 Points)***

Note any evidence-based, best, or promising practices, or otherwise innovative practices your organization uses to ensure the best quality and targeted services are available to participants in a cost-effective way. Discuss why the service delivery model you describe will help individuals/families maintain or regain housing stability. ***(10 Points)***

Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment program for which program participants may be eligible. Include how participants will be

assisted both to increase their employment and/or income and to maximize their ability to live independently. ***(10 Points)***

For all the supportive services available to program participants, indicate who will provide them and how often they will be provided? ***(10 Points)***

Eligible Supportive Services	Provided (applicant, formal partner, informal partner)	Frequency (daily, weekly, bi-weekly, monthly, semi-annually, annually, as needed)
Assessment of service needs		
Assistance with moving costs		
Case Management		
Childcare		
Education Services		
Employment Assistance		
Food		
Housing/Counseling Services		
Legal Services		
Life Skills		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Use Treatment Services		
Transportation		
Utility Deposits		

Identify whether your project will include the following: ***(10 Points)***

☐ Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs

☐ Annual follow-ups with program participants to ensure mainstream benefits are received and renewed

☐ Access to SSI/SSDI technical assistance provided by this project or a partner agency staff person providing technical assistance completed SOAR training in the past 24 months

Staff person providing technical assistance completed SOAR training in the past 24 months

☐ Yes ☐ No ☐ N/A

Describe how you will work with landlords and community stakeholders to identify appropriate housing units. Describe what strategies you will utilize to persuade landlords to rent to clients who may have poor rental history and/or a criminal background. Describe how you will engage clients in decision-making around their housing preferences. ***(15 Points)***

RAPID RE-HOUSING & JOINT COMPONENT (TH-RRH) PROJECTS ONLY
Describe how you will determine rental assistance amounts, duration, and manage rent redetermination for clients enrolled in the project. What tools or objective assessments will you use in the determination process? *(10 Points)*

SUPPORTIVE SERVICES ONLY – COORDINATED ENTRY PROJECTS ONLY
Describe how the coordinated entry process will be marketed and easily accessible by program participants seeking assistance. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing housing assistance. *(15 Points)*

Organizational Capacity (No more than 1 page) (50 Points)

Describe the organization's mission, as well as a brief overview of the primary programs and services offered by your organization. Provide evidence of the following: *(15 Points)*

- **Agency's experience and capacity to develop and implement the project.**
- **Examples that illustrate experience identifying housing and supportive services for the target population**

Describe the organization's operations to include leadership and management. Include the following: *(10 Points)*

- **Ability to supervise the project and staff**
- **Examples of ensuring program effectiveness and fidelity to funding agreements**

Describe your organization's commitment to racial equity. Include the following: *(15 Points)*

- **Racial and ethnic makeup of your organization's leadership staff and board, including statistics.**
- **Detail the initiatives and efforts your organization has implemented to increase the representation of people of color in leadership positions**
- **Describe efforts to increase cultural and racial competency among your staff/volunteers/program participants**
- **How does your organization analyze data and information about race and ethnicity?**
- **Examples of how your organization addresses racial inequities for participants in your programs.**

Describe your agency's internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures. *(10 Points)*

- **Describe your fiscal control and accounting procedures and if your organization accounts for federal funds in accordance with the requirements of 2 CFR part 200.**
- **Describe any auditing findings or concerns during the last 36 months as well as the resolution of each.**

First Operating Year Project Work Plan (10 Points)

Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant at the start of the grant award. Provide a detailed description of the project's work plan and goals at 60 days, 120 days, and 180 days after the grant start date.

Enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank.

Note: Project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	**Days from Execution of Grant Agreement**
New Project staff hired, or other expenses begin	
Participant enrollment in project begins	
Participant begin to occupy leased units or structure?	
Supportive Services near 100% of capacity?	
Supportive Services at 100% capacity?	

Project Staffing Plan (10 Points)

Provide an overview of the staffing plan for the project using the tables below (you may add additional rows as necessary.)

For each of the staff positions involved in the project: state the name of the staff person or indicate a vacancy, the position title, a brief description of their tasks and responsibilities, indicate the percentage of their time dedicated to this project, and indicate any education, training, and/or credentials and experience required of this position (social work, mental health, medical, etc.).

Position Title	
Hours (FT/PT)	
% of time on Project	
Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	

Position Title	
Hours (FT/PT)	
% of time on Project	

Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	

Position Title	
Hours (FT/PT)	
% of time on Project	
Position Responsibilities	
Required Education/Experience	
Name of Employee (note vacant if new position)	

Community Partnerships and Leveraging (30 Points)

Leveraging is a means to measure established relationships and the extent to which community resources are pooled to provide more effective and efficient services to clients across the Continuum. New project applicants are especially encouraged to submit letters of support, MOUs, or other documentation of community collaborations.

Please describe your agency's commitment to and participation in the El Paso Coalition for the Homeless, including current level of participation in committees and initiatives. ***(15 Points)***

Describe how your agency is collaborating with other homeless service providers and mainstream service providers. How do these collaborative efforts help minimize or avoid the duplication of service and effort? How do you include leveraged services and resources available in our community in your service plan? ***(10 Points)***

Describe your organization's experience in leveraging Federal, State, local and private sector funds. Describe the extent to which you leverage in-kind donations and volunteers for the project. If your organization has no experience, please indicate that your organization has no experience. ***(5 Points)***

HMIS (20 Points)

Please explain the following about your organization HMIS participation:

- If you are a homeless service provider, please explain the agency's level of HMIS participation for any/all homeless programs/services. *(5 Points)*
- Does your agency adhere to the revised local HMIS Policy and Procedures? *(5 Points)*
- Describe your agency wide compliance with HMIS. *(5 Points)*
- Has your agency staff participated regularly in the HMIS Steering Committee meetings? *(5 Points)*
- If 'no,' please explain why. *(-10 Points)*

Funding Request (20 Points)

Are you proposing to include indirect costs in your budget? ☐ Yes ☐ No

If Yes, please select which type of rate you are using: ☐ 10% de minimis rate ☐ Other
(NOTE: If you select other, please submit a copy of the approved indirect cost rate with this application as supporting documentation).

Supportive Services Budget (if none, leave blank)		
Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment		
15. Transportation		
16. Utility Deposits		
17. Operating Costs (salary, benefits, materials, and supply costs incurred in directly providing support services to participants)		
Total Annual Assistance Requested		

Housing Assistance Budget (Leasing and Rental Assistance Programs) (if none, leave blank)

Component Types (Check only one box)

☐ **TRA** ☐ **SRA** ☐ **PRA** ☐ **LEASING** **SHORT-TERM RENTAL ASSISTANCE (1-3 MONTHS)** ☐

MEDIUM-TERM RENTAL ASSISTANCE (4 – 24 MONTHS) ☐

Size of Units	Number of Units	Monthly Rent	Number of Months	**TOTAL**
0 Bedroom	x	$ x	12=	$
1 Bedroom	x	$ x	12=	$
2 Bedrooms	x	$ x	12=	$
3 Bedrooms	x	$ x	12=	$
4 Bedrooms	x	$ x	12=	$
5 Bedrooms	x	$ x	12=	$
6 Bedrooms	x	$ x	12=	$
Other:	x	$ x	12=	$
Totals:				$

Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
$558	$701	$840	$1,174	$1,438

Operating Costs Budget (cannot include if requesting rental assistance for same structure)

Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		

HMIS Budget

Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Staff for HMIS		
2. Equipment (lease, buy)		
3. Hosting fees - $800 annually		
4. Licensing fees - $50/user/month		
Total Annual Assistance Requested		

Budget Summary				
ProposedActivities	**a. HUD Request**	**b. Match Commitment**	**c. Project Leveraging**	**d. Total Project Budget (a+b+c)**
4. Leasing From Housing Assistance Budget Chart				
5. Rental Assistance From Housing Assistance Budget Chart				
6. Supportive Services From Supportive Services Budget Chart				
7. Operating Costs From Operating Costs Budget Chart				
8. HMIS				
9. Subtotal (lines 1 through 8)				
10. Administrative Costs (Up to 10% of line 9) *				
11. Total Budget	**$**	**$**	**$**	**$**

** Note that 3% will be remitted to El Paso Coalition for the Homeless to subsidize operations and administrative costs*

Match

List all sources of matching funds for this project below and make sure to include appropriate documentation for all match with your application submission according to the specifications in the project application guide. You may add more tables below if you have additional sources of match.

Note: Matching funds must equal a minimum of 25% of the total request for federal funds, i.e. A $100,000 project requires a minimum of $25,000 in matching funds.

Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	

Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	

Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	

Type of Commitment (Cash or In-Kind)	
Type of Source (Private, Government)	
Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)	
Date of Written Commitment	
Value of Written Commitment	

El Paso Continuum of Care 2021 Application – Renewal Project Application

Your application must be received by Camille Castillo, El Paso Coalition for the Homeless, electronically by **12:00 PM on Wednesday, September 29, 2021.** Email address is ccastillo.epch@elp.twcbc.com

Agency & Project Information

Agency/Organization Name	Employer Identification Number (EIN)	DUNS Number

Address	Zip

Phone	Fax	Web-site

Executive Director Name	Phone	Email

Contact Information

Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director.

Primary Contact

Name	Title	Phone	Email

Secondary Contact

Name	Title	Phone	Email

Proposal Information

Project Name Site Address

Project Type
☐ Permanent Supportive Housing ☐ Rapid Re-Housing ☐ Joint TH-RRH

Project
☐ Single Site ☐ Scattered Site

Total Number of Units: #_____ Total Number of Beds: #_____

Total Number of Households Served: #_____ Total Number of People: #_____

Target Population (Select all that apply)
☐ People experiencing chronic homelessness ☐ Seniors ☐ Veterans ☐ Families with children
☐ Youth (18-24) ☐ Persons living with disabilities ☐ Persons living with mental illness
☐ Persons living with substance use disorder ☐ Fleeing domestic violence
☐ Persons living with HIV/AIDS
☐ N/A – Project serves all subpopulations
☐ Other _____

Project Information

Please describe project admission and termination criteria. Specifically address how the items listed below will impact admission and termination within the project as applicable.

Persons may be denied admission to project due to:	**Always**	**Sometimes**	**Never**
Having too little or no income			
Active use or history of substance abuse			
Having a criminal record			
History of domestic violence			
Sexual Orientation, gender identity, marital status			
Persons may be terminated from project due to:			
Failure to make progress on a service plan or participate in services			
Loss of income or failure to improve income			
Being a victim of domestic violence			
Substance use			
Any other activity not covered in a standard lease agreement			

Please describe in no more than one paragraph: The services that will be made available to program participants:

- The frequency of services provided
- Where the services are provided
- How you will track and report on service delivery
- How services will assist clients to achieve housing stability

In the last operating year, did your project meet the community performance standards? If not, please explain why not, and explain the measures your project is taking to meet the prescribed goals shown in Appendix B.

FOR PERMANENT SUPPORTIVE HOUSING PROJECTS:

- How long has it taken from the time of referral/intake to lease-up each participant? If 3+ months, what steps will be taken to improve?
- Upon receipt of referral, what assistance does the project provide to help clients attain housing?
- If your program denied more than 25% of CE Referrals, please explain why?

FOR RAPID RE-HOUSING PROJECTS:

- How long has it taken from the time of referral/intake to lease-up of each participant? If 2+ months, what steps will be taken to improve?
- Upon receipt of referral, what assistance does the project provide to help clients attain housing?
- If your program denied more than 25% of CE Referrals, please explain why?

Community Planning and Collaboration (within the last 12 months)

Describe 1 to 2 examples of how your agency has collaborated with other community partners to provide services to the clients in your program.

Project Budget

Type of Contribution (Match or Leverage)	Source of Contribution	Identify Source as: In-kind* or Cash	Date of Written Commitment*	Value of Written Commitment
***Example:* Match**	**CDBG**	**C**	**4/20/20**	**$10,000**
			TOTAL:	$

***IMPORTANT NOTES*:**

- ATTACH **all** letters of commitment for funds identified above. Commitment letters must agree with the information submitted above.
- There is a 25% match requirement based on the total HUD request minus any Leasing funds. The 25% match may be fulfilled in any of the above line items and does not have to correspond to the specific category in which HUD funds are requested.

Budget Summary				
Proposed Activities	HUD Request	Match Commitment	Project Leveraging	Total Project Budget (a+b+c)
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Leasing From Housing Assistance Budget				
5. Rental Assistance From Housing Assistance Budget				
6. Supportive Services From Supportive Services Budget				
7. Operating Costs From Operating Costs Budget Chart				
8. HMIS				
9. Subtotal (lines 1 through 8)				
10. Administrative Costs (Up to 7% of line 9)				
11. Total Budget (Total lines 9 + 10)	$	$	$	$

Housing Assistance Budget (Leasing and Rental Assistance Programs) (if none, leave blank)				
Component Types (Check only one box) ☐ ☐ ☐ ☐ ☐ SHORT-TERM RENTAL ASSISTANCE (1-3 MONTHS) **TRA SRA PRA LEASING** ☐ MEDIUM-TERM RENTAL ASSISTANCE (4-24 MONTHS)				
Size of Units	Number of Units	Monthly Rent	Number of Months	**TOTAL**
SRO	x	$ x	12=	$
0 Bedroom	x	$ x	12=	$
1 Bedroom	x	$ x	12=	$
2 Bedrooms	x	$ x	12=	$
3 Bedrooms	x	$ x	12=	$
4 Bedrooms	x	$ x	12=	$
5 Bedrooms	x	$ x	12=	$
6 Bedrooms	x	$ x	12=	$
Other:	x	$ x	12=	$
Totals:				$

Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
$558	$701	$840	$1,174	$1,438

Supportive Services Budget (if none, leave blank)		
Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment		
15. Transportation		
16. Utility Deposits		
17. Operating Costs (salary, benefits, materials, and supply costs incurred in directly providing support services to participants)		
Total Annual Assistance Requested		

Operating Costs Budget (if none, leave blank)		
Eligible Costs	Quantity & Description	Annual HUD Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		

HMIS

Data review reports will be provided by Leslie Canada, Programs Analyst. All data reports were generated from HMIS.

1. APR for your project for the date range
   a. The review will look at the items relating to Performance Indicators and utilization rates
2. Existing reports being reviewed for this process are
   a. Quarter 3 – April, May, June - 2020
   b. Quarter 4 – July, August, September - 2020
   c. Quarter 1 – October, November, December - 2020
   d. Quarter 2 – January, February, March - 2021

*If you'd like to have a copy of the reports, please contact Leslie Canada at lcanada.epch@elp.twcbc.com.

Please explain the following about your staff's HMIS participation:

- Has your agency staff missed any HMIS Steering Committee Meetings?
- If 'yes,' please explain why.

Drawdown Documentation

1. Printout or screen shot of all voucher payment requests from eLOCCS for:
   - Last month of operating year that has already ended (should be a year of vouchers)
   - Current operating year
2. Printout or screen shot of corresponding vouchers identified under item #1 – Screen shots provide the details of each of your line items.
3. Most recent grant close-out agreement from the HUD Ft. Worth field office (April 2020 to March 2021)

Fill out the following table based on the amount of funding provided by HUD through the eLOCCS system for the last two completed operating years, FY 2017 and FY 2018:

Operating Year:	Amount funded by HUD for year	Total amount drawn down from HUD through eLOCCS for the year	Date of Annual Performance Report Submission

Describe the reason for any funding not drawn down throughout the operating years presented above.

Administrative Capacity

Describe any reasons for late submittals of your Annual Performance Report (APR – more than 90 days after your operating year).

Please describe the agency's financial capacity to operate the project for the proposed grant term. Please address:

- HUD audit/monitoring results (if monitored in 2018 or 2020 provide copy of HUD findings letter and describe how findings were addressed)
- Any improvement or loss of agency capacity since last application

HUD Findings (if applicable) - Copy of letter from the HUD Ft. Worth field office for any audit/monitoring results from 2017 to 2020.

Additional Questions

Racial Equity

1. What is being done currently to address racial inequities. If not, what are the agency's future plans to work towards an equitable system?

COVID

2. How has the COVID pandemic affected your project? What changes have occurred in the following:
   a. Housing
   b. Transportation
   c. Outreach
   d. Staffing
   e. Supportive Services
   f. Linkages/Referrals

Appendix A:

- TRA – Tenant Based Rental Assistance – lease is in tenant's name
- SRA – Sponsor Based Rental Assistance – lease is in agency's name or in tenant's name if used in property owned by the sponsor agency
- PRA – Project Based Rental Assistance – voucher tied to specific unit and lease is in tenant's name
- Short Term Rental Assistance – For Rapid Re-Housing Project only - rental assistance provided to participants for up to 3 months
- Medium Term Rental Assistance – For Rapid Re-Housing Projects only – rental assistance provided to participants for 4 – 24 months

Appendix B.

- **PSH projects**
  - 85% of participants stably housed for 12+ months
  - less than 2% of those exiting to permanent housing return to homelessness
  - 10% increase in earned income
  - 50% increase in other income
  - 60% increase total income
  - 95% occupancy rate during evaluating year
  - 98% of data is entered for entry and exit within a 5-day window
  - 100% length of time from start date to move-in date 30 days or less
  - Less than 5% of Universal Data Elements are missing
  - Program Uses funds for eligible population – Homeless & Disabled by HUD Definition

- **RRH projects**
  - 85% of participants stably housed for 6+ months
  - less than 2% of those exiting to permanent housing return to homelessness
  - 30% increase in earned income
  - 30% increase in other income
  - 60% increase total income
  - 95% occupancy rate during evaluating year
  - 98% of data is entered for entry and exit within a 5-day window
  - Less than 5% of Universal Data Elements are missing
  - 100% length of time from start date to move-in date 30 days or less
  - Program Uses funds for eligible population – Homeless & Disabled by HUD Definition

- **Transitional Housing**
  - 85% of participants whose length of stay does not exceed 180 days
  - 85% of participants will exit into permanent housing
  - 60% will increase earned income
  - 25% will increase other income
  - 85% will increase total income
  - 90% Occupancy rate during evaluating year
  - Less than 5% of Universal Data Elements are missing
  - Program Uses funds for eligible population – Homeless & Disabled by HUD Definition

Agency -

Project Type (RRH, PSH, CE, Joint Combo) -

Reviewer -

Section	Question	Max Points	Comments	Points Earned
Project Description	Provide a description of the project scope, to include: •Target population including the number of households/clients served; •Plan to identify housing and/or supportive services; •Anticipated project outcomes; •Coordination with other organizations; •How CoC funding will be used	30		
	Describe your Agency's vision for implementing a Housing First model or experience in utilizing a Housing First approach. Describe how you will lower barriers to entry and during program enrollment. How will your project quickly move participants into permanent housing? *EXCLUDES CE	25		
	Describe your experience working with individuals or families who have behavioral health needs, domestic violence, trauma, or other vulnerability factors (as applicable for proposed project population). If applying for domestic violence bonus funding, please include a description of your agency's experience serving survivors of domestic violence, dating violence, sexual assault, or stalking, and your ability to house survivors and meet safety outcomes. *EXCLUDES CE	20		
	Creating opportunities for lived experience, advocacy, and decision making creates more effective housing programs and elevates the standard of care provided. Describe how you will engage participants with lived experience in organizational and program planning, policy and decision making for this project.	20		
	Note any evidence-based, best, or promising practices, or otherwise innovative practices your organization uses to ensure the best quality and targeted services are available to participants in a cost-effective way. Discuss why the service delivery model you describe will help individuals/families maintain or regain housing stability. *EXCLUDES CE	10		
	Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment program for which program participants may be eligible. Include how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. *EXCLUDES CE	10		
	For all the supportive services available to program participants, indicate who will provide them and how often they will be provided? *EXCLUDES CE	10		
	Identify whether your project will include the following: ☐ Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs ☐ Annual follow-ups with program participants to ensure mainstream benefits are received and renewed ☐ Access to SSI/SSDI technical assistance provided by this project or a partner agency staff person providing technical assistance completed SOAR training in the past 24 months Staff person providing technical assistance completed SOAR training in the past 24 months ☐ Yes ☐ No ☐ N/A *EXCLUDES CE	10		
	Describe how you will work with landlords and community stakeholders to identify appropriate housing units. Describe what strategies you will utilize to persuade landlords to rent to clients who may have poor rental history and/or a criminal background. Describe how you will engage clients in decision-making around their housing preferences. *EXCLUDES CE	15		
	RAPID RE-HOUSING & JOINT COMPONENET (TH-RRH) PROJECTS ONLY Describe how you will determine rental assistance amounts, duration, and manage rent redetermination for clients enrolled in the project. What tools or objective assessments will you use in the determination process?	10		
	SUPPORTIVE SERVICES ONLY – COORDINATED ENTRY PROJECTS ONLY Describe how the coordinated entry process will be marketed and easily accessible by program participants seeking assistance. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing housing assistance.	15		
	PERMANENT SUPPORTIVE HOUSING ONLY For PSH projects that are proposing to serve 100% Chronically Homeless	10		

Section		Max Points	Data	Points Earned
Organizational Capcity	Describe the organization's mission, as well as a brief overview of the primary programs and services offered by your organization. Provide evidence of the following: •Agency's experience and capacity to develop and implement the project. •Examples that illustrate experience identifying housing and supportive services for the target population	15		
	Describe the organization's operations to include leadership and management. Include the following: •Ability to supervise the project and staff •Examples of ensuring program effectiveness and fidelity to funding agreements	10		
	Describe your organization's commitment to racial equity. Include the following: • Racial and ethnic makeup of your organization's leadership staff and board, including statistics. • Detail the initiatives and efforts your organization has implemented to increase the representation of people of color in leadership positions • Describe efforts to increase cultural and racial competency among your staff/volunteers/program participants • How does your organization analyze data and information about race and ethnicity? • Examples of how your organization addresses racial inequities for participants in your programs.	15		
	Describe your agency's internal systems, including your fiscal management system, case/client record management system and recordkeeping procedures. • Describe your fiscal control and accounting procedures and if your organization accounts for federal funds in accordance with the requirements of 2 CFR part 200. • Describe any auditing findings or concerns during the last 36 months as well as the resolution of each.	10		

		Max Points	Comments	Points Earned
First Operation Year Project Work Plan	Describe the activities that the organization will undertake prior to the grant start date to ensure the project is ready to house and/or serve the first participant at the start of the grant award. Provide a detailed description of the project's work plan and goals at 60 days, 120 days, and 180 days after the grant start date.	10		
	Enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank.			

		Max Points	Comments	Points Earned
Project Staffing Plan	Provide an overview of the staffing plan for the project using the tables below (you may add additional rows as necessary.)	10		

		Max Points	Comments	Points Earned
Community Parnerships and Leveraging	Please describe your agency's commitment to and participation in the El Paso Coalition for the Homeless, including current level of participation in committees and initiatives.	15		
	Describe how your agency is collaborating with other homeless service providers and mainstream service providers. How do these collaborative efforts help minimize or avoid the duplication of service and effort? How do you include leveraged services and resources available in our community in your service plan?	10		

	Describe your organization's experience in leveraging Federal, State, local and private sector funds. Describe the extent to which you leverage in-kind donations and volunteers for the project. If your organization has no experience, please indicate that your organization has no experience.	5		
		Max Points	Comments	Points Earned
HMIS	Please explain the following about your organization HMIS participation: • If you are a homeless service provider, please explain the agency's level of HMIS participation for any/all homeless programs/services. (5 Points) • Does your agency adhere to the revised local HMIS Policy and Procedures? (5 Points) • Describe your agency wide compliance with HMIS. (5 Points) •Has your agency staff participated regularly in the HMIS Steering Committee meetings? (5 Points) • If 'no,' please explain why. (-10 Points)	20		
		Max Points	Comments	Points Earned
Funding Request	Are you proposing to include indirect costs in your budget? ☐ Yes ☐ No	20		
	Supportive Services Budget			
	Housing Assistance Budget			
	Operating Costs Budget			
	HMIS Budget			
	Budget Summary			
	Match			

Summary Performance			
	Maximum Points	Points Earned	% of Points Earned
Project Description	150		
For RRH + Joint Combo (TH-RRH) Only	10		
For CE Only	15		
For PSH projects that serve 100% CH	10		
Organizational Capacity	50		
First Operation Year Project Work Plan	10		
Project Staffing Plan	10		
Community Parnerships and Leveraging	30		
HMIS	20		
Funding Request	20		
Total Possible Score for PSH Projects	**300**		
Total Possible Score for RRH & Joint Combo (TH-RRH)	**300**		
Total Possible Score for CE	**205**		

Project -

Grantee -

Sponsor -

Grant Number -

Project Type Priorities					
		Project Type	Max Points	Data	Points Earned
Quickly end homelessness	Project Type	Permanent Supportive Housing	20		
		Rapid Re-Housing	10		
		Joint Combo (TH-RRH)	10		
			Max Points	Data	Points Earned
Project Information	Please describe project admission and termination criteria. Specifically address how the items listed below will impact admission and termination within the project as applicable.		5		
	Please describe in no more than one paragraph: The services that will be made available to program participants: •The frequency of services provided •Where the services are provided •How you will track and report on service delivery •How services will assist clients to achieve housing stability		10		
	In the last operating year, did your project meet the community performance standards? If not, please explain why not, and explain the measures your project is taking to meet the prescribed goals shown in Appendix B.		10		
	FOR PERMANENT SUPPORTIVE HOUSING PROJECTS: •How long has it taken from the time of referral/intake to lease-up each participant? If 3+ months, what steps will be taken to improve? •Upon receipt of referral, what assistance does the project provide to help clients attain housing? •If your program more than 25% of CE Referrals, please explain why?		10		
	FOR RAPID RE-HOUSING PROJECTS: •How long has it taken from the time of referral/intake to lease-up of each participant? If 2+ months, what steps will be taken to improve? •Upon receipt of referral, what assistance does the project provide to help clients attain housing? •If your program more than 25% of CE Referrals, please explain why?		10		
			Max Points	Data	Points Earned
Community Planning and Collaboration (within the last 12 months)	Descirbe 1 to 2 examples of how your agency has collaborated with other community partners to provide services to the clients in your program.		10		
			Max Points	Data	Points Earned
Project Budget	Match & Leveraging Table		15		
	Budget Summary				
	Rental Assistance Table				
	Supportive Services Table				
	Operating Costs Table				
			Max Points	Data	Points Earned
HMIS	Please explain the following about your staff's HMIS participation: •Has your agency staff missed any HMIS Steering Committee Meetings? •If 'yes,' please explain why.		10		
	HMIS data quality measure – less than 5% of Universal Data Elements are missing		15		
	Data Timeliness as per local participation standards - 98% entered with 5 days		20		
Effective Use of Federal Funds					
			Max Points	Data	Points Earned
Drawdown Documentation	Printout or screen shot of all voucher payment requests from eLOCCS for: •Last month of operating year that has already ended (should be a year of vouchers) •Current operating year				
	Printout or screen shot of corresponding vouchers identified under item #1 – Screen shots provide the details of each of your line items.				
	Most recent grant close-out agreement from the HUD Ft. Worth field office (April 2020 to March 2021)				
	Fill out the following table based on the amount of funding provided by HUD through the eLOCCS system for the last two completed operating years, FY 2017 and FY 2018:				
	Describe the reason for any funding not drawn down throughout the operating years presented above.				
	Criteria	Data			
	Program draws down HUD funds at least	4 drawdowns in 12 month period at a minimum	10		
	Less than 5% of program funds returned on annual basis	Funds returned divided by funds awarded from HUD closeout certification	20		
	APR submitted in a timely fashion (within 3 months of operating year end date)	APR submission date in relation to program operating year end date	10		
			Max Points	Data	Points Earned
Administrative Capacity	Describe any reasons for late submittals of your Annual Performance Report (APR – more than 90 days after your operating year).		10		
	Please describe the agency's financial capacity to operate the project for the proposed grant term. Please address: •HUD audit/monitoring results (if monitored in 2018 or 2020 provide copy of HUD findings letter and describe how findings were addressed) •Any improvement or loss of agency capacity since last application		10		
	HUD Findings (if applicable) - Copy of letter from the HUD Ft. Worth field office for any audit/monitoring results from 2017 to 2020.		10		
			Max Points	Data	Points Earned
Additional Questions	1.What is being done currently to address racial inequities. If not, what are the agency's future plans to work towards an equitable system?		10		
	How has the COVID pandemic affected your project? What changes have occurred in the following: a.Housing b.Transportation c.Outreach d.Staffing e.Supportive Services f.Linkages/Referrals		10		

Project Performance Review					
Goal	Performance Standard	Evaluation Method	Max Points	Comments	Points Earned
Permanent Supportive Housing Programs	85% of households in PH remain housed (12 mos. PSH) or exit to PH	# that return to homelessness ÷ # exiting	10		
	<2% of exiting PSH households return to homelessness	# of leavers to PH and of stayers ÷ total # served	10		
	10% PSH households have earned income	# with earned income ÷ total # served	10		
	50% PSH households increase other income	# with other income ÷ total # served	10		
	60% of PSH households increase total overall income	# who mainain/increase income ÷ total # served	10		
	Program utilization rates at 95% or higher	# of persons served ÷ proposed number of persons from most recent application	10		
	100% of - Length of Days from Start Date to Move-In Date <30 days	# of persons ÷ # of total persons	10		
	Program uses funds for eligible population – homeless & disabled by HUD definition	# of participants whose residence prior to program entry qualifies as homeless divided	10		
		# of households with disabling condition divided by total number of households	10		
Goal	Performance Standard	Evaluation Method	Max Points	Data	Points Earned
Rapid Re-Housing	85% of households in PH remain housed (6 mos. RRH) or exit to PH	# that return to homelessness ÷ # exiting	10		
	<2% of exiting RRH households return to homelessness	# of leavers to PH and of stayers ÷ total # served	10		
	30% RRH households have earned income	# with earned income ÷ total # served	10		
	30% RRH households increase other income	# with other income ÷ total # served	10		
	60% of RRH households	# who mainain/increase income ÷ total # served	10		
	Program utilization rates at 95% or higher	# of persons served ÷ proposed number of persons from most recent application	10		
	100% of - Length of Days from Start Date to Move-In Date <30 days	# of persons ÷ # of total persons	10		
	Program uses funds for eligible population – homeless & disabled by HUD definition	# of participants whose residence prior to program entry qualifies as homeless divided	10		
		# of households with disabling condition divided by total number of households	10		
Goal	Performance Standard	Evaluation Method	Max Points	Data	Points Earned
Transitional Housing (Combo)	50% of TH households whose length of stay in TH does not exxceed 180 days	# of those who stayed in TH less than 180 days ÷ # exiting	10		
	85% of participants exit into permanent housing	# of those who exited into PH ÷ # exiting	10		
	60% TH Households have earned income	# with earned income ÷ total # served	10		
	25% TH Householdss increase other income	# with other income ÷ total # served	10		
	85% of TH households increase total overall income	# who mainain/increase income ÷ total # served	10		
	Program uses funds for eligible population – homeless & disabled by HUD definition	# of participants whose residence prior to program entry qualifies as homeless divided	10		
	Program utilization rates at 95% or higher	# of persons served ÷ proposed number of persons from most recent application	10		

Summary Performance			
	Maximum Points	Points Earned	% of Points Earned
Total Possible Score for PSH	**305**		
Total Possible Score for RRH	**295**		
Total Possible Score for TH	**265**		