

**FY 21 Draft CoC Collaborative Application Template**  
Response for submission is blue text

**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. Guidance–

A. If you select yes for Participated in CoC Meetings, you must select yes or no in the other two columns.

B. If you select no for Participated in CoC Meetings, you can select yes for Participated in CoC’s Coordinated Entry.

C. Elements **33 and 34 Other** are optional–you can provide additional information if you choose to.

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

19. Mental Illness Advocates	y	y	y
20. Non-CoC Funded Youth Homeless Organizations	y	y	y
21. Non-CoC-Funded Victim Service Providers	n	n	n
22. Organizations led by and serving Black, Brown, Indigenous and other People of Color	Y	n	n
23. Organizations led by and serving LGBT persons	y	n	n
24. Organizations led by and serving people with disabilities	y	y	y
25. Other homeless subpopulation advocates	y	y	y
26. Public Housing Authorities	y	y	y
27. School Administrators/Homeless Liaisons	y	n	n
28. Street Outreach Team(s)	y	y	y
29. Substance Abuse Advocates	y	y	y
30. Substance Abuse Service Organizations	y	y	y
31. Youth Advocates	y	y	y
32. Youth Service Providers	y	y	y
33. Other: Regional Planning Commission	y	n	n
34. Other: United Way and private funders	y	y	n

**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, other People of Color, persons with disabilities).

Limit 2,000 Characters

1. VT-501 follows an open invitation process to actively solicit new members. Monthly meeting notices are widely distributed for Steering Committee meetings, via list serv, website, social media and county-wide e-boards. The CCHA website includes the general invitation “The Chittenden County Homeless Alliance welcomes and invites any interested party or community member to join the CCHA and to contact our facilitator xxx@xxx for more information.” Additionally, the CCHA invites new members to learn about and join the CoC through community meetings, the CCHA also solicits new Steering Committee members through the email listserv, website, social media and with one to one outreach.
2. The VT-501 CCHA webpage informs readers that CCHA materials are available in alternative formats for persons with disabilities. In addition, the CCHA governing board includes a statewide

disabilities organization, the Vermont Center for Independent Living, providing input on communicating effectively with people living with disabilities. Information is accessible via email, telephone and email, virtual access to meetings and translation services.

3. VT-501 increased participation by people with lived experience by outreach and one to one contact through peer relationships, current members, membership committee and our list serve information. This targeted outreach increased participation by people experiencing homelessness during this year.
4. VT-501 took a number of steps to ensure and address equity including outreach to and participation by a number of organizations serving culturally specific communities experiencing homelessness, including direct outreach of the membership committee, the CCHA list serve, and member outreach. The CCHA created a charter change to include the commitment to “conduct outreach to ensure that the membership is reflective of our community and includes BIPOC representation to increase participation, leadership, and decision-making within CCHA activities”. Membership and participation included organizations led by or serving LGTBQ & DV/SV, peer organization and organizations led by and serving people with disabilities and organizations led by or serving BIPOC and refugee and immigrant community members.

### **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. VT-501 held public meetings advertised throughout the county and state via neighborhood e-boards, list-serv and partner organization websites and notice boards. Public meetings are attended by community members, legislators & city councilors in addition to regular CoC CCHA attendees. The elected board includes representation from shelter and service providers, affordable housing providers, youth service providers, mental health providers, community action advocates and providers, DV/SV, substance use, veteran, disability, families, seniors and organizations led by or serving BIPOC and refugee and immigrant community members and people with lived experience of homelessness. VT-501 utilizes a human centered design approach to strategic planning & coordinated entry and has organized forums specifically for people experiencing homelessness, with stipends for participating. Monthly Steering Committee (SC) meetings are open to both our elected board & interested parties and hears monthly updates and priorities from members and partners and people with lived experience are involved in strategic planning & outreach. Additionally, VT-501 participated in statewide COVID-19 response forums, bringing additional perspective to preventing and ending homelessness.

2. VT-501, communicates information through several avenues including a CCHA mailing list, monthly SC Meetings, community meetings, forums, CCHA website, & partner org mailing lists. Meeting times & agendas are publically advertised to solicit wide participation and include the invitation “Our CCHA meetings are open to the community. We welcome input from community members, especially those with lived experience of homelessness. We also welcome those who have worked or volunteered serving people who are homeless, employees of government agencies, representatives of the business community, members of religious and secular organizations, and others who want to make a positive difference in our community.” At CCHA community meetings time is scheduled for questions & discussion to solicit information from members of the public & other stakeholders. In addition to the regular mailing list & website, community meetings are publicized widely throughout the county, via partners, outreach, flyers and electronic means
3. Information gathered from public meetings or forums is reported at the subsequent Steering Committee meeting and actions to review the information or implement changes are assigned to the appropriate sub-committee. Steering Committee meetings are facilitated to ensure reflection and strengthen participation. VT-501 created/participated in local and statewide COVID Homelessness Response meetings, coordinated with local and statewide Emergency Operations Centers, to ensure safety, shelter, food, and services during the pandemic.

**1B-4. Public Notification for Proposals from Organizations Not Previously Funded.**

NOFO Section VII.B.1.a.(4)

Guidance–

A. Public notification may include, but is not limited to:

- postings in newspapers with general circulation within the geographic area;
- postings on your CoC’s website or on another website affiliated with your CoC;
- postings on social media (e.g., Facebook, Twitter); and
- publicly accessible forums.

B. All mediums must be open to the public.

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;
5. how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

Limit 2,000 Characters

1. VT-501 notified the public that the local competition was open and accepting proposals with the Request for Proposals published on the CCHA websites, advertised in the local countywide

newspaper, shared with partner networks and CoC list serv (200+). The notification was also shared with Town Clerks in the CCHA service area, on partner websites, social media and list servs.

2. VT-501 public notices and advertisements contained the wording “Organizations that do not currently receive CCHA CoC program funding are encouraged to submit proposals. Current recipients of this funding are also welcome to apply”
3. All VT-501 public notices and RFP related documents directed applicants to complete FRP form and submit it electronically to the Community & Economic Development Office (Marcella Gange) before 4:00 pm on Friday, October 8th, 2021. Only one request per form [mgange@burlingtonvt.gov](mailto:mgange@burlingtonvt.gov)
4. The VT 501 RFP explains the process for review of project proposals & Ranking Policy & Tools are available online for applicants. The following statement is quoted from the RFP: “The unbiased Application Ranking Committee will use the CoC-approved Policy & Tool, along with HUD CoC NOFO thresholds and guidance, to make funding determinations and rank approved projects to be submitted to HUD for consideration”.
5. VT-501 CCHA webpage and the RFP document informs readers the RFP is available in alternative formats for persons with disabilities. The Vermont Center for Independent Living (VCIL), a nonprofit organization that supports Vermonters with disabilities is a member of the Steering Committee and is available for consultation if alternative formats are requested. The RFP notification and documents were posted in different electronic formats, accessible websites, listservs, social media and CoC and Collaborative Applicant staff were available by phone and email and to assist with any needed translation services.

**1C-1. Coordination with Federal, State, Local, Private, and Other Organizations.**

NOFO Section VII.B.1.b.

Guidance–

A. Consultation and interaction must be at the recipient level, not the subrecipient level.

B. Element 18 Other is optional–you can provide additional information if you choose to.

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
	Yes/No/Nonexistent
1. Funding Collaboratives	Y

2. Head Start Program	Y
3. Housing and services programs funded through Local Government	Y
4. Housing and services programs funded through other Federal Resources (non-CoC)	Y
5. Housing and services programs funded through private entities, including Foundations	Y
6. Housing and services programs funded through State Government Yes/No/Nonexistent	Y
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)	Non-Existent
11. Organizations led by and serving Black, Brown, Indigenous and other People of Color	N
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
18. Other Healthcare	Yes

**1C-2. CoC Consultation with ESG Program Recipients.**

NOFO Section VII.B.1.b.

Guidance—Consultation must be with ESG recipients—metropolitan cities, urban counties, territories, and states, as defined in 24 CFR 576.2—not subrecipients.

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 to address homelessness within your CoC’s geographic area so it could be addressed in Consolidated Plan update.

Limit 2,000 Characters

1. The recipient for ESG is the State of Vermont within the Office of Economic Opportunity (OEO). ESG funding allocations are made by the State of Vermont. Several state offices, including the OEO, ESD and AHS Field Director, participate actively in the CoC and its numerous committees, including steering committee, strategic planning and coordinated entry. VT’s Emergency Solutions Grant funds are blended with state funds and administered under the Housing Opportunity Grant Program. OEO consulted with VT-501 in the planning and allocating ESG funds in the following ways: website posting and listserv communication for feedback from members, presentations to public meetings, stakeholder meetings and sharing gaps, needs and

priorities at VT-501 CCHA meetings. Participation in regular twice monthly COVID Homelessness Response meetings.

2. According to both the Vermont ESG program guidelines and VT-501’s Monitoring Policy, ESG subrecipients report on their program outcomes twice a year at the CoC level and discussions occur at executive committee and steering committee meetings. In addition, OEO presented their annual report on the ESG program to VT-501 at a monthly Steering Committee meeting. During that meeting, the CoC also verbally evaluates the performance of the program and subrecipients.
3. VT-501 provided PIT, HIC and any other data reports to consolidated plan jurisdictions via email and list serv distribution, the data is also available on the CCHA website.
4. VT-501 provided information for Consolidated Plan updates through CEDO City of Burlington for CDBG & HOME. CEDO, City of Burlington is the collaborative applicant and Steering Committee member of the CoC. CEDO, city of Burlington, Vermont Housing and conservation Board and Vermont Housing Finance Agency presented to CoC meetings on strategies to address homelessness. The CCHA webpage informs readers the RFP is available in alternative formats for persons with disabilities. The Vermont Center for Independent Living (VCIL), a nonprofit organization that supports Vermonters with disabilities is a member of the Steering Committee & sits on the Ranking Committee. VCIL is available for consultation if alternative formats are requested. VT State OEO provides information on

**1C-3. Ensuring Families are not Separated.**

NOFO Section VII.B.1.c.

Guidance—Element 6 Other is optional—you can provide additional information if you choose to.

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

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

**1C-4. CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.**

NOFO Section VII.B.1.d.

Guidance—

A. You can demonstrate that your CoC met the McKinney-Vento Act collaboration requirement by CoC members attending and participating in meetings held by the State Educational Agency (SEA) and Local Educational Agency (LEA), or by having representatives from these bodies and other youth housing and service providers in your CoC's geographic area attend and participate in CoC meetings and planning events.

B. We recognize that other partnerships play a vital role in ensuring these efforts are successful and encourage you to include your CoC's collaborations with other school district staff (e.g., counselors, teachers, librarians) and other public and private educational programs, agencies, and organizations in your response.

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

Questions 1- 6 VT 501 has an Education Services policy to ensure all homeless children and youth, as defined in the McKinney-Vento Homeless Assistance Act can access free and appropriate education. CCHA coordinates with all local homeless education liaisons on planning for the Point in Time count & will continue to develop deeper community collaboration between homeless providers & local homeless education liaisons. For all CoC-funded programs that provide housing or services to families, the CoC will ensure a staff person is designated to ensure children are enrolled in school & connected to the appropriate services in the community.

Q2 The CoC family shelter provider, COTS, has a Children's Education Advocate (CEA), who works with school districts & early education providers to connect children in shelter with services & provide educational support. In addition to coordinating transportation, the CEA works with the school's homeless liaisons to help children with IEP goals & other academic needs. The CEA ensures every school-aged child is enrolled in their designated school within one week of arriving in shelter. For children under age 5, the CEA connects children with early education & quality child-care programs, including assistance with securing subsidies to help cover costs.

Q3&4 VT-501 also collaborates with the State AOE on the statewide COVID-19 Homeless Response meetings (twice per month) and the AOE shares LEA reported data on homelessness to inform CoC needs assessments. The AOE provides training for LEAs and partners to access coordinated entry and understand the rights of children, youth and families experiencing homelessness.

The VT-501 area Head Start agency is a member of the CoC Executive and Steering Committee and regularly contributes to meetings and shares information on service access for children under 5 affected by homelessness.

Q5&6 CoC partner agencies like Lund's teen parent program maintains a curriculum agreement between schools & students; assists with transcript/credit transfers. Youth also meet with case managers who include educational/occupational goals in their service plans.

The CoC collaborates with ReSource and Lund, social service providers delivering youth education for those either at risk or experiencing homelessness.

For MV agencies at the state and local level, CCHA engaged liaisons for the Point in Time count and extends invitations for all community meetings. This past year, data and information was shared and analyzed, comparing the PIT count with the annual school count for homeless children.

**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

VT-501 CCHA has adopted a written education policy & procedure to ensure all individuals and families who become homeless are informed of their eligibility for education services & are enrolled in free education. Including: 1. Establishing policies and practices that are consistent with, and do not restrict the exercise of, the educational rights afforded to students experiencing homelessness under federal law. 2. For CoC-funded programs that provide housing or services to families, designating a staff person to ensure that children are enrolled in school & are connected to appropriate services. 3. Taking the educational needs of children into account when families are placed in emergency or transitional shelter & to the maximum extent practicable, placing families w/ children as close as possible to their school of origin so as not to disrupt the children's education. 4. Collaborating with schools to assist in the identification of children & youth experiencing homelessness & to ensure that these children and youth are informed of their eligibility for school-based McKinney-Vento services. 5. Seeking the continuing input of school homeless liaisons to make the CoC's coordinated entry process welcoming & easily accessible for youth & families with children. The State of VT's Education for Homeless Children & Youth program ensures that families experiencing homelessness are informed of their eligibility for educational services. Homeless students have equal access to the same free, appropriate, public education (including public preschool) provided to other Vermont children & all HOP funded programs (federal ESG funded & State funded) are required to refer children & youth to their local homeless education liaison. Local agencies use a Self Sufficiency Matrix for households receiving Housing Navigation services to help identify issues of concern & includes a category of "Child Development and Education" specifically noting whether the child is enrolled in school.

**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.

Guidance—

- A. Examples of formal written agreements include Memorandums of Understanding (MOUs), Memorandums of Agreement (MOAs).
- B. Examples of other types of agreements include, but are not limited to:
  - agreements to attend each other's planning meetings or conduct formal cross training;
  - coordinating housing is a joint rapid rehousing pilot/program that includes early childhood services and supports for families; an support and document referral processes between Coordinated Entry providers and early childhood services and supportive services providers.
- C. Element 10 Other is optional—you can provide additional information if you choose to.

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	N	Y
2. Child Care and Development Fund	N	N
3. Early Childhood Provider	N	Y
4. Early Head Start	N	y
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	N	Y
6. Head Start	N	Y
7. Healthy Start	N	Y
8. Public Pre-K	N	Y
9. Tribal Home Visiting Program	N/A	N
10. Other		

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

Guidance–Meaning of terms:

Trauma-informed: Approaches delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others, and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on restoring the survivors’ feelings of safety, choice, and control. Programs, services, organizations, and communities can be trauma-informed.

Victim-centered: Placing the crime victim's priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims’ feelings of safety and security are a priority and safeguarding against policies and practices that could inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that affect crime victims.

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. Within VT-501 Steps to End Domestic Violence is represented on the CCHA Steering Committee and takes the lead to assist in the transition to a safe, independent life for those who have been affected physically, sexually, emotionally or economically by domestic abuse and to promote a culture that fosters justice, equity and safety. All Steps to End Domestic Violence staff are trained during the onboarding process and through ongoing learning opportunities in the areas

of trauma-informed care, victim-centered support and advocacy, motivational interviewing, empowerment model approaches to support services, safety planning practices and more.

2. In its leadership role within VT-501, Steps to End Domestic Violence was deeply involved in the planning of the Coordinated Entry process and continues to be consistently represented during all Coordinated Entry meetings in Chittenden County. These relationships and forums have offered ample opportunity to highlight the unique needs of survivors of domestic violence when policies and procedures are being developed. The Coordinated Entry Process Applicant was developed with significant involvement by Steps to End Domestic Violence staff, who created a tailored assessment for domestic violence survivors and then trained Coordinated Entry partners on its administration. The CE training is required for any provider conducting CE assessments for trauma-informed response centering client safety. In addition, members of the CoC were invited to a training that Steps to End Domestic Violence sponsored on trauma – its neurobiology, its impact on those we serve (with an emphasis on domestic violence survivors), vicarious trauma among staff and how to be a trauma informed organization. Additional trainings were provided in partnership with the State Office of Economic Opportunity on VAWA requirements, and an online training on Domestic Violence. The Vermont Pride Center also presented to the Coordinated Entry committee on the unique needs of LGBT survivors.

**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

VT-501 CCHA uses data from several sources to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking. VT 501 conducts an annual Point-in-Time count; this provides insight into the scope of need with respect to homelessness among the domestic violence population. These numbers have been tracked and examined carefully since 2009 and in 2018, the CoC incorporated the new demographic of those fleeing DV. This includes those sheltered in motels through the state's emergency housing program. As the recipient of the Domestic Violence Housing First Rapid Rehousing grant through the COC, Steps to End Domestic Violence reports annually using de-identified data on the utilization of rapid rehousing resources. In addition, their participation in the annual Point-in-Time count provides insight into the scope of survivors experiencing homelessness in our community. Steps to End Domestic Violence uses an HMIS comparable database to track all services provided and coordinates data from its HMIS comparable database with the community master list from HMIS so that there is an unduplicated monthly count of all households experiencing homelessness in our coordinated entry system. HopeWorks, a local nonprofit organization dedicated to ending all forms of sexual violence and providing a crisis hotline, education and outreach, and crisis counseling and advocacy, provides the community with data to assess needs, reporting levels of up to 10% of survivors of sexual assault, dating violence and stalking in Burlington, were homeless and half of those homeless were minors.

**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.

Guidance—HUD expects CoCs to coordinate with victim service providers and operators of coordinated entry to address the unique needs for housing and services that prioritizes safety and includes providing

training for CoC recipients including housing and services made available from the CoC Program, ESG Program, Department of Justice programs, and Department of Health and Human Services programs. 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) VT-501's Coordinated Entry protocols allow survivors to choose between specialized & general access hubs. Both include confidentiality protocols. Specialized access hubs for survivors provide a separate confidential HMIS comparable data collection system & specialized victim services. General access hubs participate in trainings on trauma-informed, victim-centered services.
- 2) The COC's approved Emergency Transfer Plan for Victims of DV provides clear guidance on eligibility for & process to obtain an emergency transfer. A tenant who is a victim of domestic or dating violence, sexual assault, or stalking (per HUD regulations) is eligible for emergency transfer if the tenant reasonably believes there is a threat of imminent harm from further violence if they remain in the unit. A tenant may be eligible to transfer if a sexual assault occurred on the premises within the preceding 6-month period. Emergency transfer requests will be immediately reviewed & tenant advised of the determination. If approved, tenant will be offered a referral to a local agency providing services to said victims. Based on a survivor's needs, the agency will meet them where they are at in terms of accessing housing. Programs will act as quickly as possible to transfer to safe TH or PH. A tenant may choose to vacate the assisted unit immediately. Victim services organizations will be available to assist the tenant with safety planning.
- 3) CCHA's coordinated entry process allows survivors of domestic & dating violence, sexual assault & stalking survivors to access both resources specific to them & community-wide resources by first, allowing them to choose between accessing the system through designated special confidential access hubs or through general access hubs, and second, by combining confidential anonymous identifiers from the HMIS comparable survivor database into the community-wide master list to provide access to all available resources.

In addition to the above, Steps to End Domestic Violence is represented on CCHAs Steering Committee and was deeply involved in the planning of the Coordinated Entry process in Chittenden County. These relationships and forums have offered ample opportunity to highlight the unique needs of survivors of domestic violence when policies and procedures are being developed. The Coordinated Entry Process Applicant was developed with significant involvement by Steps to End Domestic Violence staff, who created a tailored assessment for domestic violence survivors and then trained Coordinated Entry partners on its administration. Steps actively supported the COC in developing services that prioritize safety and ensure confidentiality for survivors including the development of an emergency transfer plan. In addition, members of the COC were invited to a training that Steps to End Domestic Violence sponsored on trauma – its neurobiology, its impact on those we serve (with an emphasis on domestic violence survivors), vicarious trauma among staff and how to be a trauma informed organization. Additional trainings were provided in partnership with the State Office of Economic Opportunity on VAWA requirements, and an online training on Domestic Violence. The Vermont Pride Center also presented to the Coordinated Entry committee on the unique needs of LGBT survivors.

**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)? [No](#)
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)? [No](#)

**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.

Guidance–

A. Meaning of terms:

General Preference–Places all the members of a certain category (or categories) of households above other households on a list.

Limited Preference–Often referred to as a “set-aside”, is a defined number of public housing units or Housing Choice Vouchers (HCV) made available on a priority basis to a certain type of applicant for housing assistance. This includes Project-Based Vouchers used to serve certain types of applicants.

Moving On Strategy–How recipients move current CoC Program participants, who no longer require intensive services—who are able and want to move out of CoC Program funded-PSH beds with a rental subsidy—to other housing assistance programs (including, but not limited to, Housing Choice Vouchers and Public Housing) to free up CoC Program funded-PSH beds to be used for persons experiencing homelessness.

B. Enter the higher percentage of total new admissions who were experiencing homelessness at entry into the PHA or HCV program during FY 2020.

Example–A PHA had a 3 percent admission rate of people experiencing homelessness at the time of entry for its Public Housing Program and an admission rate of 8 percent of people experiencing homelessness at the time of admission. The CoC would enter the higher number, HCV admissions of 8 percent into the chart.

C. Upload to the 4B. Attachments Screen a copy of an excerpt from the PHA(s) administrative planning document(s), other PHA-developed document with the written policies, or a letter from the PHA(s) that addresses:

(1) Homeless preference–name the attachment PHA Homeless Preference

(2) Moving On preference–this may include the Administration Plan, Admissions and Continued Occupancy Policy (ACOP), annual 5-year plan–name the attachment PHA Moving On Preference.

D. You cannot substitute website links or hyperlinks to meet the attachment requirements—we will only consider documentation submitted in e-snaps.

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

Public Housing Agency

Name

Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry –

BHA 34% and

VSHA 21%

Does the PHA have a General or Limited Homeless Preference? YES – Public Housing , YES HCV – Yes both and No YES\_HCV BHA – YES limited pref

Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On? Yes – NO BHA – NO VSHA No

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

Describe in the field below:

1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or

2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

Limit 2,000 Characters

1.VT-501 Chittenden CoC engaged with the largest Vermont PHA (VT State Housing Authority-VSHA) thru public CoC discussion (6/3/21) to expand VSHA Homeless Admission Preferences, preceded by requests from key stakeholders: VT Veterans Committee, VT Coalition of Runaway & Homeless Youth Programs, Pathways Vermont (mental health provider/peer organization), and VT Agency of Human Services (ESG-CV CARE vouchers). VSHA subsequently adopted (7/1/21) an expanded "Move-Up Strategy" to serve currently/recently homeless persons residing in state-funded RRH (VT Rental Subsidy Program), Domestic Violence Transitional Housing (DOJ-funded), Family Unification Program (families/youth), VA-SSVF RRH (veterans), and ESG-CV RRH (VT Agency of Human Services-CARES vouchers serving households impacted by the COVID-19 pandemic).

VT-501 Chittenden CoC engaged with the VSHA to determine specific population to serve (persons fleeing domestic violence, sexual violence and human trafficking) by new Emergency Housing Vouchers-EHV and how the EHV Service Fees would be distributed (VT Network Against DV/SV) – approved by Chittenden CoC Board (6/3/21) with a MOU executed between VSHA, VT BoS CoC, Chittenden CoC and VT Network Against DV/SV (7/8/21).

VT-501 worked with Burlington Housing Authority (BHA) as the largest PHA in VT-501's geographic area. As funding allows, BHA utilizes a Local Preference option to quickly serve vulnerable applicants through the Housing Choice Voucher program, including persons who lack stable housing. BHA's Mainstream Voucher program includes a preference for applicants who are homeless, at risk of homelessness, exiting publically funded institutions, or at risk of institutionalization. Additionally, for all BHA waiting lists, families, elderly and disabled applicants are given preference over all other single applicants. BHA continues to participate in the Steering Committee and receive Coordinated Entry referrals from the CCHA Community Housing Review Committee.

### **1C-7b. Moving On Strategy with Affordable Housing Providers.**

Not Scored—For Information Only

Guidance—

A. Moving On Strategy is how recipients in your CoC move current CoC Program participants, who no longer require intensive services—who are able and want to move out of CoC Program funded-PSH beds with a rental subsidy—to other housing assistance programs (including, but not limited to, Housing Choice Vouchers and Public Housing) to free up CoC Program funded-PSH beds to be used for persons experiencing homelessness.

B. Element 5. Other is optional—you can provide additional information if you choose to.

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

1. multifamily assisted housing owners Yes—No NO
2. PHA Yes—No YES
3. Low Income Tax Credit (LIHTC) developments Yes—No YES
4. local low-income housing programs Yes—No YES
5. Other Yes—No

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction. **Yes**

If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

Service providers, working with the Burlington Housing Authority, will help their clients receiving Continuum subsidy get onto all mainstream wait lists, including NEDS and will also help their clients make sure they stay on the wait lists. The anticipated wait time for a NEDS voucher is 2-5 years, which is a reasonable time to assess whether someone is truly ready to move on to a sustainable housing situation. Use a Local Preference to transition clients who have not yet come up on waiting list.

### **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—No **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 VT-501 CCHA Coordinated Entry System includes PHA funded units that are both tenant based and project based. The CE system will prioritize referrals to programs operated by BHA and programs operated by BHA in coordination with other local service providers.

2 BHA works closely with Coordinated Entry to request referrals to serve individuals and families when designated homeless units and/or rental subsidies are available. Additionally, BHA is the recipient of a Rapid Rehousing grant from Vermont’s Agency of Human Services, Office of Economic Opportunity, which requires that all families/individuals be referred through Coordinated Entry.

**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–No **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. Burlington Housing Authority was the recipient in FFY2019 and in FFY2020 became the sub-recipient for 4 2 NOFA /CoC PSH projects to serve persons experiencing chronic homelessness and disability. Two of the 4 projects are dedicated plus and all 4 operate with service match from partner health care / mental health care providers.
2. The FFY 2019/20 CoC-PSH project applications were approved
3. The projects provide resources to house some of our most vulnerable neighbors and connects them to safe affordable housing with supports. Participants are referred to appropriate service providers based upon primary medical or mental health diagnosis needs, ensuring on-going supports to achieve success in maintaining permanent housing. The need for the projects was identified by the CoC through data gathered by Coordinated Entry and meets CoC identified goals to end homelessness (chronically homeless and persons with disabilities)

**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–No **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–No **NO**

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

**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.

Guidance—

- A. Do not include data related to YHDP renewal or replacement projects as these projects are being awarded non-competitively and are not ranked.
- B. Housing First approach means the project prioritizes rapid placement and stabilization in permanent housing and ensures program participants experience low barriers to entry without preconditions and regardless of:
  - (a) little or too little income;
  - (b) active or history of substance abuse;
  - (c) having a criminal record with exceptions for restrictions imposed by federal, state, or local law or ordinance (e.g., restrictions on serving people who are listed on sex offender registries); or
  - (d) history of victimization (e.g., domestic violence, sexual assault, childhood abuse).

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. 7

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. 7

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

VT 501's main strategy for prioritizing rapid placement and stabilization in permanent housing is through a no-wrong door approach coordinated entry system, by name list, and partnership agreements with housing providers. VT-501 Coordinated Entry system is managed by the recipient of VT-501's CoC CE project, Champlain Valley Office of Economic Opportunity. The Coordinated Entry Committee of the CoC is the entity responsible for CE oversight and evaluation. The committee monitors the progress of the CE system at its regular monthly meetings and reviews policies, procedures and best practice. The CE administrator reports directly to the CE committee on data and reporting on the operation of the CE system. All CoC PSH and RRH projects are required to operate via referrals from CE, following Housing First practices including not screening out for income, substance use, criminal record (with exceptions imposed by federal, state or local law) or victimization history. The CE Committee consults with

participating projects and participants with an annual evaluation and community survey of the quality and effectiveness of the system. In addition an external evaluation of the CE system was conducted in 2019. Annual training and update training reinforces the implementation and maintenance of the Housing First approach across the CE system. Additionally all CoC PSH and RRH grants operate with a Housing First approach, strengthening our system and supported by policy, procedure and practice.

### **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–No **YES**

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

Guidance–HUD expects CoCs to:

- A. conduct street outreach throughout their entire geographic areas in a way that allows for quick identification and engagement of people experiencing unsheltered homelessness;
- B. at a minimum, cover every county within the CoC’s geographic area at least one time each year, though in many cases–particularly if your CoC is in a more urban area–your CoC might need to conduct street outreach more frequently;
- C. advertise housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability–that furthers fair housing as detailed in 24 CFR 578.93(c);
- D. provide effective communications for persons with disabilities including large print, sign-language interpreters, Braille, and other formats; and
- E. provide access for persons with limited English proficiency.

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

VT-501

1. VT-501 increased Street Outreach since March 2020 & 5 SO teams coordinate through meetings twice per month and regular phone and email contact. A SAMHSA funded PATH grant funds SO through our FQHC targeted at the impacts of mental illness and associated substance use. This team includes medical staff & uses a van as a mobile clinic, offering medical care, testing, and vaccination. 2 teams provide SO to individuals, families with children, and youth sleeping on the streets, to identify and engage individuals who have mental health, substance use, homelessness to increase service connection. A Community Service Liaison Team provides an alternative to 911 response. The Community Outreach, Resource and Advocacy Team focuses on those leaving emergency hotel accommodation. A warming center is space to access clients in a warm, safe environment. SSVF conducts SO within the CoC to identify veterans requiring access to services. The PIT count uses innovative methods to identify and engage the homeless community; significant input from members with lived experience, the local service providers, including food shelves, and faith communities, and volunteers. 2. SO covers 100% of the CoC geographic area, except very remote. 3. SO is available 7 days per week – focus on various areas to ensure coverage of encampments, isolated sleeping sites, meal sites, daytime spaces,

emergency shelter hotels, shelter, etc. During the pandemic those in emergency shelter in hotels were provided access to regular outreach services. During the PIT Count SO occurs in a coordinated fashion to ensure complete coverage of encampments, isolated sleeping sites, meal sites, emergency shelter hotels. 4. SO programs provide services in a trauma informed and person centered manner to support connection with those hardest to reach including those experiencing chronic homelessness, mental illness, substance use, and to veterans. SO teams with mental health expertise & offering medical services and permanent & regular staff allow trust in relationships, lessening resistance to other services. The CoC is working to ensure that services are accessible to all and to identify any disparities in access for any community members, based on race ethnicity, ability, mental health, substance use etc. Language interpretation services are available across SO.

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

Guidance–

A. Examples of laws and policies that criminalize include, but are not limited to:

banning camping or sleeping in public;  
vagrancy, sitting, loitering, or begging in public places;  
evictions from homeless camps (homeless sweeps), restrictions on panhandling; and  
banning living in vehicles.

B. Element 5 Other is optional—you can provide additional information if you choose to.

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–No Y
2. Engaged/educated law enforcement Yes–No Y
3. Engaged/educated local business leaders Yes–No Y
4. Implemented communitywide plans No
5. Other Yes–No

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

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.” For 2020 97 and 2021 188 Tenant based vouchers – rental assistance – CARES? Or other emergency

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

Guidance–

A Effective use of benefits may include assisting with appointments, transportation, etc.

B Element 4 Other is optional—you can provide additional information if you choose to.

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:

1. Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)  
Assist with enrollment Y Assist with utilization of benefits Y

- |                             |                            |   |
|-----------------------------|----------------------------|---|
| 2. Private Insurers         | Assist with enrollment Y   | Assist with utilization of benefits Y   |
| 3. Nonprofit, Philanthropic | Assist with enrollment Y   | Assist with utilization of benefits Y   |
| 4. Other                    | Assist with enrollment Y/N | Assist with utilization of benefits Y/N |

**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 Character

VT-501 provides announcements & updates during monthly CoC meetings, a CoC list serve, & sharing information via partner provider meetings, to provide up to date information on mainstream resources. Staff members from agencies who provide resources (eg food stamps, SSI, TANF, substance use treatment) are regular attendees of the CoC Steering Committee and provide update and change information.

2. VT-501 CoC members send updates regarding the availability of mainstream resources & other assistance out on the CoC listserv as needed, emails go out at least weekly. Monthly, all CoC members have the opportunity to share updates at Steering Committee meetings, and on a weekly basis service providers meet at the Community Housing Review Team. The CoC website also updates with available information.

3. There are multiple healthcare organizations on the CCHA Steering Committee including the University of Vermont Medical Center and the Community Health Centers of Burlington (CHCB). Case managers at providers assist clients individually to enroll for health insurance and partner with healthcare organizations to enroll clients if needed. Community Health Centers of Burlington has the only Homeless Healthcare Grant (330H) in the state of Vermont. This means that anyone struggling with homelessness can access medical and all ancillary services, including benefits assistance and enrollment at any site - including Safe Harbor Health Center which is a centrally located satellite office in downtown Burlington. Patients are regularly assisted in applying for Medicaid, the state health insurance marketplace, in addition to any other benefits for which they may qualify.

4. VT 501 works with mainstream programs that assist persons experiencing homelessness to utilize mainstream benefits via street outreach, case management and supportive services. The State has a single online VT Consolidated Benefits Application for 4 benefit programs w/ability for case managers to follow up. VT SOAR supports several service providers and provides the CoC’s participants with a high rate of access to mainstream programs. Vermont Agency of Human Services Field Directors participate in the CoC, at board and committee level, supporting coordination for access to assistance.

**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.

Guidance–Upload to the 4B. Attachments Screen your CoC’s standard assessment tool–name the attachment CE Assessment Tool.

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. VT-501 CE system covers the entire geographic area of the CoC, Chittenden County. 2-1-1 serves as a virtual access point throughout Chittenden County, providing full geographic coverage & makes referrals to assessment hubs for CE. Outreach teams working with the CE lead agency and assessment partners are covered by the CE system of policy, procedure and practice to ensure uniform referral practice and prioritization.
2. VT-501 CCHA CE system works with a variety of access points and referral partners for expanded outreach to secure connection to a homelessness service provider. Expanded outreach teams, as a result of the pandemic, supports contact for services with those least likely to apply for assistance. Medical and mental health providers operating as assessment points expands outreach and contact. Alongside street outreach, medical and mental health, the CE system also partners with VT 211, youth service and outreach providers, Vermont Center for Independent Living, Pride Center, city departments, law enforcement, and other service providers
3. VT-501 CE system uses a two-step process for access & assessment. Access points are dispersed throughout the county & make referrals to CE utilizing a one page initial screening form. Assessment hubs receive referrals from Access Points through screening form process; hubs will then provide full CES assessments. The CE assessment process utilizes a scored Vulnerability Assessment tool that prioritizes people according to severity of service need. CE policies & procedures establish an order of priority based on severity of service need & length of time homeless for PSH. The order of priority for RRH also incorporates severity of service need.
4. The CE process prioritizes those scoring highest on the vulnerability tool to ensure prioritized and fast referrals. All homeless households who are assessed through the CE are referred to & assigned a housing navigator, who connect with homeless households on a weekly basis.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years? Yes–No **YES!**

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

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

Guidance—Element 12 Other is optional—you can provide additional information if you choose to. 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 decision making bodies are representative of the population served in the CoC. Yes–No NO
2. The CoC has identified steps it will take to help the CoC board and decision making bodies better reflect the population served in the CoC. Yes–No YES
3. The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups. Yes–No YES
4. The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups. Yes–No NO
5. The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness. Yes–No 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–No NO
7. The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness. Yes–No 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–No
9. The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness. Yes–No - 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–No YES
11. The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness. Yes–No YES
12. Other Yes–No

**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

VT-501 CoC consulted through member and partner organizations and enacted the following governance charter change in 2021: “The CCHA is a coalition of individuals, organizations, and government entities whose mission is to end homelessness in Chittenden County. CCHA recognizes the role played by current and past discriminatory policies that, to this date, impede access to housing and lead to homelessness for many community members; the Black, Indigenous, and People of Color, LGBTQ+, low income, and other marginalized populations. CCHA stands alongside these populations as we affirm that racial equity, inclusion, and belonging are important and interdependent components that contribute to building a just society.

CCHA will:

- Create and sustain inclusive environments where every person, workforce and client feels valued, supported and inspired to achieve individual and common goals to end homelessness
- Support policy and practices that ensure fairness and equity throughout the homeless and housing system
- Strive to provide safe, decent, affordable homes to all individuals regardless of their origin and background
- Enhance and promote training and resources to support cultural awareness and anti-racist policy and practices among homelessness services and housing providers
- Create opportunities that sustain these actions
- Ensure sub-committees identify systemic inequities, utilizing data and feedback of those with lived experience, especially from the BIPOC community, to develop policies and practices through continuous assessment of disparities.”

The CoC is commits to data driven change through committee work to reduce racial disparities and improve racial equity in the provision and outcomes of assistance, including; Strategic Planning, continuing work on assessment and analysis of disparities; Outreach and Membership, conducting outreach to ensure that the membership is reflective of our community and includes BIPOC representation to increase participation, leadership, and decision-making within CCHA activities; ; Data Quality, PIT, and HMIS will review collect and analyze specific data metrics to identify whether and how racial disparities exist and Coordinated Entry will continue to examine CE processes and assessment tools to understand and repair disparities.

The CoC will continue to collaborate to strengthen the ongoing racial equity work in our geographic area and utilize HUD’s COC analysis tool Race and Ethnicity to facilitate analysis of racial disparities among people experiencing homelessness

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

Guidance—You must enter a value of ‘0’ or more in both columns for all 5 elements.

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

	# of people with lived experience in last 7 years or current program participant	# of people with lived experience from unsheltered situations

1. Included and provide input that is incorporated in the local planning process.	25	1
2. Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	1	1
3. Participate on CoC committees, subcommittees, or workgroups.	3	1
4. Included in the decision making processes related to addressing homelessness.	3	2
5. Included in the development or revision of your CoC's local competition rating factors.	1	1

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

Guidance—Element 6 Other is optional—you can provide additional information if you choose to. Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities. Yes—No YES
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry). Yes—No YES
3. The CoC works with organizations to create volunteer opportunities for program participants. Yes—No 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—No YES
5. Provider organizations within the CoC have incentives for employment and/or volunteerism. Yes—No YES

Other Yes—No

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

**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&2&3 State of Vermont implemented statewide response to the pandemic, VT-501's action in line Governor's Emergency Orders with public health guidance and protocols. GA temporary housing

program modified from categorical eligibility, allowed many more to access temporary emergency shelter in hotels & number increased almost threefold. VDH and OEO, in consultation with CoC's and EOC's, piloted COVID-19 Infection Control Inventory and Planning Tool for Homeless Service Providers assessment tool for the CDC. CoC COVID Homeless Response Teams, connected to local and state EOC, for information and updates, access to PPE, emergency, and cleaning supplies, and support for safety protocols.

1. Unsheltered accessed GA emergency hotel accommodation. Outreach teams increased and operated to lower barriers to entry for unsheltered. Low barrier shelter hotel (FEMA funded) with case management on-site, accessible to hard to reach.
2. Congregate emergency shelters used CDC assessment tool on ability to screen, quarantine and isolate guests, ID hyper-vulnerable guests, access to supplies, sanitation efforts, planning for staffing shortages, connections with health care providers, and street outreach efforts. Congregate shelters deconcentrated to GA hotel system. State and local funds; HEPA filter air cleaners, cleaning supplies, PPE, and thermometers. Winter low barrier shelter moved to RV's in supported campsite, for hardest to reach. Shelters received COVID-19 supplemental funding to support implementing requirements and guidelines for hygiene promotion, sanitation, and social distancing. Funding to add staffing and training to plan and respond to the crisis, and new or expanded essential services for non-congregate guests. Isolation/Quarantine housing including transportation in partnership with local ambulance services.
3. Transitional Housing projects for Veterans, DV and Youth received training and technical assistance in partnership with the VT Department of Health to implement safety protocols. Additional resources, changes in guidance and protocols were disseminated on weekly calls and alternative housing for isolation and quarantine due to COVID was established including transportation for guests was provided in partnership with local ambulance services.

**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

CoC COVID homeless response team developed in the earliest weeks of the pandemic to facilitate rapid action, new partnerships and coordinated planning. These teams included various members of local CoCs, local government, Federally Qualified Health Centers, UVM Medical Center, free clinics, local Vermont Department of Health offices. Shelter and housing providers now have local working relationships to respond in partnership. Connections built during the response are in place and can be leveraged for future public health emergencies to allow for quick distribution and sharing of resources, guidance, etc. particularly in the early response days when information would be evolving. The teams include the ability to conduct meal delivery to homeless Vermonters while State and local responses are put into place.

Public health guidance and protocols for providers included infection prevention training from the VT Department of Health on how to implement universal infection prevention methods, including through shelter administration, vaccination and testing, masking, physical distancing, and facility operations. This new information and capacity is now in place.

The VT Department of Health in consultation with State OEO office has established Homeless Health Equity Care Capacity Building Grants. These grants will build on the new partnerships established and support future and ongoing planning and collaboration at the local and state level.

**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 Safety Measures: ESG-CV funding supported expansion of activities and costs with emergency shelter and transitional housing providers, such as implementing requirements and guidelines for hygiene promotion, sanitation, and social distancing.

2. ESG-CV recipient, OEO, consulted with CoC on ESG-CV funding plan, state level housing response with Statewide partners from Housing and Finance Agency, housing development and public housing authorities. ESG-CV funds supported a statewide Rapid Re-housing (RRH) program where more than 300 households received a RRH voucher and support services to exit homelessness into permanent housing. CARES vouchers were prioritized through the CE process.

3. Eviction prevention was supported at State level and CoC coordinated with ESG-CV recipient to create a referral path for people needing eviction prevention to the State Housing Authority's statewide CARES funded eviction prevention program prior to ERAP establishment. ESG-CV staff offered training on the eviction moratorium & eviction prevention. More than \$6m statewide, to over 20 agencies, supported ERAP Housing Stability Service grants to help people access eviction prevention resources. Funding opportunity was distributed through CoC listserv and members.

4/5. Healthcare and Sanitary supplies - All projects received healthcare and sanitary supplies. Supplies included soap, hand sanitizer, cleaning supplies, PPE, and thermometers. ESG-CV funds implemented requirements and guidelines for hygiene promotion, sanitation, and social distancing. Capital improvements/public health mitigation grants funds were available for air quality improvements and to purchase HEPA filter air cleaners. VT Dept of Health contracts with homeless shelter and health centers provide surveillance testing and vaccination outreach and clinics at shelter and lodging establishments. Local homeless health program purchased transport for mobile clinic to provide testing and vaccination in all locations.

**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

CoC coordination with mainstream health occurred at local level COVID Homelessness Response Team and statewide with Economic Opportunity (OEO) Director, as the Housing Team Lead on the State Emergency Operations Center. The Center coordinated housing needs related to isolation and quarantine, established with CoC members as operating partners. State and local EOC provided

comprehensive COVID 19 coordination with the VT Dept of Health Health (VDH) Co Operations Center (HOC) and Vermont Emergency Management (VEM) and local offices – from contact tracing, care coordination, testing, vaccination, and outbreak prevention and response. Systems were put in place to quickly identify any household experiencing homelessness who tests as COVID positive, special rapid response protocol and teams which include OEO and local offices, homeless shelter/service providers and VDH are convened as needed based on a public health risk assessment conducted by VDH in consultation with OEO. Special vaccination clinics were offered onsite at shelters and motels through partnerships with trusted entities, the CoC homeless healthcare program. Homeless shelter/service providers and their health care partners received a vaccine allocation to fully meet the need with this special population and support equity goals. BIPOC vaccination clinics were created within the CoC geographic area.

2. The CoC COVID Homeless Response Team members partnered with the Vermont Department of Health (VDH) and local EOC to provide guidance, training, and technical assistance to emergency shelters, including sites-specific support on infection prevention and control. VDH worked with shelters to pilot the CDC's Infection Control Inventory and Response Tool. Additional resources, guidance and protocols were disseminated as they became available. More than 20 hours of training have been provided with VDH, including through the bi-weekly COVID Homeless Response calls.

**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. The CoC COVID Homeless Response team and CoC CCHA communication tools were critical and the use of the CCHA continuum listserv was a primary means of communication to homeless service providers during the pandemic. OEO utilized the list serve to distribute information and notice important meetings and training. Remote local team meetings began daily, and twice weekly statewide meetings moving to weekly and now bi-weekly calls were held to pass on information and answer questions about implementation of public health safety procedures and protocols. Representatives from Vermont's Department of Health provided information and guidance about safety measures, as well as offering trainings on topics such as cleaning, PPE, and other prevention strategies.

2. VT-501 CoC distributed information via its listserv, ensuring that homeless service providers were aware of important information about changes to restrictions and program on an ongoing basis. Daily local CoC response team calls (with input from local Emergency Operations Center) and weekly statewide calls with State agencies and VT Dept of Health (now bi-weekly) were held to discuss the impacts of changing local restrictions and efforts to increase access to testing and vaccines for those experiencing homelessness. Statewide restrictions were clearly laid out in the Governor's Emergency Orders, daily press conferences detailed changes.

3. Vaccine implementation communications were transmitted through the CoC COVID Homeless Response Team network, and the CoC list serv. Social media posting, the local Resource and Recovery Center webpage and flyers and posters at shelters and emergency housing helped to distribute news of vaccine opportunity. The local resource and recovery center produced advertisements and PSAs on vaccine availability. CoC homeless health clinic (trusted partner) offered special vaccination clinics (including van based mobile) onsite at shelters and motels and remotely where homeless community members gathered. Healthcare partners received a vaccine allocation to fully meet the need of this special population and support equity goals.

**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

Congregate and non-congregate shelter providers, as well as CoC COVID Homeless Response Teams and local EOC were instrumental in identifying individuals and families experiencing homelessness for the COVID-19 vaccination. Weekly local meetings with VDH and local EOC and weekly statewide COVID calls were held to disseminate information to providers, including best practices to identify those eligible for the vaccine and support access to clinics. State of VT/Office of Economic Opportunity (OEO) met with the vaccine branch twice a week for three months to support planning and coordinate communication between local EOC, local providers, vaccination branch, and local VT Dept of Health (VDH) offices to maximize the vaccine allocation. This was replicated at local level. Prioritization for the use of the J&J vaccine was given, to support a one & done approach to vaccination.

Hotel/motel-based service providers coordinated and supported logistics, including outreach and planning – knocking door to door, engaging clients on concerns, providing education and information. In some cases, providing incentives for vaccines. CoC trusted provider homeless healthcare clinic provided on-site vaccination and a mobile clinic for testing and vaccination wherever clients were gathered, including the daytime warming/cooling center.

Our identification steps and implementation starting April 2021 was:

- Convene and support:
  - a. Trusted Homeless Service Partner
  - b. Outreach, registration, logistics, coordination with lodging establishment
  - c. Trusted Health Care Provider (such as Free Clinic, local FQHC, Hospital)
  - d. deliver the vaccine
  - e. Local VDH District Staff
  - f. public health education, materials
- Reach every shelter and lodging establishment
- Provide training, outreach materials, vaccination allocation
- Promote “wellness” day approach to clinics – include various other onsite supports and services available to all regardless of vaccine participation
- Schedule carefully, during times when guests are onsite

- One week prior promote onsite with 1:1 outreach, flyers posted and under doors, communication with lodging staff
- Identify vaccine champions – vaccinate staff or peers who can share their experience
- Allow vaccination for all guests onsite, regardless of age or known underlying condition

**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

VT-501 addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic by working with partner organizations at State level in receipt of funds to support distribution to organizations working to address DV/SV. CARES CRF funds were awarded to VHCB to provide capital funding for shelters, to make COVID safety improvements – such as ventilation, walls/separation, etc. As the recipient of the Domestic Violence Housing First Rapid Rehousing grant through the COC, Steps to End Domestic Violence provides the CoC's only DV/SV shelter facility and received CARES CRF funds to establish a new enlarged shelter, alongside organization offices, and serving up to 21 households escaping domestic and sexual violence, with capacity for both individuals and families with children. This new facility provided an opportunity for service expansion during the pandemic. As domestic violence continues to be a leading cause of homelessness in Chittenden County, with many victims left with limited resources and financial challenges to finding permanent housing, STEPS increased service provision and outreach for its programs serving households through emergency housing services. The service was discussed during calls via the 24/7 hotline as well as through ongoing support meetings between service users and Housing Advocates. The CoC supported the statewide dedication of 99 Emergency Housing Vouchers administered by the VT State Housing Authority to domestic/sexual violence victims and survivors.

**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 assessment system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic. Limit 2,000 Characters

On April 2, 2020, the VT-501 CCHA authorized that verbal consent may be obtained for Coordinated Entry and HMIS data sharing in order to continue serving clients in need of housing assistance during the COVID-19 public health emergency and to serve clients as quickly as possible. Providers were required to obtain written consent when it was safe to do so.

The CoC supported increased housing navigation services and wraparound services at emergency housing hotel sites to allow access to assessment and streamline CE access and assessment. The number of homeless households almost tripled during the pandemic. Housing Stability Services were provided to identify and support households in applying for ERAP financial assistance, as well as support households that were determined eligible to receive financial assistance. Funded activities included: • Outreach to eligible Vermont households • Direct services support (1:1 application and recertification

assistance) • Landlord-tenant mediation services • Landlord outreach and education • Housing navigation services • Legal service.

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

**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.

Guidance—

A. Combine the following documents and upload the combined document to the 4B. Attachments Screen:

- (1) a screenshot of a website posting that legibly displays a system generated date and time or advertisement from a local newspaper(s), social media (Twitter, Facebook, etc.) that demonstrates your CoC announced it was accepting project applications; and
- (2) a copy of the document posted in advance that included point values for objective criteria your CoC would use to review and rank projects.

B. Name the attachment Local Competition Announcement.

C. We will not award points for documents with manually added times and dates.

1. Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition. Date
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. Date

**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.

Guidance—

A. To be eligible for CoC Bonus and DV Bonus funding consideration, you must demonstrate that your CoC used at least one criterion relating to improving system performance.

B. Combine the following documents and upload the combined document to the 4B. Attachments Screen:

- (1) the scoring tool your CoC used in your local competition to score new and renewal ranked projects and all project application types—include the entire tool;
- (2) a copy of one scored project application form used by most renewal project applicants that includes the objective criteria and system performance criteria and their respective maximum point values and the actual points your CoC awarded to the project applicant; and
- (3) final project scores for ranked new and renewal projects (e.g., spreadsheet with all projects and all scores).

C. Name the attachment Project Review and Selection Process.

D. Renewal and replacement YHDP, CoC Planning, and UFA Costs projects are not included in the criteria because they are not ranked.

E. The scoring tool you attach must include information that corresponds to the responses you select below.

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–No
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–No
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–No
4. Used data from a comparable database to score projects submitted by victim service providers. Yes–No
5. Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve. Yes–No
6. Used a specific method for evaluating projects based on the CoC’s analysis of rapid returns to permanent housing. Yes–No

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

Guidance–

A. Include in your response 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 needed in the CoC’s geographic area. Below are examples of needs and vulnerabilities that you should consider when answering this question (these examples are not exhaustive) and you should describe any other vulnerabilities the CoC took into consideration:

- history of victimization/abuse, domestic violence, sexual assault, childhood abuse;
- criminal histories;
- chronic homelessness;
- low or no income;
- current or past substance abuse;
- the only project of its kind in the CoC’s geographic area serving a special homeless population/subpopulation.

B. Your response to this question should correspond with the information you provided in the scoring tool your CoC publicly posted to satisfy question 1E-2.

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 VT-501 CoC considered the following specific severity of needs and vulnerabilities when ranking and selecting projects during this year’s process: ending chronic homelessness, implementing a housing first approach including removing barriers to entry including; not screening out clients for too little income, active or history of substance use, criminal record (expect for federal, state or local restrictions) or

victim status. Projects must also not exclude/terminate clients for failure to participate in services, make progress on service plan, failure to make income gain, DV status or other activity not included in any typical lease agreement.

VT-501 CoC considered projects providing housing and services to the hardest to serve that may result in lower performance but are needed projects in the CoC by; using a scoring tool that provided includes scoring and priority to projects prioritizing these populations, scoring projects operated by Housing First model, scoring project prioritizing entry by severity of need, and with low barrier to entry to the project. New and Renewal projects fulfilling these criteria and serving the hardest to serve would increase points in these area, to offset any performance points that might be lost due to working with the hardest to serve. In addition all CoC funded projects work through CE assessment, prioritizing those with the most severe needs.

**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; and
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 VT-501 CoC obtained input on determining rating factors used to review project applications from the membership of the CoC, including the Steering Committee and the Executive Committee. All of these bodies include members from BIPOC communities and members of the community with lived experience of homelessness. All documents were posted on the CCHA website and discussed at CCHA/CoC open meetings.

2 VT-501 Application and Project Ranking Committee was populated via an open call for members, without a conflict of interest, via list serv and at an open CoC meeting. Membership of the committee included persons of different races, particularly those over-represented in the local homelessness population.

3 VT-501 conducted an analysis of racial disparities in homelessness during 2019, with an update in 2021 and is committed to use system wide data to identify disparities in access and outcomes. The CoC completed a governance charter change in 2021, including a commitment to “ensure sub-committees identify systemic inequities, utilizing data and feedback of those with lived experience, especially from the BIPOC community, to develop policies and practices through continuous assessment of disparities.” The project applications included a request to ‘describe any measures to identify any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and any steps taken or planned to eliminate the identified barriers’. All CoC projects refer through CE and the CE system is also committed to identifying and addressing inequities in practice and outcomes.

**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.

Guidance—To be eligible for CoC Bonus and DV Bonus funding consideration, you must demonstrate your CoC reallocates lower performing projects to create new higher performing projects.

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

VT-501 operates a Reallocation Process that allows the CoC Board to review the GIW and application line up in time to allow for reallocation of funds. The CoC Ranking reviewed projects in light of CoC and HUD priorities, minimum grant requirements and the project rating/scoring tool. Projects were reviewed for performance, utilization of beds and funding. Projects and project performance were presented to the CoC Steering Committee and Project Ranking Committee. Project performance is discussed with project applicants. Funding reductions and reallocations are considered on these combined factors and projects are invited to offer any voluntary reduction or reallocation.

2 No projects were identified for reallocation this year

3 No project funds were reallocated this year

4 There was no need for reallocation this year

5 VT-501 CoC communicates the reallocation process to applicants through review at CoC Board meetings, public posting, email and list serve. Any reallocation is subject to appeal. Project applicants received an email notification of project application acceptance, funding recommendations, rank, and any reallocation.

**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.

Guidance—To determine if your CoC cumulatively reallocated at least 20 percent, add the reallocated amounts for FY 2016, FY 2017, FY 2018, FY 2019, and FY 2021 and divide the sum by your CoC's FY 2016 Annual Renewal Demand (ARD).

2016 189292 / 2017 214022 2018 51488 2019 78075 2020 0 2021 0

2016 ARD 1007110 52%

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.

Guidance—

A. If your CoC rejected or reduced any project(s), upload at the 4B. Attachments Screen evidence that your CoC provided notification 15 days before HUD's FY 2021 CoC Program Competition Application submission deadline; name the attachment Public Posting—Projects Rejected-Reduced. This does not apply to the following: renewal and replacement YHDP, CoC Planning, and UFA Costs as these projects

are not ranked; unless one of these project types were submitted by an ineligible applicant (a non-Collaborative Applicant submitted a CoC planning project).

B. We will not accept documents with manually added times and dates.

C. Examples of acceptable evidence include:  individual written notifications (e.g., email);

a single email notification listing applicant projects that your CoC reduced or rejected;

the final New and Renewal Project Listings posted publicly with email notification evidence that project applicants were notified of availability on the website (this must clearly indicate public posting 15 days before HUD's CoC Program Competition submission deadline).

D. If your CoC does not have its own webpage, it may use any other affiliated entity's website to meet the public posting requirement.

1. Did your CoC reject or reduce any project application(s)? Yes/No **NO**

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. Date

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

Guidance–

A. Upload to the 4B. Attachments Screen evidence that your CoC provided notification 15 days before HUD's FY 2021 CoC Program Competition Application submission deadline.

B. Name the attachment Public Posting–Projects Accepted.

C. We will not accept documents with manually added times and dates.

D. Examples of acceptable evidence include:

individual notifications

a single email notification demonstrating the list of applicants and the amount of funding requested; and

the final New and Renewal Project Listings posted publicly with email notification evidence that your CoC notified project applicants of availability on your CoC's or an affiliate's website.

E. To ensure the public is aware of all project applications your CoC is submitting to HUD, evidence must: (1) clearly indicate public posting 15 days before HUD's CoC Program Competition submission deadline; and

(2) include the renewal and replacement YHDP, CoC Planning, and if applicable, UFA Costs projects to ensure the public is aware of all project applications being submitted to HUD.

F. If your CoC does not have its own webpage, it may use any other affiliated entity's website to meet the public posting requirement.

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. Date

**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.

Guidance–

A. Upload to the 4B. Attachments Screen a screenshot of a website posting that legibly displays a system generated date and time that demonstrates your CoC posted the final version of your CoC's Consolidated Application at least 2 days before the FY 2021 CoC Program Competition application submission deadline (e.g., screenshot displaying the time and date of the public posting using your desktop calendar).

B. Name the attachment Web Posting–CoC-Approved Consolidated Application.

C. We will not accept documents with manually added times and dates.

D. We will only award points for the final version of the Consolidated Application—this means your CoC must approve and post the final version 2 days before HUD’s application submission deadline.

E. If your CoC does not have its own webpage, it may use any other affiliated entity’s website to meet the public posting requirement.

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. Date

**2A-1. HMIS Vendor Name.** Not Scored—For Information Only Enter the name of the HMIS Vendor your CoC is currently using. Limit 75 Characters

[WellSky Community Services](#)

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

A. Meaning of terms:

Single CoC—the only CoC participating in HMIS

Multiple CoC—the CoC is one of many participating, unless the HMIS is statewide

Statewide—the CoC is part of a statewide HMIS

B. Some implementation areas fall into both “Statewide” and “Multiple CoCs” coverage areas. For Multiple CoCs implementation that includes all CoCs in one state, only select “Statewide.”

Select from dropdown menu your CoC’s HMIS coverage area. Single CoC Multiple [CoCs Statewide](#)

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

Guidance—If we granted your CoC an extension to submit data, we will verify that your CoC submitted the data by the extension deadline.

Enter the date your CoC submitted its 2021 HIC data into HDX. Date [05/06/2021](#)

**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. [As VT-501’s sole organization providing domestic violence services and housing in Chittenden County, Steps to End domestic Violence has used an HMIS comparable database for many years and maintains active participation in the COC. The database collects the data elements required in the HUD published 2020 HMIS data standards. STEPS coordinates data from its HMIS comparable database with the community master list from HMIS so that there is an unduplicated monthly count of all households experiencing homelessness within the coordinated entry system](#)

2. Steps to End Domestic Violence provides summary data including reports on established performance measures as recorded in the HMIS comparable database. STEPS coordinates data from its HMIS comparable database with the community master list from HMIS so that there is an unduplicated monthly count of all households experiencing homelessness within the coordinated entry system

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

Guidance—

- A. If the bed coverage rate is 84.99 percent or lower, you could receive partial points by completing question 2A-5a.
  - B. The bed coverage rate is the number of HMIS participating beds divided by the number of year-round beds dedicated to persons experiencing homelessness in your CoC’s geographic area—e-snaps will calculate the HMIS Bed Coverage Rate for each project type.
  - C. Beds funded by victim services providers must only be included in the calculation if the data comes from a comparable database that complies with HUD’s HMIS requirements.
  - D. If your CoC reported a merger between the FY 2020 CoC Program Registration Process and the FY 2021 CoC Program Registration process, we will assess the merged CoC on the same coverage rate as in Section VII.B.3.b. of the CoC Program NOFO, but using the higher of:
    - ☑ the bed coverage rate reported by the combined, newly merged CoC in the 2021 Housing Inventory Count (HIC); or
    - ☑ the highest bed coverage rate reported by one of the merged CoCs from the 2020 HIC.
  - E. Enter “0” for all cells if a project type does not exist in your CoC.
  - F. For HIC Data, only enter the bed data for projects that have an inventory type of “current.”
  - G. For HMIS data, only enter current number of beds.
- 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	237	28	182	96.3
2. Safe Haven (SH) beds	00	0	0	0
3. Transitional Housing (TH) beds	20	12	8	100
4. Rapid Rehousing (RRH) beds	188	15	127	73.41
5. Permanent Supportive Housing (PSH) beds	123	0	73	59.35
6. Other Permanent Housing (OPH)	107		25	24%
<b>Total</b>	<b>675</b>	<b>75</b>	<b>416</b>	<b>69.33</b>

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

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

1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
  2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.
- Limit 2,000 Characters

1. 1&2. To increase the HMIS bed coverage for Rapid Re-housing to at least 85% the CoC and HMIS lead will continue to work with Vermont AHS to identify and remove barriers to enter State funded RRH project entered into HMIS. To increase the HMIS bed coverage for Permanent Supportive Housing to at least 85% the CoC and HMIS lead will meet with Vermont State Housing Authority to develop a plan for the VASH Voucher project data entry in to HMIS. To increase the Other Permanent Housing bed coverage to at least 85% the CoC and HMIS lead will work with the providers to enter information into HMIS.
2. The CoC Co-Chairs will charge the HMIS and Data Quality Committee with leading this work and the HMIS lead offers non-participating projects technical support and training.

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

Guidance—

A. Victim Service Providers (VSPs) are prohibited from entering data into HMIS. However, HUD expects VSPs to collect data, monitor performance, and enter data into a comparable database instead of using HMIS (e.g., a separate implementation of HMIS).

B. The bed coverage rate is total number of beds funded by VSPs where the VSP is entering data into a comparable database divided by the total number of beds funded by VSPs.

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

Percentage 100%

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

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

1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
  2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.
- Limit 2,000 Characters

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

Guidance—

A. Selecting yes only means your CoC submitted its 2019 and 2020 LSA data to HUD in HDX 2.0; it does not mean HUD accepted your CoC's submission.

B. If we granted your CoC an extension to submit data, we will verify your CoC submitted the data by the extension deadline.

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

**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**  
Yes—No

**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—No **YES**

**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) VT 501 uses several tools to determine risk factors leading to first time homelessness. The CoC reviews the PIT count special populations for risk factors. A statewide study identified nonpayment of rent as the main factor leading to eviction. All publicly funded housing organizations are required to identify, annually, the causes of eviction among their portfolios; they also report this information to the CoC. Census information provides numbers of households paying more than 50% of income for rent. During coordinated entry, our standard assessment tool asks a variety of questions to determine risks: if a conflict with family or friends, a relationship breakdown or an abusive relationship, substance use, mental health or a trauma or abuse contributed to homelessness. Housing needs assessments and partnership with local agencies to identify risk factors within specific population disproportionately impacted by homelessness. 2) VT-501 strategies to identify individuals & families at risk of being homeless include identification of risk factors and connection to support. This may include; CARES/ARPA assistance, back rent payments up to 3 months; a back-rent loan program; utility payments; a payee program and rent vendoring; housing retention supportive services; tenant/landlord & credit repair educational programs; intervention with landlords via case managers or Legal Aid; connection to mainstream resources; relocation for those fleeing DV. The local affordable housing organization invites all tenants late on rent to financial counseling. The HA's Housing Retention Team & local service providers work with tenants & landlords where behavioral issues are posing risks to tenancy. Income and employment assistance, medical & mental health services, benefit applications, and other service access. 3) VT-501 Strategic Planning and CoC Co-Chairs lead the work to oversee CoC strategies to reduce the number of individuals and families experiencing homelessness for the first time. The CoC is assisted by VT Office of Economic Opportunity lead in VT's policy & programs for homeless prevention, providing both state & federal (ESG) funding to local strategies.

**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&2. VT 501's main strategy for reducing the LOT individuals and persons in families remain homeless is our robust, no-wrong door approach coordinated entry system, by name list, and partnership agreements with housing providers. Increasing the number of affordable units, dedicated PSH units, and funding sources for supportive services are priorities for the CoC and found in the Consolidated Plan. With a local rental vacancy rate at a pandemic low of below 1%, lack of vacant housing stock is a major barrier to reducing LOT homeless. CARES act funds and incoming ARPA expenditures for permanent affordable housing will bring some increase to available units. Services resources and other housing resources were supported by State Rapid Resolution Housing Initiative funding. Housing First is a community-wide strategy to move folks directly into housing. Linking to mainstream resources and job training also helpful strategies. Ensuring those who experience homelessness have access to a variety of affordable housing options, the needed services to stay housed and the subsidy to pay for housing are the 3 pillars to move people quickly into housing in our community.
2. VT-501 CoC Coordinated Entry system uses the standardized assessment tool and HMIS data review to identify those individuals & families with the highest severity of need including length of homelessness to access available PH subsidies and units. For those living in shelters or places not meant for human habitation and not in HMIS, then case management will work to collect interviews and other third part documentation to support LOT records. CoC funded RRH and PSH prioritize CE referrals with the longest LOT.
  3. VT-501 CoC Co-Chairs along with the Coordinated Entry Committee and the Community Housing Review Team of the CoC oversee the CoCs strategies to reduce the LOT individuals and families remain homeless.

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

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1. emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2. permanent housing projects retain their permanent housing or exit to permanent housing destinations. Limit 2,000 Characters

1 VT-501 CoC uses the following strategies to increase exit to permanent housing and retention: Ensuring those who experience homelessness have access to a variety of affordable housing options, the services needed to stay housed & subsidy to pay for housing are the 3 pillars to move people into permanent housing (PH). VT-501 plans to increase the rate of PH placement through the coordinated entry (CE) system & weekly community housing review team meetings. CoC working with Built for Zero to strengthen CE system to reduce LOT in ES, TH and RRH. Case managers review the CE by-name list & vulnerability scores compared to availability of housing & subsidy, on a weekly basis. Local HA maximizes homeless preference vouchers. Landlords refer vacant units to coordinated entry under partnership agreements. Case conferencing matches households with appropriate supportive service provider & housing retention services. Development of additional affordable housing continues to be a local & statewide priority,

utilization of CARES and ARPA funding for new and rehabilitation of units, including set aside for homelessness.

- 2 To retain permanent housing or exit to permanent housing the VT-501 CoC plans to bolster housing retention teams, identify gaps in services & expand support to keep people housed. Landlords & tenants can access retention assistance through the local HA's retention team. Training for retention teams to support tenant self-sufficiency, Affordable housing providers have MOU's with service providers for retention services. Local hospital pays for retention services. Targeted technical assistance/cross training of best practices by CoC available including training through the Governor's Council on Homelessness & the state network of non-profit housing providers. Local housing providers offer transfer options to new PH opportunities. Agencies operate Rent Right & tenant based classes to ensure participants gain skills needed to be better tenants. Program participants have access to temporary financial assistance.

Safe Havens non-existent in CoC

#### **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

VT-501 CoC identifies individuals and families who return to homelessness using a number of strategies.

1. The CE committee uses data reports in aggregated form to connect common factors contributing to homeless return, after exit and highlight barriers to remaining housed. The CE system tracks data on exits from homelessness and on returns to homelessness. This data is available to case managers to inform continued work with the household and also connect applicants with previous known resources. to help inform them on their continued work with the household. The CE and Case Managers teams also connect applicants to any previous known resources. With the rate of 4% of individuals/persons in families who return to homelessness over a 6-12 month period, VT-501 identifies the following common factors contributing to those who return to homelessness: Lack of income to maintain housing; lack of money/finance skills; substance use or mental health issues; domestic violence leading to failure to make timely rent payments; other lease violations.

2. To continue to reduce the rate of additional returns to homelessness, VT501's strategies include the following activities: VT-Soar training for providers to increase participant incomes; housing retention teams ensure appropriate services and interventions with landlords; access to back payment for rent and utilities; access to payees to assure timely rent payment; education to tenants on financial assistance available; increasing opportunities for households becoming at-risk because of changes in financial circumstances to access subsidy; providing transfer rehousing opportunities for those living with mental illness whose supportive environment needs change; review HMIS and system performance reports to identify trends and reasons for returns to homelessness. Training on trauma informed and person centered practices, substance use and mental health. 3. The responsible organization for the CoC's strategy to reduce the rate of individuals and persons in families' returns to homelessness is the

Strategic Planning Committee of the CoC, which lead the human-centered design process that identified housing retention as a priority for the CoC, along with the Co-Chairs.

**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&3. VT-501 CoC has executed an MOU with ReSource, a service provider that provides job training. Resource attended a Steering Committee (SC) meeting to present on their services, works with SC members for referrals, & prioritize enrollment of persons experiencing homelessness. Resource training prepares people for construction jobs which allows underemployed people to move from minimum wage to well-paying jobs. Additionally, SC Members have attended local Workforce Development Board meetings, Creative Workforce Solutions, to discuss collaboration, & create an MOU to promote referrals & enrollment preference for persons experiencing homelessness or recently housed. 2&3. In addition to the partnerships & MOU’s listed above, VT 501 uses a multifaceted approach to increase access to employment. Spectrum, in partnership with the VT Dept of Labor, has their own social enterprise, Detail Works, where youth with barriers to employment gain experience in a supportive environment. Youth have access to resume & interviewing assistance & soft skill development. Local Community Action Program agency refers clients to the Individual Career Advancement Network (ICAN) program, which assists individuals to conduct job searches, connect with employers, enhance job finding skills, gain new job skills & work experience, & learn how to achieve industry certifications. Pathways Vermont provides job training, & referrals to their Individualized Placement Support Supported Employment Program. Howard Center offers employment councilors through the Career Connections program. 2. United Way, a CCHA member, works with local employers through its Working Bridges program to help low-income and homeless workers gain and retain employment, access earned income cash benefits such as the EITC and access promotion opportunities for higher income 3. The CCHA Steering Committee and CoC Co-Chairs are responsible for overseeing the CoCs Strategy to increase jobs and income from employment.

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

Describe in the field below how your CoC:

1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2. is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants. Limit 2,000 Characters

1. VT-501 is working with Creative Workforce Solutions, to strengthen partnerships between CCHA service providers, private employers, and private employment organizations. These strengthened partnerships will increase referrals from our programs to private employment organizations, break down stigma associated with a lack of housing, and establish a preference for people experiencing homelessness. Also, United Way’s Working Bridges programs helps low-income and homeless workers

get and keep private sector jobs, with on-site resource coordinators to support retention, promotion and access to resources. 2. CCHA service providers for residents of permanent supportive housing provide significant employment and volunteer opportunities to PSH residents. Pathways Vermont Housing First program service team is responsible for increasing jobs and income from employment. They support individuals in preparing for, applying for, and interviewing for mainstream employment opportunities and job training as well as provide budgeting support for individuals and households as their income increases. They also refer individuals to the Individualized Placement Support Supported Employment Program at the Pathways Vermont Community Center. The Supported Employment program builds relationships with employers in the community as well as provides job search and retention supports. Additionally, they refer individuals to Voc Rehab and Department of Labor and participate in joint meetings with workforce development programs as needed. Safe Harbor, another service provider for persons in permanent supportive housing, refers all interested clients to vocational services, and most recently have been collaborating with Working Fields, an organization that provides assistance to people with criminal background issues to connect with employment opportunities

**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 & 2 VT-501 CoC has implemented the following strategies to increase access to non-employment cash sources: VT 501 partners closely with Temporary Assistance for Needy Families (TANF) who also attend CoC meetings. Service providers use Vermont's single online Consolidated Benefits Application for 4 benefit programs with the ability for case managers to follow up with clients. VT SOAR supports several service providers to increase access to disability benefits for eligible individuals. The local Community Action agency, is also a VITA site, which helps working household's access the Earned Income Tax Credit. VT-501 CoC, strategic planning committee and Co-Chairs work with the Vermont Agency of Human Services as responsible for overseeing the CoC's strategy to increase non-employment cash income.

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

Guidance—To receive bonus points:

- A. If your CoC is applying for a new permanent supportive housing project, it must provide housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs for least 25 percent of the units included in the project; or
- B. If your CoC is applying for a new rapid rehousing project, it must provide housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs to serve at least 25 percent of the program participants anticipated to be served by the project. Though your CoC may submit several new projects meeting these criteria, the NOFO states CoC's will receive full points by demonstrating that they have applied for at least one permanent supportive housing or rapid rehousing project that utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG programs.

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

Guidance–

A. Combine and upload a copy of letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support all the new projects that leverage housing to the 4B. Attachments Screen and label the attachment Housing Leveraging Commitments.

B. We will use the information in the attachment and the information submitted in question 3A-3. when determining potential bonus points.

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

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

### **3A-2. New PSH/RRH Project–Leveraging Healthcare Resources.**

NOFO Section VII.B.6.b.

Guidance–

A. CoCs may apply for at least one new permanent supportive housing or rapid rehousing project that uses healthcare resources to help individuals and families experiencing homelessness, including:  
 direct contributions from a public or private health insurance provider to the project, or  
 provision of health care services by a private or public organization tailored to the program participants of the project.

B. Eligibility for the project must be based on HUD CoC Program fair housing requirements and cannot be restricted by the health care service provider.

C. Though your CoC may submit several new projects meeting these criteria, the NOFO states CoC's will receive full points by demonstrating that they have applied for at least one permanent supportive housing or rapid rehousing project that utilizes healthcare resources not funded through the CoC or ESG Programs.

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

Yes–No

### **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.

Guidance–

A. Combine and upload a copy of formal written agreements at the 4B Attachment Screen and label the attachment Healthcare Formal Agreements.

B. We will use the information in the attachment and the information submitted in question 3A-3. when determining potential bonus points.

C. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

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.)?

Yes–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–No

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

1. What is the name of the new project? Project Name
  2. Select the new project type: PSH/RRH
  3. Enter the rank number of the project on your CoC's Priority Listing: Rank Number
  4. Select the type of leverage: Housing/Healthcare
- 3B. New Projects With Rehabilitation/New Construction Costs

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

Guidance–When responding to this question, you should review the responses in all New Project applications on Screen 3B: Question 2a, Screen 6A: Question 5a, and Screen 6B: 6B.

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

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

Guidance–

- A. This does not affect the CoC's existing responsibilities to provide training, employment, and other economic opportunities pursuant to Section 3 that result from the receipt of other HUD funding.
- B. If more than one applicant is requesting \$200,000 or more in funding, you must provide a response for each applicant.
- C. Refer to HUD Section 3 Business for self-certified businesses in your locality and About Section 3 for more information.

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 verylow-income persons. Limit 2,000 Characters

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

**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? Yes–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.

Guidance–

A. In the FY 2021 CoC Application, CoCs may request that up to 10 percent of funding for the fiscal year awarded under the FY 2021 CoC Program Competition NOFO be approved to serve homeless households with children and youth defined as homeless under other federal statutes who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).

B. Approved CoCs are limited to using up to 10 percent of the total amount awarded for each fiscal year appropriation to the CoC to serve this population and must determine which project(s) will be permitted to use some or all their funding for this purpose. These projects must be Transitional Housing, Supportive Services Only, or Joint TH and PH-RRH component.

C. Upload an attachment at the 4B. Attachments Screen that identifies the specific project(s) that will use the funding for this purpose that includes:

(1) project name(s) as listed on the CoC Priority Listing; and

(2) amount of funding in the project or per project that will be used for this purpose.

D. Name the attachment Project List for Other Federal Statutes.

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

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

2. how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

Limit 2,000 Characters

#### **4A. New DV Bonus Project Application**

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

Guidance—

A. You may only apply for one SSO-CE DV Bonus project—we will reject any other SSO-CE applicant after the first one on the list if project applicants submit more than one SSO-CE project.

B. There is no limit on the number of PH-RRH and Joint TH and PH-RRH component DV Bonus projects applicants may apply for, but the total DV Bonus amount submitted by your CoC cannot exceed the DV Bonus amount listed on the FY 2021 Estimated ARD Report. We will reduce or remove the lowest ranked DV Bonus project(s) submitted if the amount requested exceeds the total DV Bonus amount available.

C. We will only remove New DV Bonus projects from the Priority List if they are conditionally selected with DV Bonus funding. Your CoC should not assume that New DV Bonus project applications will score high enough to receive DV Bonus funding.

Did your CoC submit one or more New Project applications for DV Bonus Funding? Yes—No **YES**

##### **4A-1a. DV Bonus Projects 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.

1. SSO Coordinated Entry Yes—No **NO**

2. PH-RRH or Joint TH and PH-RRH Component Yes—No **YES**

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

Guidance—

A. For element 1 of this question, enter the total number of survivors of domestic violence in your CoC's geographic area that need housing or services, including survivors projects are currently serving.

B. For element 2 of this question, enter the number of survivors your CoC is currently serving.

C. e-snaps will calculate the difference between elements 1 and 2, which represents the unmet need for housing and services for survivors of domestic violence in your CoC.

D. Element 1 represents the total need, while element 2 is the subset of element 1 that are currently being served. For example:

1. Enter the number of survivors that need housing or services 100

2. Enter the number of survivors your CoC is currently serving. 75

Unmet Need 25

The difference between how many survivors need housing and services and the number your CoC is currently serving is 25—which represents the unmet need for this example.

E. A negative number in the Unmet Need field indicates there is no unmet need for DV survivors in your CoC.

1. Enter the number of survivors that need housing or services:

2. Enter the number of survivors your CoC is currently serving:

3. Unmet Need:

#### **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 4B-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

[The data sources used to calculate need include the HMIS-comparable database, Osnum, utilized for all data tracking by Steps to End DV as well as the Point In Time count conducted annually by the COC](#)

#### **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

2. Project Name

#### **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

#### **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.

Guidance—

- A. Only provide information for each unique project applicant applying for PHRRH and Joint TH and PH RRH DV Bonus funding regardless of the number of new projects the applicant is applying for in the FY 2021 CoC Program Competition.
- B. If you do not submit information for any applicant applying for DV Bonus funding, project applications that applicant submits will not be eligible for DV Bonus funding and their projects will compete with all other projects your CoC ranks in its priority listings.
- C. To calculate the rate of housing placement and housing retention you must enter the percentage of DV survivors applying for housing that were placed into permanent housing (element 3 of this question), and the percentage of those DV survivors that remained housed (element 4 of this question).
- D. When addressing questions 4B-4 through 4B-4e., you must provide information based on experience with the project applicant's latest funding cycle. 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. 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
2. Rate of Housing Placement of DV Survivors—Percentage
3. Rate of Housing Retention of DV Survivors—Percentage

**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 4B-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

Steps to End Domestic Violence has many years of experience administering RRH and transitional housing projects from both state and federal sources of funding. Steps is a current recipient of COC RRH grant funding as well as a recipient of OVW-THP grant since 2014. Steps ensures DV survivors are identified quickly and prioritized appropriately through coordinated entry and strong collaboration with COC community partner agencies. Survivors meet with Advocates within 3 days of entering emergency housing and complete a DV-specific assessment to identify barriers and prioritize need. Survivors work consistently with Advocates and are quickly connected with the appropriate housing services and resources to move from emergency to transitional and/or permanent housing through evaluation of

barriers. Advocates assist survivors in addressing housing stability challenges as requested by survivors from a strengths-based, survivor-centered model of care.

**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 2,000 Characters

All staff at Steps complete 20 hours of training to obtain crisis worker privilege in addition to hotline and other supportive services training to include safety planning, empowerment model emotional and resource support, trauma-informed care, motivational interviewing and more. Steps also provides monthly ongoing training to staff to refresh and/or expand knowledge and skill set in supporting survivors and centering safety. All intakes are completed in a private meeting room individually (even when there are multiple members of a household present). Survivors have access to advocates for assistance in identifying units (scattered site model) and reviewing units for safety and advocating for increased safety measures when needed.

**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.

Steps tracks reasons for exit from housing and/or program placement. No exits were identified due to lack of safety in current housing without subsequent, safe housing transfer confirmed.

Limit 2,000 Characters

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

Guidance–Though you can provide examples of experience not listed, you must address elements 1 through 7.

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

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

All staff at Steps complete 20 hours of training to obtain crisis worker privilege in addition to hotline and other supportive services training to include safety planning, empowerment model emotional and resource support, trauma-informed care, strengths-based supportive services, motivational interviewing, cultural humility and more. Steps also provides monthly ongoing training to staff to refresh and/or expand knowledge and skill set in supporting survivors and centering safety. The empowerment model centers survivor choice, autonomy and agency. No services at Steps are required – all services are part of a voluntary menu of options available to all survivors based on their identified needs and priorities. Services menu includes: housing and legal support services, emotional support groups, employment and financial empowerment workshops, parenting supports and childcare assistance. Steps solicits feedback from survivors and employees through surveys, data reviews and survivor meetings to address training and service needs related to diversity and inclusion, empowerment-focused supports and other needs.

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

Guidance–Examples–During funding year 2019, ABC Project staff provided the following supportive services to DV survivors:

Child custody–ABC project assisted DV survivors to pursue child custody by making legal services available through its partner EFG Legal Services, provided transportation, and provided a support group for others experiencing similar challenges. ABC ensures that the survivors' safety needs were addressed by maintaining confidentiality, using harm reduction.

Bad Credit History–ABC project used case management to quickly assess whether survivors needed credit repair services, provided through our partner, Credit Repair, Inc., which specializes in assisting survivors to restore their credit, which is often necessary to obtain affordable housing for survivors whose credit has been damaged.

Housing Search and Counseling–ABC project employed a housing navigator to identify local landlords and apartments. Using the housing navigator resulted in a three-week decrease in the amount of time it previously took survivors to locate units.

Education Services–ABC partnered with a local community college to enroll 5 survivors in GED classes, a 100 percent increase from last year where we did not have the funding to provide this service. Currently there are 10 survivors on the waiting list for future GED classes.

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

During funding year 2021, Steps staff provided the following supportive services to DV survivors:

- Emergency housing & support services – Steps provided emergency housing in its 21-room shelter as well as through its Safe Home program housing survivors in motels in the community. Steps provided housing support services through identification of strengths and assessment of barriers to obtaining permanent housing including assistance in completing applications and other paperwork; securing resources needed and rapid connection to eligible housing options
- Transitional housing & support services – Steps provides assistance in securing housing in the community through both the transitional housing and rapid rehousing program which provides rental and other financial assistance for up to two years while advocates provide ongoing supports to assist survivors in addressing barriers to independent housing stability.
- Housing retention services – Steps provides ongoing housing retention support services to any survivors seeking assistance in maintaining housing stability. This includes developing positive landlord relationships and housing references, resolving conflict with neighbors, paying off housing debts and identifying other needs.
- Legal support services – Steps offers legal support services including onsite support filing for Relief from Abuse orders and court accompaniment. Additionally, Steps hosts six legal clinics per month offering survivors the opportunity to meet with volunteer attorneys.
- Parents and children support services – Steps offers supports to parents and children in shelter and community including school-based advocacy and emotional support as well as parenting resources, childcare, play groups and parent groups.
- Support groups – Steps provides a women’s support group as well as a gender inclusive support group.
- Financial empowerment workshops – Group and individual support and training regarding financial management, opening checking and savings accounts, budgeting, credit building, and planning.
- Job readiness workshops – Group and individual support and training regarding resume building, writing cover letters, interview skills and vocational training.

#### **4A-4f. Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**

NOFO Section II.B.11.

Guidance–

A. This question requires you to provide examples of how the applicant will implement the new project, not the applicant’s experience operating an existing project.

B. Though you can provide other examples of how the applicant will implement the new project, you must address elements 1 through 7.

Describe in the field below examples of how the new project will:

1. prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2. establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4. place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;

6. provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and

7. offer support for parenting, e.g., parenting classes, childcare.

Limit 5,000 Characters

The new expansion project proposed by Steps will expand program hours available to support participants. The rapid rehousing program will continue to be focused on survivor choice and all services will be voluntary and accessible. All staff will continue to receive training that is survivor-centered, strengths based and focused on empowering survivors and providing services specific to the goals and aspirations of individual participants. All survivors will have access to existing Steps services including supports groups, parenting support and childcare. Expanded support services will allow Advocates to spend adequate time with participants to develop thorough service plans, meet with survivors in their homes and assist them with access to resources including transport to and from appropriate appointments. Steps provides participants regular and varied opportunities for program participants to provide feedback on their experience receiving services in an effort to consistently improve provision.