

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: NY-513 - Wayne, Ontario, Seneca, Yates Counties CoC

1A-2. Collaborative Applicant Name: Finger Lakes Addictions Counseling & Referral Agency (FLACRA)

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Finger Lakes Area Counseling & Recovery Agency

1B. Coordination and Engagement—Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at

https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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1B-1.	Inclusive Structure and Participation—Participation in Coordinated Entry. NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	
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In the chart below for the period from May 1, 2020 to April 30, 2021:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

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

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

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

(limit 2,000 characters)

1. The CoC does not have a specific membership campaign, its membership enrollment is year-round. Membership is non-restrictive and open to anyone having an interest in eradicating homelessness in our community. We welcome people from various backgrounds such as businesses, secular/non-secular organizations, law enforcement, persons with disabilities and various cultural backgrounds. All communication concerning membership is emailed to current members and more than 60 other community-based organizations throughout the four counties of the CoC. Our executive committee reviews membership semi-annually to ensure that all geographic areas are represented as well as maintaining a wide base of expertise and systems knowledge.
2. The CoC is able to effectively communicate with individuals with disabilities via email, phone, and TTY. Documents are shared via email and most key documents can be found on the CoC website. All documents are posted in PDF format.
3. Front-line workers are encouraged to involve homeless/formerly homeless clients in the planning process by participating and becoming members of the CoC. We are exploring ways in which membership opportunities may be

presented as more appealing since interest has been low, e.g. hosting a meeting & greet, offering a small stipend to help with transportation and compensate them for their time.

4. As a rural CoC whose geographic area spans four counties, we don't have organizations dedicated to serving one particular group. Instead organizations focus on hiring a diverse staff who are culturally diverse and attuned to the specific needs of marginalized groups. Some organizations have programs that serve a specific marginalized group, e.g. Family Counseling Center of the Finger Lakes who recently accepted our invitation to become a member of our CoC. The Family Counseling Center will bring their experience in working with LGBTQ individuals and families and offer their unique perspective on strategic planning, training, etc.

1B-3. CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	NOFO Section VII.B.1.a.(3)
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Describe in the field below how your CoC:		
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and	
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,000 characters)

1. CoC membership is open to anyone within the CoC geographic area who has an interest in eradicating homelessness in our community. The CoC Board proactively recruits members who have expertise in specific subpopulations/related fields such as law enforcement, mainstream benefits, medical, housing, those with direct homelessness experience, etc. The executive board reviews membership semi-annually to ensure adequate & fair representation of the all four counties within the CoC. Agendas are sent with the meeting announcements. Meeting facilitators frame topics and will typically solicit an expert in the field to further the discussion. Benefits and risks are discussed & input is encouraged. Input of members is considered for all decisions made.

2. There are 4 Housing Consortiums representing the four counties within the CoC. Each consortium sends at least one representative to the CoC membership meetings. They are actively involved in the planning process to end homelessness in the CoC and each brings their unique perspective and housing expertise to the table, e.g. discussed the need for more eviction prevention & extending rapid rehousing assistance. Agendas & minutes of CoC meetings are widely distributed to the CoC ListServ which includes both member and non-member agencies. Standard agenda items include update reports from community groups and CoC committees.

3. CoC Board members and stakeholders participate in many task forces, community forums, committees, etc. that are outside of the CoC but are systems intimately related to homelessness such as chemical dependency & mental health, ensuring the needs of the homeless are brought to the attention of all of the CoC. This has led to partnerships that have pursued funding opportunities outside the CoC. This has been particularly successful in the creation of new affordable and permanent housing units which are creating

units set aside for the homeless special needs populations including.

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

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

(limit 2,000 characters)

1. Emails were sent to the CoC ListServ, which includes both CoC members and non-members, on 09/15/21 to notify the community of funding availability. Member and non-member organizations were encouraged to submit proposals for consideration, directing recipients to the FLACRA website www.flacra.org for the application materials, details of the process and timeline, technical assistance, Q&As, etc.
2. Organizations are urged to submit applications regardless of their direct experience with CoC funding. This approach is focused on finding and funding solutions to end homelessness, to simplify the application process itself, and offering technical assistance and support throughout the process. The DV Bonus project in this year's competition is from a organization that has not received CoC funding.
3. Funding opportunity announcements were sent via email on 9-15-21 and discussed during our monthly CoC meeting, which was held via video conference (due to Covid-19). It was explained in the announcements that all local applications and attachments must be submitted via email in a PDF format by October 12 at time 5:00 PM.
4. All components of the application process are widely distributed throughout the community to both CoC member and non-member agencies & how to submit a successful application. The CoC Board (review and ranking committee) responsibilities are described as is the scoring matrix and community priorities. Once applications are submitted, each individual on the Review & Ranking committee reviews every application and assigns a score using the scoring matrix, scores are averaged and ranked among all project applications. After the notification process, the highest scoring applications are submitted to HUD.
5. The CoC is able to effectively communicate with individuals with disabilities via email, phone, and TTY. Documents are shared via email and most key documents can be found on the CoC website. All documents are posted in PDF format.

1C. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organizations

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

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

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

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

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

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

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

(limit 2,000 characters)

1. There is no entitlement community in the CoC NY-513 geographic area, therefore access to ESG-CV funds was through NYS Office of Temporary Disability Assistance (OTDA), the ESG-CV recipient for NYS. OTDA did not provide an opportunity to engage in discussion regarding the distribution of ESG-CV funding. The Finger Lakes Housing Consortium (FLHCA), the CoC Lead Agency, did coordinate with the four County Commissioners of DSS and community-based organizations in the four counties that the CoC is comprised of to determine where the highest needs were in each County and applications were submitted. OTDA would not allow a single application for the entire CoC geographic area; an application from each of the four counties had to be submitted. The vast majority of the ESG funding was requested for Eviction Prevention and Housing Assistance, specifically Rapid Re-Housing programs.
2. There was no ESG funding in the CoC until the recent ESG-CARES funding was made available through NYS OTDA. At this time there has been no evaluation activities that have taken place. ESG-CV providers participate in HMIS as required. CAPER reports on demographics and performance are submitted quarterly to OTDA.
3. The CoC provides PIT and HIC data to NYS Housing and Community Renewal for the consolidated plan and is updated for the annual action plans. STEHP funded projects submit their Annual CAPER report to OTDA which OTDA compiles to include in the Consolidated Plans and annual Con Plan updates.
4. All four counties that comprise the CoC fall under the NYS Consolidated Plan. Each County in the CoC has a Housing Task Force that provides information and input to their County Community Development on the needs for affordable housing and supportive housing in their respective counties.

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

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

1. Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2. Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3. Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	No
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.	No
5. Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6. Other. (limit 150 characters)	

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

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

(limit 2,000 characters)

1. The CoC collaboration with youth education providers entails the full coordination of educational services for children experiencing homelessness, complete assessment of child's education needs, and development of action plan in order to minimize the disruption of education caused by homelessness. All programs involved in housing search for households with school age children make every effort to find safe, affordable housing in the same school district to ensure educational continuity. Homeless service providers encourage the parents to take an active role in their child's education and assist them in getting whatever supplies, materials, clothing, etc. that the child may need either through the school district homeless liaison or through other community resources.
2. There are no formal partnerships. CoC funded programs and community partners that serve families with children work with school districts to ensure that homeless/at-risk homeless students are able to access all the services that are available to them.
3. Programs, community partners and school district staff participate in any trainings offered by SEA and LEA regarding eligible activities/services available with McKinney Vento funding.
4. There are no formal partnerships with SEAs and LEAs.
5. The CoC continues to encourage school districts to participate in CoC activities by participating in membership meetings and attending the individual

County Housing Consortium meetings.
6. There are no formal partnerships with school districts.

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)

CoC written standards require that any CoC funded project that serves unaccompanied youth and/or families with children to identify a staff position who is responsible to inform program participants of their eligibility for education services. This includes assisting with coordination of transportation, ensuring that there is no disruption in any school services or activities that the child was involved in prior to becoming homeless and that all school supplies are available to the child. The goal is to ensure that child is prepared for school and will miss no or few days of school due to homelessness. Information is also provided to families with pre-school age children on Headstart and PreK programs available and assist with securing childcare or other services if there are special needs identified. When working with unaccompanied youth and families on housing search there is discussion to ensure that the housing is located in the current school district if that is what the family/youth want to try and maintain continuity for the student as much as possible.

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

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

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

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

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

(limit 2,000 characters)

1. The Victim Resource Center of the Finger Lakes, Inc. (VRC) provides regular training opportunities throughout the year (minimum semi-annually) to providers keeping them well-informed of best practices concerning safety and planning for both domestic violence and human trafficking issues. The comprehensive training ranges from proactive listening to crisis management with trauma-informed care as the general method of communication. This effective client-centered approach offers workers perhaps unfamiliar with this population the tools necessary to assist the person fleeing from domestic violence. Planning protocols such as planning an emergency exit from domestic violence to future safety planning once escaped are also components of the training. While the training surrounding planning is provided, VRC would be involved in any crisis. This training is also valuable to all workers since homeless women suffer more sexual assault or past domestic violence than the general population. For example, a person may be seeking substance abuse counseling but that person may also have a history of severe sexual trauma. This training helps workers identify behavioral indicators that may be a sign of past abuse.
2. VRC provides consultation to providers who conduct the VI-SPDAT on how to administer this lengthy questionnaire through the lens of trauma informed care on request. This involves instruction on the language used, location of the interview, responses of the interviewer and when to "take a break" - all critical elements so as not to re-traumatize survivors. Additionally, the CoC shares information on training resources such as the National Alliance to End Homelessness, the National Domestic Violence Hotline and other training on Trauma Informed Care (TIC), client centered practices, Motivational Interviewing and other best practices when serving DV survivors, homeless and other vulnerable sub-populations.

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)

VRC does not enter data into HMIS for their 9 bed Safe Dwelling (emergency shelter), however they do provide annual de-identified, aggregate data to the CoC and participate in the annual PIT count. At this time, there is no

comparable databases since domestic violence service providers are not receiving CoC funding. That said, annual de-identified data provided by VRC along with HMIS data concerning persons who have experienced domestic violence in the past allows us to better understand the overall housing needs and services of survivors of domestic violence. VRC is one of the original members of the CoC and actively participates.

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

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

(limit 2,000 characters)

1. The CoC provides households fleeing DV access to housing/services that prioritize safety & is flexible to respond to unique circumstances throughout the CE process. If the client feels unsafe to participate in a full assessment, they are immediately directed to the 24-hour domestic violence hot-line(s) serving the region. The Victim Resource Center of the Finger Lakes, Inc.(VRC) is a DV shelter and service provider in the CoC. Additionally, VRC is the primary agency within the CoC that addresses issues of human trafficking. If shelter in CoC is not available, referrals can be made to emergency shelters in surrounding counties.
2. An emergency transfer plan has been adopted that identifies participants who, due to domestic violence, are no longer safe in their current CoC funded unit and are thus eligible for an emergency transfer. When the safety of a participant is at risk by staying in their current unit, they will be immediately transferred to another unit within the program if available, transfer to another CoC program or another CoC.
3. Individuals who are fleeing domestic violence are referred to Coordinated Entry via a paper application. The process is explained to the client and if agreed, a signed consent form is acquired. The referral source case manager's name is used on the application itself and all communication is between the case manager and CE Coordinator. The case manager alone communicates with the client. This paper application is taken by the CE coordinator and ranked accordingly giving preference due to domestic violence. Applications are stored in a locked file cabinet in a locked office. Once a spot opens for the client, the CE coordinator contacts the case manager.

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
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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)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen. NOFO Section VII.B.1.g.	
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Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

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

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

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

While the Geneva Housing Authority (GHA). GHA does not have a homeless preference in their administrative plan, it is one of the original members of the CoC. Currently, GHA staff is co-chairperson of the CoC Board. GHA representatives are very active in both the CoC and in the Ontario County Housing consortium. GHA is the developer for a recently opened 48 unit affordable housing project for veterans that has a set aside of 25 units for homeless veterans. GHA notifies CoC programs and members of openings that are available in any of their public housing units or other sites they have developed so program participants can get on the waiting lists.

The Newark Housing Authority is a member for the Wayne County Housing Consortium and though it does not have a preference for homeless, it does have a preference for survivors of domestic violence. Another CoC member is the Seneca Housing Council which is an administrator of Housing Choice Vouchers. They have no homeless preference but they do have a preference

for victims of domestic violence.

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

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

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

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

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

If you selected yes in question 1C-7c., describe in the field below:
1. how your CoC includes the units in its Coordinated Entry process; and
2. whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
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1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

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

1. the type of joint project applied for;
2. whether the application was approved; and
3. how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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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
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
NYS HCR

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

Name of PHA: NYS HCR

1C. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organizations

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	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)

The CoC monitors projects each year. As part of the monitoring process, we verify that the project's Policies and Procedures are consistent with Housing First principles and that those principles are translated into practice. These P&P's should (1) reflect an admissions policy that does not demand

prerequisites to housing such as an income, sobriety, etc. (2) include a client-driven process where self-determination is underscored and gradual social integration is encouraged, (3) focus on wellness and allow recovery to follow, (4) provide/offer all the wrap-around services for which the client is entitled, (5) termination policies and procedures ensure that measures are taken to avoid termination, that there are not discharges to homelessness and the participant is given due process throughout. We also examine the admission of the clients to confirm that they were next on the Coordinated Entry list, e.g. those with the highest needs/most vulnerable, and that any denials were justified and the occurrence of such denials are rare. The time period from engagement to date housed for all admissions is examined to ensure that clients are being housed rapidly thus minimizing the time spent homeless and that barriers are being eliminated and not reinforced. Case notes are reviewed to ensure that, once housed, clients are receiving services and they are not being forced to participate or services are conditional based on client's action or inaction. Individual Service Plans (ISPs) are also reviewed to ensure that goals are client based and not program based, with the exception of programs that specialize in the provision of a particular service such as a substance abuse program, etc. The goals in the ISPs are tested for variety of goals and how those goals contribute to housing stabilization, a client growth and well-being.

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

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

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

(limit 2,000 characters)

1. VA Homeless Outreach workers go to known places and community organizations to identify veterans who are homeless, complete assessments and link them to VA services for housing and medical care. There is no funded Street Outreach program in the CoC that is specifically for the homeless population. Finger Lakes Area Counseling & Recovery Agency (FLACRA) has a 24 hour COTI (Center of Treatment Innovation) team which is a mobile clinic bus. The COTI is equipped with the technology so that doctors, nurses, counselors, etc. may speak with clients via video conference in cases of substance abuse and mental health crisis. Peer advocates operate the mobile unit and go out to meet with clients wherever they are. The peers do go to the hotels and motels where homeless individuals and families are placed by DSS.

This unit covers all four counties that are part of the CoC geographic area.

2. The network of service providers – both CoC funded and non-CoC funded agencies - are present throughout the CoC's four county geographic area.

3. We do not do traditional street outreach due to the rural nature and wide geographic area of our CoC. There is a network of workers – those serving the homeless directly and those serving them indirectly, such as a soup kitchen, food pantry, faith-based organization, etc. In the event an unsheltered homeless person presents at any of our partner agencies, that person would be referred to a homeless service agency or call "211" or the police if immediate shelter is needed.

4. Unsheltered homeless are most likely in an encampment, sleeping in their car or an abandoned structure of some sort. Our outreach is primarily a communication network of trained personnel/volunteers who know how to respond to a person presenting as homeless whether they are have been living unsheltered for a period of time, are newly homeless, or perhaps fleeing from domestic violence. Depending on the severity of need, an immediate referral can be made to the COTI team.

1C-11.	Criminalization of Homelessness. NOFO Section VII.B.1.k.	
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Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC). NOFO Section VII.B.1.l.	
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	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	0	1

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

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

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

(limit 2,000 characters)

1. Program staff are kept up-to-date regarding mainstream resources at bi-monthly CoC meetings and bi-monthly county housing consortium meetings. Local DSS districts and Legal Assistance of WNY conduct presentations when there are changes in processes or regulations.
2. Benefits updates are provided at bi-monthly CoC meetings and Housing Consortium meetings in each of the four counties. Information on health fairs and job fairs are widely promoted and everyone is encouraged to attend. Each DSS district has a Citizen Advisory Council (CAC) that meets regularly to receive updated information on accessing benefits and listening to meeting attendees on access barriers. DSS-CAC meetings are announced and agenda items are requested – the focus is on access, eligibility, application process, etc. Minutes are shared with CoC.
3. Widely promoted training opportunities are available throughout the year at local DSS offices, hospitals, health fairs and at community-based organizations for service providers. Yet another resource is FLACRA's Financial Entitlements Coordinator who will directly assist clients or case managers navigate the health insurance system, or other benefits as needed.
4. Case managers and Health Home Care Managers throughout the CoC are SOAR trained to assist participants who are eligible for SSI/SSD. LAWNY provides legal assistance for persons who have been unfairly denied benefits through fair hearings or the SSI/SSD appeals process. Case and health-home-care managers link participants to primary health care physicians and specialists, as well as treatment providers. They coordinate this linkage in order to reduce emergency room visits and in-patient hospital stays by assisting clients to develop proactive medical care habits, i.e. regular doctor visit, nutrition awareness & education, smoking cessation linkage, weight loss education, etc.

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

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

(limit 2,000 characters)

1. The CoC has fully implemented a CE system throughout the entire CoC geographic area. Access to emergency shelter and transitional housing takes place through the Wayne, Ontario, Seneca and Yates County DSS or Finger Lakes Region "211". FLACRA manages the Prioritization list for TH, RRH and PSH. CE is discussed at each county at the Housing Consortium meetings as well as the CoC. FLACRA monitors referring agencies to ensure that referrals are being submitted from each county.
2. Outreach to organizations that serve high needs populations, e.g. people with severe & persistent mental illness, chemical addiction, co-occurring disabilities, etc. is conducted to keep them informed of CE policies and procedures. These organizations refer people who have multiple disabilities & who are frequent users of ERs and hospitals, that generally result in a high VI-SPDAT score.
3. The CE process is monitored regularly to ensure that those with the highest VI-SPDAT score, the vulnerability tool being used by the CoC are prioritized. The VI-SPDAT scoring factors include: disability(ies), engaged in treatment or not, length of time homeless, frequency of homeless episodes, numbers of hospitalizations, ER visits, calls for ambulances or fleeing domestic violence. These factors produce a score; the person with the highest score is served first, then second, etc.
4. FLACRA maintains and monitors the Prioritization list which is a compilation of all referrals ranked by the level of need, i.e. those most vulnerable are served first. The CoC measures 1) time between date of referral to referral to an agency, 2) the time it takes the agency to make initial contact with the client, 3) date from initial referral to housing placement and 4) number of agency denials. If a pattern of slow response is detected, the CoC will place a call to the receiving agency to see if further assistance is needed.

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

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

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

1C-15b. Strategies to Address Racial Disparities.	NOFO Section VII.B.1.o.
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Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

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

1C-15c. Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	NOFO Section VII.B.1.o.
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Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC ensures that marginalized groups, groups over-represented in the homeless population are served with respect and dignity. Service providers receive training to be culturally aware and to understand the causes of homelessness through the lens of racial equity. Services providers and agencies understand the importance of the Equal Access to Housing Act and that they know what groups are protected under that law.

All CoC funded agencies are required to have a written anti-discrimination policy as well as a written policy that addresses equal access to housing. Review and verification of these policies are a part of the annual CoC program monitoring. HMIS reports are also examined to ensure that agencies are serving a diverse population and are not excluding any particular group based on gender, race, national origin, family status or religious affiliation. LAWNY (Legal Assistance of Western New York) provides annual Fair Housing training for the Finger Lakes Region attended by CoC funded program. The training includes basic legal requirements, understanding the definition and identification of protected groups, cultural sensitivity and how language can be perceived as being discriminatory and thus illegal, etc. Attendees learn how to identify discriminatory acts and what actions to take to rectify the situation. LAWNY provides legal counsel to participants who report violations of fair housing laws. The NY-513 CoC understands that we need overcome years of systemic and structural racism that has disproportionately impacted people of color. We will strive to do this by understanding barriers marginalized groups have faced and continue to work toward building a homeless system design that is fair and equitable.

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

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

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

1C-17. Promoting Volunteerism and Community Service.	NOFO Section VII.B.1.r.
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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
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
3. The CoC works with organizations to create volunteer opportunities for program participants.	No
4. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5. Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6. Other:(limit 500 characters)	

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

To help you complete the CoC Application, HUD published resources at

https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:		
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1. The unsheltered homeless often feel disconnected from society & disassociated from current events making outreach during the pandemic vital. Workers stressed the importance of mask wearing, hand-washing/sanitizing, and social distancing. All clients were provided with PPE, i.e. masks and hand-sanitizer. Information was provided on the symptoms of Covid-19 and the danger of becoming seriously ill/hospitalized and that there was no cure making prevention critical. Workers advocated for the extension of Code Blue hours and the immediate placement in a shelter or hotel through the department of social services.
2. The CoC NY-513 is a four county rural community with no congregate emergency shelters other than a small shelter in Yates County. The Dept. of Social Services (DSS) in each county use hotels for emergency placements. Additionally, Family Promise, a faith-based organization in Wayne & Ontario counties, used donations from their congregation to rent apartments rather than use the churches. All shelter placements are screened for Covid-19 via a questionnaire over the phone & temperature checks at the entry point. DSS provided PPE if needed. CDC posters highlighting symptoms of Covid-19 & safety precautions were widely distributed.
3. TH providers performed regular deep cleaning of common areas & resident rooms. Self-Isolation procedures were developed and quarantine rooms (away from the residential rooms) were left vacant for residents in need of isolation. The dining room was closed & meals were delivered to all residents to minimize the risk of exposure. Everyone entering were required to have their temperature checked upon entry as well as signing in/out to aide in contact tracing. Masks are required at all times as is social distancing & hand sanitization. Clients' end-

dates were extended until we could safely find permanent housing, especially considering that many had been furloughed from their jobs.

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)

The CoC membership quickly coordinated community resources in response to the pandemic and mandates from our local and state departments of health and the CDC. Luckily the vast expertise of our CoC membership has allowed us to effectively respond to mandates and to formulate plans on how best serve our clients while at the same time protect our staff from Covid-19 infections.

The CoC's membership includes representation from the local government, homeless service providers, probation officers, faith-based organizations, local hospitals, department of social services, and the sheriff's department. The infrastructure that has been established very quickly over the past year and half, has set the foundation for handling future public health emergencies as well as catastrophic weather events that would impact our homeless community. Part of this infrastructure includes better utilization of technology (video conferencing and tele-conferencing) to effectively communicate and respond accordingly.

Specialty committees were formed to respond to specific needs in their fields of expertise, i.e. coordinating testing sites, vaccine sites, provided the most current CDC/Health Department recommendations, etc. Another team developed & strategically placed a number of posters highlighting Covid-19 symptoms, testing sites and prevention (masking, social distancing and handwashing). An Eviction Prevention Committee was formed to keep people most at risk of becoming homeless as a result of illegal evictions in their homes. Yet another group focused on providing food and PPE to our clients.

As a rural CoC covering four counties, establishing effective remote communication is critical in responding to any public health emergency. If nothing else, the Covid-19 pandemic proved to be a catalyst for creativity, collaboration and effectiveness.

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)

There is no entitlement community in the CoC NY-513 geographic area,

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therefore access to ESG-CV funds was through NYS Office of Temporary Disability Assistance (OTDA), the ESG-CV recipient for NYS. There was not an opportunity for the CoC to engage in planning activities with OTDA regarding the distribution of ESG-CV funding; OTDA released an RFP for the funding providing the information on the amount of funding available and the eligible activities it could be used for. The Finger Lakes Housing Consortium (FLHCA), the CoC Lead Agency, did coordinate with the four County Commissioners of DSS and community based organizations in the four counties that the CoC is comprised of to determine where the highest needs were in each County and applications were submitted. OTDA would not allow a single application for the entire CoC geographic area; an application from each of the four counties had to be submitted. The vast majority of the ESG funding was requested for Eviction Prevention and Housing Assistance, specifically Rapid Re-Housing programs. There are no congregate emergency shelters in the CoC; emergency housing is provided through the use of hotels/motels by each County Department of Social Services. Needs for PPE, i.e. – masks, hand sanitizer were able to be met through local County Departments of Health and DSS. Each of the four counties are working diligently to spend down ESG-CV funding for eviction prevention due to the 14 day quit or pay notice not being issued because of the eviction moratorium being extended most recently through 1/15/2022 by NYS. ERAP funding that is also being administered through NYS Homes and Community Renewal is currently the primary source of funding being utilized for paying rent arrears to prevent eviction. Due to the eviction moratorium, there is also much less turnover in rental units in the region so the spending of the rental assistance funding through Rapid Re-Housing programs is also slower than originally expected.

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

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

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

(limit 2,000 characters)

1. Key representatives from the Dept of Health & local hospitals played an active role on the CoC's response to the pandemic. The goal was to effectively & clearly set up a communications network & advisory council to provide guidance to front-line workers on how to safely work with clients. CDC posters regarding testing, prevention, symptoms, self-isolation & quarantining were widely & strategically distributed. Once vaccines became available, peer workers assisted clients schedule appointments & provided transportation. Early in the pandemic PPE supplies were scarce. The entire CoC came together to solve this shortage. NYS OASIS donated a large quantity of PPE for which FLACRA became the distribution hub in the western tier (including Buffalo). FLACRA picked up the supplies in Albany and distributed the supplies accordingly. The Salvation Army, through a federal grant, received large quantities of cleaning supplies which they shared with the CoC agencies. Wellsville Church donated food packages for the homeless since soup kitchens were closed due to the pandemic.
2. CoC Agencies developed Covid-19 policies outlining safe workplace

procedures. Most barred visitors, developed a sign-in/out policy, entry screening (temperature, symptoms check), developed a mechanism for contact tracing, staggered shifts & encouraged working from home. Additionally policies for frontline workers were also developed, such as in-person meetings required a mask regardless of vaccination status. Prior to the in-person meeting a Covid-19 screening would be performed via phone. It was explained to the client that their temperature would be taken with a touchless thermometer upon arrival & that they would be required to wear a masking (a proper mask covering nose and mouth) for the duration of the meeting. Most contacts were made with clients over the phone on a regular basis however, if needed, food or supplies would be delivered without contact.

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. Flyers, email, tele-meetings and video conferences became a standard method of communication in order to reduce the number of in person interactions. CoC and membership agency offices adopted Covid-19 policies with the intention of minimizing viral spread, sign in sheets were created for the purpose of contact tracing in the event of an exposure. They also provided PPE, hand-sanitizing stations, adopted cleaning policies with regard to common work areas, e.g. wiping down copier/scanner, cleaning office phones regularly, wiping down door knobs, etc. All workers were encourage to work from home when possible, some agencies restricted number of employees at any one time to ensure social distancing guidelines could be met.
2. As the CDC, state or local health departments modified its guidelines which called for increasing or decreasing restrictions, that information was communicated via email. Membership agencies were encouraged to forward the information to their listserv and clients as well. CDC posters highlighting Covid-19 guidelines & safety information were widely & strategically posted in areas where homeless individuals were likely to see them, i.e. shelters, transitional housing, soup kitchens, food pantries, departments of social services, etc.
3. Initial vaccine implementation posed a number of barriers due to demand and supply issues. A partnership between the CoC and the Finger Lakes Community Health Center was formed to administer vaccines to both workers and clients. Peer workers assisted clients with making the vaccine appointments as well as transportation. Agencies, including the CoC programs, have implemented a policy to pay time-off to any worker wishing to receive a vaccination. This includes paid time off for an employee to deal with potential side effects from the vaccine without impacting their regular sick time.

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)

Federal, state and local protocols were communicated to CoC membership agencies. Agencies along with the departments of social services identified homeless individuals who were eligible for the vaccine. As availability of the vaccine gradually opened up to all adults, social services heavily promoted the vaccine through posters, and flyers. Front-line workers discussed vaccine options with their clients and assisted setting up appointments as needed.

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)

Domestic violence agencies within our continuum both realized a significant increase in the number of domestic violence calls from the prior year. Both agencies sought additional resources to satisfy the increased demand for services. Safe Harbor was able to hire a new court advocate position through Office of Victim Services which enabled them to more effectively handle the volume of calls for orders of protection. Additionally Safe Harbor received a pandemic relief grant through the NYS Office of Prevention of Domestic Violence and NYS Office of Children and Family Services. This grant provided the funds to purchase additional technology needed so that advocates could work remotely to submit family court orders of protection petitions. The grant also funded the development of "Resource Connect"- a web-chat application with safety features (closeout tab erasing any evidence of connectivity). Resource Connect allowed advocates/therapists to provide emotional support counseling, safety planning and advisement on issues surrounding orders of protection, child protective services, and how to access mainstream resources. Victims Resource Center (VRC) in Wayne County also hired an additional advocate through the Office of Children and Family Services and received private funding in the amount of \$50,000 to support the emergency needs of our clients such as first month rent, security deposit, back rent and utility arrears financial assistance. VRC also secured technology which enabled case workers to remotely file petitions for orders of protection and video conference with the court/clients.

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

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

(limit 2,000 characters)

The coordinated entry system grew greatly during the COVID-19 pandemic with the implementation of ESG-CV funds. An HMIS Capacity building grant allowed us to increase the number of HMIS licenses and issue those to community partners who did not previously participate. As a result we saw an immediate increase in the number of referrals through the CE system from these new HMIS users. Not only did we realize an increase in the number of referrals but we also saw an increase in the number of high needs individuals seeking assistance. We felt our scoring/ranking system was equitable and satisfied that no significant changes were needed since the VI-SPDAT takes into account the individual's age and overcrowding conditions, which both contribute to the spread of Covid-19. We do feel that increasing the number of outlets where individuals may seek assistance was extremely effective in helping to decrease possible exposure to COVID-19 by linking those individuals with rapid access to permanent housing.

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

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

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

1E-1.	Announcement of 30-Day Local Competition Deadline—Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen. NOFO Section VII.B.2.a. and 2.g.	
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1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/04/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/04/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
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Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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

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

Describe in the field below how your CoC reviewed, scored, and selected projects based on:	
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- | | |
|----|--|
| 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. As part of the ranking process the most recent APR for renewal projects and CoC Monitoring reports are utilized to determine the severity of needs of the program participants: data elements reviewed include chronic homelessness, mental health and/or substance abuse histories, chronic health conditions, history of domestic violence, persons who are unsheltered, families with minor children, number and length of homeless episodes, homeless youth, and criminal justice history.

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

(limit 2,000 characters)

1. The CoC board of directors, the Finger Lakes Housing Consortium, oversee the rating factors used to review project applications. Currently the board reasonably reflects the racial composition within the homeless population with 14% of its members being people of color compared to 26% of the homeless population that are either African American or other races. We recognize there is some disparity, and hope to rectify this when the filling future openings. In the past when filling a board vacancy, CoC members would nominate an individual, and the membership would vote on those nominated. However, the board recognizes the benefits of diversity and the need to be more strategic when filling board positions. The Board is currently working on process to extend invitations for board membership to achieve a more equitable racial balance. We strongly believe that by broadening our racial composition, we are also broadening our knowledge-base and gaining greater perspective.

2. The population of the four counties is nearly 94% Caucasian and African Americans at 3% and 3% other races. Our homeless population is comprised of 74% Caucasian and 17% African American, and 9% other races. Persons of color are over-represented in the homeless system. This reveals a need for expanded representation in the review, selection and ranking process. The CoC will also be exploring ways to increase the number of persons of color and those with lived experience in their general membership and committee members such as monitoring and review and ranking committees that affect the ranking process. As stated earlier, the CoC Board of Directors will strategically

fill future board positions to ensure a more racially diverse board.

3. We have two CoC funded agencies in our CoC. As a small CoC, the program participants mirror the homeless population demographics exactly. Projects welcome diversity and denies no one service due to race, religion, sexual orientation, gender, etc.

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

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

(limit 2,000 characters)

1. Monitoring of performance of all CoC projects is conducted throughout the year for the purpose of identifying potential issues with performance as quickly as possible. Performance indicators include: recidivism, data quality, bed utilization rates, and services. If a poor performance trend is identified, CoC meets with the agency in question to see if it is a systemic problem or simply a need for additional training. An outcome of this meeting would be an action plan for improvement which would be monitored closely. Second, the CoC closely reviews the APR for performance, accuracy of data, report timeliness and fiscal management. Third, monitoring visits: examines if the agency is compliant with HUD regulations, ensure that written policies exist and are being adhered to, and fiscal management is sound. Finally, the CoC evaluates how the program is satisfying a priority need in the community. The combination of this oversight would alert us to a lower performing agency and may be considered for reallocation. Low performing projects would be notified in writing of the possibility of reallocation.

2. There were no projects that were considered for reallocation for 2021 CoC Funding

3. No programs were reallocated

4. No programs were identified as not meeting a local need or being low performing. All programs met or exceeded performance measures.

5. The reallocation policy is posted on the website when the local application process is announced.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	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.	11/02/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/02/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/10/2021
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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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. There are two DV housing and service providers in the CoC, neither of which are CoC funded programs. Each uses their own database which are not comparable databases.
2. Both do provide PIT data annually and annual numbers when requested by the CoC. The annual numbers are not unduplicated.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	233	27	205	99.51%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	115	0	110	95.65%
4. Rapid Re-Housing (RRH) beds	1	0	1	100.00%
5. Permanent Supportive Housing	114	0	114	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,000 characters)

Coverage rate is greater than 84.99% for all project types.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	0.00%
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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)

1. A DV Bonus project is being submitted for 2021 CoC Funding and included in that is the funding for a comparable database. If that project is awarded there will be a comparable database for entry of data from DV providers
2. The CoC will work in partnership with providers to identify if there are other funding opportunities that would support the purchase of a comparable database. The CoC has gotten pricing from HMIS software vendor but it is an annual cost; that sustainable funding would have to be procured which is much more difficult than start up funding to purchase software.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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- 24 CFR part 578

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

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

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

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

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- 24 CFR part 578

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

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

(limit 2,000 characters)

1. Our CoC examines HMIS data regularly in order to identify situations people experience just prior to becoming homeless. We have found that the most significant risk factor for first time homeless is the lack of affordable housing which leads many households to double up with friends or family. This may occur as a result of eviction due to rental arrears, a choice to move in together to share costs & childcare, family/friend offers temporary accommodations in an attempt to prevent the individual from becoming homeless. While some families doubling up is advantageous, other situations devolve due to overcrowded conditions, behavioral issues due to stress, substance abuse, mental illness, insufficient income to support the temporary guest(s) – resulting in homelessness – often for the first time. A barrier to housing is often the lack of security deposit and first/last month rent.

2. Providers throughout the CoC are pursuing increased resources for homelessness prevention. Currently the Emergency Food and Shelter Program funds available through the United Way in each County are insufficient to satisfy the community need. The EFSP funds are received annually and are expended very quickly. Eligible households may seek assistance from the DSS for rent arrears, security deposits and utility arrears; ineligible households may seek assistance from faith-based organizations. Diversion techniques are also employed by advocates, the local DSS offices and 211 in an attempt to divert as many households as possible from the homeless system. This process may include re-negotiating with landlords to remain-in/re-enter apartment, provide short term financial and food assistance to family/friend who are agreeable to provide temporary housing until permanent housing is secured.

3. Each County Housing Consortium is responsible for prevention and diversion strategies and ensuring providers in their respective communities are aware of what resources are available.

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. Strategies that reduce the length of time homeless (LOT) include a) outreach and relationship building with landlords in the community to increase the stock of affordable, safe housing; b) focusing on developing a housing plan immediately upon contact with homeless household including administering the VI-SPDAT to get people directed to the prioritization list or other community resources as quickly as possible; c) removing barriers to housing by encouraging housing first and harm reduction principles; d) the development of RRH programs – a program model that provides short-medium term assistance for households to access and stabilize in PH; e) Coordinated Entry assessment collects info on length of time homeless and frequency of homeless episodes; households who have been homeless the longest and most often are prioritized for housing resources and f) the CoC supports activities to create new resources for affordable and supportive housing. All of these efforts have resulted in lower LOT; 2019 realized a 15% reduction from 2018. However, we saw a significant jump 2020 in the amount of time people who remained homeless from 85 days in 2019 to 124 days in 2020. This increase is largely due to policies borne from the Covid-19 pandemic such as the eviction moratorium resulting in fewer available affordable rental units, shut-down mandates to reduce the spread of Covid-19 resulting in the loss of employment, and service providers reducing face-to-face time with clients to prevent viral spread.

2. HMIS and self-reported data is used to determine the LOT homeless and number of homeless episodes. The Coordinated Entry process uses this information in conjunction with the VI-SPDAT scores to prioritize people for housing. When VI-SPDAT scores are the same – those with the longest LOT homeless are prioritized.

3. Finger Lakes Housing Consortium is responsible for oversight of these strategies.

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

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

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

(limit 2,000 characters)

1. The number of successful exits to permanent housing in 2020 decreased slightly from 2019, 49% down from 50%. However, our overall trend is improving; 37% in 2018 up from 6% in 2017. While we are not satisfied with our current rate, we are encouraged that our upward trajectory is on the right course – an overall increase of 43 percentage points in 3 years, we feel, is representative of the diligent work, dedication and united focus on data/service improvement. We will continue to engage with landlords in order to increase the supply of affordable housing units, effectively use of rapid rehousing resources along with continued HMIS data quality improvement.
2. The percentage of persons who remained in PH was 96% in 2020 down slightly from 100% in 2019, but up from 86% in 2018. We believe this trend in improvement is due to a shift over the years from program focused case management to client focused case management where the primary objective is to stabilize housing by improving the quality of life for our clients. We do this by ensure that their income and benefits are stable, access to a full range of community supports such as soup kitchens, food pantries, etc. and encouraging clients program as opposed to perhaps punitive measures in the distant past. These housing first principles being embraced by service providers have resulted in rare program terminations.
3. The Finger Lakes Housing Consortium is responsible to oversee these strategies and monitor HMIS data reports throughout the year to ensure continued progress.

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

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

(limit 2,000 characters)

1. HMIS data and information collected through the Coordinated Entry process allows the CoC to identify individuals and families who return to homelessness. Those who return to homelessness are more likely to exited programs to market rate unsubsidized units in the CoC with little to no case management support. We also know through HMIS data that persons who have shorter lengths of stay in PSH programs or have been terminated from a program for behavioral issues are more likely to return to homelessness. Prior episodes of homelessness are also an indicator of returns to homelessness, until the participant is fully engaging with case management and support services.
2. Our strategy is to increase RRH and affordable housing units within our CoC. Over the past few years we have added a NYS-STEHP RRH grant. The CoC submitted a bonus RRH project in FY-2019, but unfortunately it was not awarded. Each of the four counties applied and were awarded RRH funding

utilizing ESG-CARES funding. The CoC is active in advocating and facilitating partnerships for increased production of affordable housing units throughout the CoC; affordability is crucial for stabilizing housing for our clients. Another strategy is by educating clients on how to divert themselves from a housing crisis, e.g. what proactive steps they can take to avoid an impending crisis or to resolve the crisis without jeopardizing their housing. The CoC encourages partnerships and provides support letters annually for organizations that are partnering with housing developers to develop affordable housing with set asides for homeless households and other special needs populations utilizing NYS ESSHI funding, NYS HHAP funding, NYS HTF, HOME and tax credit funding.

3. The four County Housing Consortiums and STEHP collaborative are the organizations that are responsible for oversight of these strategies. A priority will be to explore resources for continuation of the ESG-CARES funded RRH programs that will end 9/30/2022.

2C-5.	Increasing Employment Cash Income-Strategy.				
	NOFO Section VII.B.5.f.				
<table border="1" style="width: 100%;"><tr><td style="width: 10%;">Describe in the field below:</td></tr><tr><td>1. your CoC's strategy to increase employment income;</td></tr><tr><td>2. how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and</td></tr><tr><td>3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.</td></tr></table>		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.
Describe in the field below:					
1. your CoC's strategy to increase employment income;					
2. how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and					
3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.					

(limit 2,000 characters)

1. The CoC encourages providers to include employment goals in participant's independent living plans. Advocates discuss past employment experience and the client's desire to return to that type of work or would they prefer to acquire new skills for another career path. Clients who express an interest are linked with employment services they may attend employment readiness classes and training. Additionally advocates in the past have engaged with employers to educate them on homelessness and dispel any negative myths to encourage employment of program participants. This was not the case in 2020 due to the Covid pandemic but will resume as public health conditions improve.

For recipients of SSI/SSD benefits, SOAR trained case/care managers can educate the recipients on work incentives that allow benefits to be retained while gradually transitioning to substantive employment. Through the program monitoring process, the CoC evaluates employment income. This measure is also a factor examined during the reviewing and scoring the local application process for CoC funding.

2. The CoC will facilitate conversations with employers, Workforce Investment Boards, community college and employment/training programs to build partnerships that improve access to employment for homeless persons. The CoC will educate providers on resources for soft employment skill development and will encourage providers to provide opportunities for employment for persons with lived experience.

3. The CoC Board will facilitate the conversations with employers, employment services, etc. to build the partnerships needed to increase access to

employment and increased income.

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. The CoC promoted partnerships and access to employment opportunities by sending out notices of job fairs and employment and training opportunities using CoC listserv and scheduling presentations on new resources at the monthly consortium committees. The CoC encourages CoC funded programs, particularly the PSH funded projects, to have educational/employment goals included in individual case plans. The CoC intends to create more formal partnerships with employers and workforce agencies to more effectively serve the homeless population. The CoC Board will be responsible to reach out to employers and workforce agencies to initiate these discussions.

2. FLACRA and Lakeview Health Services are two strong CoC partners who are fully committed to utilizing peers, persons with lived experience to their treatment teams. This provides meaningful paid job experience for the peers as well as being a successful model in engaging and stabilizing participants that have high needs. Local DSS Districts who are also CoC partners provide a range of employment services for any homeless person who is receipt of public assistance that is assessed as being employable. Each county has its own Workforce Investment Board in the CoC. The CoC intends to engage each county's WIB and develop processes that will make it easier for persons with little or no employment histories to have meaningful access to the programs.

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. Increasing unearned income has been a challenge even though advocates help clients apply for public assistance. The greatest challenge lies in compliance with county administered public assistance programs, particularly for individuals with behavioral health issues who are mandated into treatment. If they are non-compliant with the treatment, they risk termination and often lengthy sanctions from all cash benefits. All participants are encouraged to enter treatment, recovery is a process of relapses and re-commitments to

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sobriety and recovery. There is no way to increase public assistance benefits unless the family size increases; so success is getting people active and they keeping their cases open. Employment requirements for those deemed "employable" are rigorous thus difficult for many to fulfill all requirements.

Providers prepare clients for the application process so that they fully understand what is expected of them. We also work with LAWNY to appeal denials or termination of benefits/sanctions through fair hearings. People with disabilities work with SOAR trained case managers throughout the CoC to assist with SSI/SSD applications is yet another strategy to increase non-employment income. These individuals are eligible for cash assistance with workforce exemptions while waiting a decision on SSI/SSD.

2. Strategies to increase access to non-employment cash resources are a) to educate providers on how to navigate the public benefits systems; b) increase the numbers of case/care managers that are trained in the SOAR process to facilitate applications for SSI/SSD; c) for the CoC to facilitate conversations with the four local DSS districts to reduce barriers to accessing TANF, General Assistance, SNAP and Medicaid and d) to maintain and strengthen the CoC partnership with LAWNY to provide legal services that enable a person to access and/or maintain the benefits for which they are eligible.

3. Project Monitoring Committee is responsible for oversight of these strategies

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	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 question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

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

(limit 2,000 characters)

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

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

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

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

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

(limit 2,000 characters)

4A. DV Bonus Application

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

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

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

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

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

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

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

1.	Enter the number of survivors that need housing or services:	74
2.	Enter the number of survivors your CoC is currently serving:	0
3.	Unmet Need:	74

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

Describe in the field below:

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

(limit 2,000 characters)

Safe Harbors of the Finger Lakes utilizes a database (Empower DB) that captures the number of individuals we provide services to. We are able to run reports from that database that allow us to track the total number of individuals served, their victimization type, services provided, as well as resources provided (security deposits, other relocation related funds, etc.). Our current database does capture homelessness specifically in a point-in time-count, not a quarterly or yearly total. Because of this, we are currently using an internal spreadsheet to capture that data. If awarded funding, SHFL will use a comparable database to capture that data.

In the year 2021, there were 74 individuals that reported to Safe Harbors that they were both victims of domestic violence, and experiencing homelessness due to their victimization. Of those 74 individuals, none of them reported a need for substance recovery services, having a history of mental health, or were Veterans - meaning none of them were able to utilize the programs in our CoC that provide transitional housing options because they did not meet the criteria for those programs.

Due to the lack of TH and RRH resources available for individuals that are victims of domestic violence, victims often spend significantly longer continuing to live in physically dangerous situations with their abusers, or, most often, continue to be homeless.

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

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

Applicant Name
Safe Harbors of t...

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

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

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

1. Applicant Name	Safe Harbors of the Finger Lakes
2. Rate of Housing Placement of DV Survivors—Percentage	38.00%
3. Rate of Housing Retention of DV Survivors—Percentage	38.00%

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

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

(limit 1,000 characters)

1. As of November 1, 2021 Safe Harbors of the Finger Lakes successfully rehoused 38 percent of the 74 survivors we assisted that reported homelessness by utilizing community resources. Of that 38%, no survivors have reported another instance of homelessness. 4% were re-located to a DV Shelter or Safe Dwelling in another community, 14% are still currently working with SHFL to find permanent housing and 45% were "unknown outcomes" clients who could not be found after initial contacts or failed to follow up with SHFL.
2. This data was collected with an internal spreadsheet SHFL uses to track homelessness. Our current database only captures that information in a point in time format. SHFL is requesting funding for a comparable database to more easily track this data.

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)

Safe Harbors of the Finger Lakes works closely with other agencies in our community to ensure clients are aware of every opportunity available to them. We currently do not receive program funds for rapid rehousing or transitional housing for survivors so we must be as creative as possible to find resources to assist them.

When a victim of DV contacts SHFL and reports homelessness, a SHFL Case Manager first, assists that client with emergency housing. SHFL does have some emergency funds to place survivors in hotels overnight if necessary, until the client can 1.) get to their local department of social services to apply for emergency housing funds or 2.) get to a shelter or safe dwelling designated for victims of domestic violence. SHFL is currently working to open a safe dwelling for victims of domestic violence in our service area and is expected to open in approximately 6 months.

Once a survivor is in safe emergency housing, an internal housing referral is made to SHFL Housing Specialist. The housing specialist schedules a meeting with the client to assess their unique situation and discuss options available to them. At this meeting, the housing specialist works with the client to ensure relevant referrals are made and applications completed, as well as submitted for services and housing opportunities the client qualifies for. Assuming a client meets the income criteria, a section 8 waitlist application is always the first thing completed and submitted, given the long wait times on this list. Other housing related assistance is included but not limited to assistance with: income-based or affordable housing applications, rental applications, advocacy with landlords/property managers, security deposit assistance, SPOA referrals (when applicable), basic budgeting workshop, and financial literacy workshop.

Applicants will be prioritized as follows: 1) chronically homeless; 2) literally homeless; 3) has long term disability(ies); 4) At-risk of homelessness due to DV.

4A-4c. Ensuring DV Survivor Safety—Project Applicant Experience.	
NOFO Section II.B.11.	
Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1. training staff on safety planning; 2. adjusting intake space to better ensure a private conversation; 3. conducting separate interviews/intake with each member of a couple; 4. working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance; 5. maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and 6. keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.	

(limit 5,000 characters)

1. All SHFL staff are required (within the first 30 days of hire) to complete the Victims Assistance Training as well as the Danger Assessment Training, Safety Planning Training, Hotline Training, Orders of Protection Training, and

Department of Social Services Training to thoroughly educate staff of the importance of understanding victims of Domestic Violence and how to safely assist with safety planning.

2. Each SHFL office location has a private counseling area specifically designated to privately meet with clients. Outside each of those offices is a sound machine that is turned on prior to the meeting to ensure conversations are not overheard and remain confidential.
3. SHFL does not generally work with couples, as the majority of our clients that present as homeless, identify their intimate partner as their abuser. In the event that a client's abuser is not their intimate partner, that individual could receive services as well, if they too are experiencing Domestic Violence. However, intakes would be done separately, and by different members of staff to ensure no conflicts occur. In the event that a conflict occurs during the intake process or any time thereafter, SHFL would continue to work with the client that first contacted SHFL as a victim in need of services. The second individual would be referred to another agency that assists victims of domestic violence.
4. SHFL utilizes the Danger Assessment (created by Jacquelyn Campbell, PhD, RN) to determine the level of danger an abused individual is of being killed by their intimate partner. The answers they give determine their risk level and is used as a tool not only to assess their risk level, but also to assist with safety planning. Ensuring victims are relocated to a safe, secure, confidential location is vital and SHFL works with clients to ensure no details are overlooked. As it relates to scattered units - SHFL does not yet receive funding for transitional scattered units or rental assistance. If funds are granted, SHFL staff will work with each client to ensure their location is kept confidential by taking all variables into account. Their current location, their abuser's location, if they have children in common and must meet at a safe location for visitation exchange (as a court order), if the abuser knows their place of employment (if applicable), ensuring their location settings are off on all devices, etc.
5. If funds are granted, SHFL will utilize this funding to rent scattered units within the communities we serve to be used as transitional housing for survivors of domestic violence. Each client placed in these units will occupy the unit for approximately 30-45 days. These units will be assessed for safety and any concerns will be addressed prior to clients occupying the unit(s). Each unit will have a well-lit outdoor or hallway area leading to the entrance of the unit. Each unit will have a camera or other video recording device when necessary.
6. Prior to being placed in a SHFL transitional unit, clients will sign the "Declaration of Confidentiality" form. This form declares that clients agree to not disclose the unit location to anyone, that clients agree to walk to a neutral location to be transported by anyone that is not a SHFL staff member (if/when transportation is needed), clients agree to keep their location turned off on their phones as well as any location tracking/disclosed apps, clients agree to not send any photos or videos that could potentially identify the location, etc. Any breach of these terms is considered a breach of confidentiality to others, it is a very serious safety concern for the client(s) occupying the unit(s) and others that may occupy the unit(s) in the future. Breach in confidentiality could result in immediate termination of services.

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

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

(limit 2,000 characters)

Safe Harbor evaluates safety and security at every level from the initial hot line crisis call to permanent housing. We examine hotline calls to identify trends, need for further training, new positive outcomes that could be replicated and the quality of safety planning performance on the phone. All of our staff must undergo refresher trainings and trainings on new best practices in order to maintain a high level of care.

Safety planning must remain fluid and flexible to guard against complacency and to change as circumstances change. Each client should have undergone a number of safety plans throughout their time in the program. By the time they graduate from the program, they will have learned the tools necessary to develop their own future safety plans. Plans are checked during supervisor and file reviews to ensure the adequate plan is in place at all times.

Building safety is another part of keeping our clients safe. This includes daily checks of our cameras which are located throughout the building. A maintenance log of malfunctions or obstructions is reviewed by the supervisor. All repairs must be done immediately. All doors and windows have functioning locks. Windows have window coverings to protect those inside from being seen – particularly client rooms, dining rooms or interview spaces.

An evaluation of sign-in log is performed regularly to ensure only authorized personnel or clients enter the building. A daily log is kept to document any safety breach, incident reports for physical safety (falling, tripping, etc.) and client conflicts. This log is reviewed daily by the supervisor and case managers on shift.

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

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

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

(limit 5,000 characters)

- When there are openings in the program, Safe Harbor will notify FLHC (NY-513 CoC) and provide the appropriate referral paperwork along with a description of eligibility and the priority list. This may be done via email and/or at the FLHC meetings. In addition to notification of the FLHC, emails are also

sent to our partner agencies as well as collaborative agencies. The difference between the two is that partner agencies is a formalized and collaborative is not. Nonetheless, more than 50 agencies are informed of an opening. Once a survivor enters the program, the client meets immediately with the case manager or housing specialist so that the CM or HS understand the client's objectives and goals while in the program and their housing preferences. A safe zone is established and priorities are outlined and budgets are reviewed. A safe location that is affordable and links to services that help a household's budget are factors in stabilizing the household.

2. Safe Harbor uses non-punitive interventions and instead engage in meaningful discussion allowing the survivor to freely express themselves. This is an opportunity for the survivor to learn that conflicts are normal in life and can be resolved in a respectful and calm manner. Day-to-day communication between survivors and staff is open, non-judgmental, respectful and friendly.

3. The staff is fully trained on the effects of trauma and in turn provide survivors with an understanding of trauma stress reactions and common responses to that stress. Realizing that trauma can range from a single event to long-lasting repetitive events, it may be physical, it may be emotional and responses may include fatigue, sleeplessness, anger, PTSD, co-occurring mental and substance abuse disorders. Treatment is recommended and recovery from trauma is possible.

4. Trauma Informed Care (TIC) is a foundational principle at Safe Harbor. Progressive engagement is consistent with that principle in that it reinforces the abilities and strengths of survivors. It gives voice and confidence to the choice of the survivors. While all clients are served, some received a light touch meaning few services. Other may have greater needs which would require a higher level of care. The case plans would reflect the goals and needs of each client. Feedback is asked throughout the program to ensure that they are on track to meet their future goals.

5. Domestic violence is a serious problem in all countries, cultures, ethnic and racial groups, social classes, religions, and gender identities. We have seen a steady and drastic increase in domestic violence since the beginning of the Covid-19 pandemic. These survivors are representative of many groups. That is why our diverse staff is fully trained on how to understand the effect of domestic violence has people from cultures different from their own. It is through this understanding that our staff is able to more effectively communicate with survivors in a culturally competent way.

6. Clients are offered the option to link with group counseling, survivor groups and other social groups within the community. We believe that establishing healthy and supportive relationships will help to improve the survivor's emotional health.

7. Parenting support is offered to survivors as a means to help them through a stressful period and to understand how best to reduce family conflict by practicing positive discipline techniques, learning age-appropriate child development skills & milestones and how to promote positive play as well as positive family interaction.

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

Describe in the field below:

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

(limit 5,000 characters)

1. We provide a number of services specifically designed to help survivors transition from living in an abusive environment to a life of independence free of violence. The first stage of this is assisting them to safely flee a violent household. Our 24/7 hotline counselors will develop a safety plan while the survivor is still living in the household. This would entail preparing for their exit by collecting important documents, money, medicine, clothing and items for the children and give them to a trusted friend, neighbor or family member for safe keeping. Once these items are in place, the actual exit is planned to leave the household and enter shelter. Once in shelter and the crisis is sufficiently dealt with the survivor and the CM begin the process of crafting an outline for future stabilization – both emotional and housing. Safe Harbor uses progressive engagement which ensures that limit resources are used most effectively. Some clients with greater strengths may receive a light touch while those with greater needs receive the resources they need. The client and CM meet to identify strengths and barriers. First client's strengths are identified, e.g. social resources, income, support network, service needs, and safety-zone housing options. Safety dictates much of the housing search considering where abuser lives, works and where family/friends of abuser are located. Also considered is the proximity to the police to ensure quick response time, closeness to the survivor's support network, schools, community services and bus route if needed. Based on the safety and support considerations, a housing search area is outlined. The CM begins working with Safe Harbor's network landlords in the area to determine availability of units and/or up-coming available units. As part of the housing stabilization plan, the CM & survivor will identify any housing barriers or special needs such as utility arrears, poor credit, first floor access due to a disability, prior evictions, etc. Each barrier is addressed and may include – paying utility arrears from various funding sources including DSS, enrollment in a credit repair program, and past evictions investigated and explained (very often is directly related to domestic violence). Once housing has been identified, the CM and client inspect the unit and if it meets the client's needs, rent would be negotiated with the landlord.

Simultaneously, survivors are linked with Safe Harbor's Employment & Financial Literacy department to assist client with job readiness and application as well as any other linkages that would fulfill a need by enlisting the assistance of 30+ partner agencies. Such referrals may be based on the need for mental health counseling, substance abuse, family counseling, legal assistance and medical PCP.

2. Safe Harbor's key objective is to ensure the emotional and housing stability of each client it serves. All clients are encouraged to meet with a specialist from our Employment & Financial Literacy program. There they will receive assistance with resume building, interview skills workshop, link to employment agencies, assistance with job applications, soft-skills development, and credit checks & review. Clients learn how to read their credit report, understand what impacts their score, and the importance of being credit-worthy as well as the cost of being credit-unworthy, i.e. high interest rates versus purchasing power. If necessary, a plan would be developed to improve their credit score. A client's employability is directly linked to their long-term stability by having a stable income. Accessing value-added resources in the community directly impacts a household budget, e.g. food pantries, SNAP, experienced clothing closet,

holiday gift giving programs, HEAP. Survivors who are disabled and unable to work, are linked with a SOAR CM to apply for SSI/SSD, cash assistance, etc. Emotional stabilization & housing stabilization are interdependent. If someone's emotional state is in distress, employment will likely suffer. Likewise, if one is unemployed or underemployed, that too is likely to impact the individual's emotional state. The staff provide survivors with an understanding of impact of trauma on one's quality of life, decision-making abilities and overall happiness is vital to their long-term emotional stabilization. Survivors suffering from PTSD are encouraged to seek treatment knowing that recovery from trauma is possible. Links are made to our partner-agencies, e.g. Lakeview Mental Health, Family Counseling of the Finger Lake, Catholic Charities, Child & Family Resources, or Finger Lakes Area Counseling and Recovery Agency – just to name a few. We make every attempt to ensure that the location of the counseling agency is located within their safe-zone. Legal assistance for representation in family court is referred to Legal Assistance of WNY.

4A-4f.	Trauma-Informed, Victim-Centered Approaches—New Project Implementation.	
	NOFO Section II.B.11.	
<p>Provide examples in the field below of how the new project will:</p>		
<p>1. prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;</p> <p>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;</p> <p>3. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;</p> <p>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;</p> <p>5. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;</p> <p>6. provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and</p> <p>7. offer support for parenting, e.g., parenting classes, childcare.</p>		

(limit 5,000 characters)

1. NY-513 is a rural community and we must utilize our limited resources in a strategic way to ensure all survivors are adequately served. By using progressive engagement, a person-centered approach, as opposed to predictive interventions, we craft a service plan specific to the needs of that household. The DV shelter, using progressive engagement, identifies households requiring the highest level of needs and would then transfer them immediately to this new TH-RRH program. While in the TH-RRH program, we begin a problem-solving dialogue with the survivor to see exactly what services are needed for independent housing and a safe & empowered life. While many TH programs keep residents for a year or more, it is our intention to move them to permanent housing with 45 days – more time will be granted based on the needs of the household.

2. This program's philosophy and practice of housing first reflect an empowerment-based or survivor-centered model of service delivery. The Case Manager will assist survivors in restoring personal power, control, and dignity. A partnership of mutual respect begins with the hot-line call and continues. Safe

Harbor strongly believes in non-punitive interventions and instead engage in meaningful discussion allowing the survivor to freely express themselves. This is an opportunity for the survivor to learn that conflicts are normal in life and can be resolved in a respectful and calm manner. Day-to-day communication between survivors and staff is open, non-judgmental, respectful and friendly. The client is encouraged to participate in the housing search process, landlord negotiation and safety inspections. The level of participation is based on their comfort level – they are neither required nor prohibited. It is their choice.

3. The staff is fully trained on the effects of trauma and understand the effects of trauma-related stress. Understanding that trauma can range from a single event or long-lasting repetitive events, it may be physical, it may be emotional and responses may include sleeplessness, anger, PTSD, co-occurring mental and substance abuse disorders. Survivors suffering from PTSD or any effects from trauma are encouraged to seek treatment knowing that recovery from trauma is possible.

4. Progressive engagement is a person-centered approach – each individual is unique. They each have different strengths, experiences, and needs. It is through respectful dialogue that an individual's assets will be revealed and any barriers or needs are identified. Case plans are developed in collaboration with the survivor. Case plan development begins with what the survivor would like to accomplish – a goal. Once established, we begin to identify strengths – employment experience, employable skills, their ability to care for family while escaping an abusive environment, budgeting, emotional health, etc. We then focus on barriers to the survivor's goal and from there build a needs-based action plan and timeline.

5. Our core values at Safe Harbor are inclusivity, diversity and respect. No one is denied housing or services based on gender, sexual orientation, religious beliefs, race, national origin, age, or disability.

6. Our clients are offered a number of opportunities for support. Based on the comfort of the individual, we refer clients to group therapy, survivor groups, faith-based organization activities groups, mentorships, parent groups, or individual therapy and one-on-one mentorship, etc. We have an extensive network of collaborative partners throughout the CoC's four counties that offer a number of support services and opportunities for engagement. We recommend to all of our clients to network in the community to develop supportive and healthy relationships.

7. Parenting support is offered to survivors as a means to help them through a stressful period and to understand how best to reduce family conflict by practicing positive discipline techniques, learn age-appropriate child development skills, promote positive play and health interaction among family members. Parenting classes are often seen as a criticism on parenting skills, however, we present this as an education experience to better understand how children respond to trauma – both single incident and long-term episodes of trauma. This understanding helps the parent better respond to possible disruptive behavior and redirect to positive play.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Too...	11/08/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	1E 1 - Local Comp...	11/08/2021
1E-2. Project Review and Selection Process	Yes	Review and Rankin...	11/11/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Project Rejected ...	11/08/2021
1E-5a. Public Posting—Projects Accepted	Yes	Attachment 1E 5a	11/08/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool - VISPDAT

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 1E 1 - Local Competition Announcement

Attachment Details

Document Description: Review and Ranking Process

Attachment Details

Document Description: Project Rejected or Reduced

FY2021 CoC Application	Page 60	11/11/2021
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Attachment Details

Document Description: Attachment 1E 5a

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/03/2021
1B. Inclusive Structure	11/03/2021
1C. Coordination	Please Complete
1C. Coordination continued	11/09/2021
1D. Addressing COVID-19	11/05/2021
1E. Project Review/Ranking	11/05/2021
2A. HMIS Implementation	11/05/2021
2B. Point-in-Time (PIT) Count	11/05/2021
2C. System Performance	11/05/2021
3A. Housing/Healthcare Bonus Points	11/05/2021
3B. Rehabilitation/New Construction Costs	11/05/2021

3C. Serving Homeless Under Other Federal Statutes	11/05/2021
4A. DV Bonus Application	11/10/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSITY

Administration

Interviewer's Name	Agency	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date	Survey Time	Survey Location
DD/MM/YYYY	____/____/____	____:____ AM/PM

Opening Script

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

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

Basic Information

First Name	Nickname	Last Name	
In what language do you feel best able to express yourself? _____			
Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY	____/____/____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

SCORE: _____

A. History of Housing and Homelessness

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

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors
- Other (specify): _____

Refused

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

SCORE:

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

_____ Refused

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

_____ Refused

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

SCORE:

B. Risks

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

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

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

SCORE:

5. Have you been attacked or beaten up since you've become homeless?

Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?

Y N Refused

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

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION

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

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

SCORE:

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

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

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

SCORE:

C. Socialization & Daily Functioning

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

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

D. Wellness

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

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

SCORE:

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

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

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
 a) A mental health issue or concern? Y N Refused
 b) A past head injury? Y N Refused
 c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

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

SCORE:

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

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN PERSON

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

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

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

SCORE:

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

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

SCORE:

Scoring Summary

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

Follow-Up Questions

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

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

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

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Housing Resources

[Wayne County Housing List](#)
[Emergency Rental Assistance Program \(ERAP\) \(English\)](#)
[Emergency Rental Assistance Program \(ERAP\) Flyer](#)
[Emergency Solutions Grant \(ESG\)](#)

CoC Documents

[CoC Governance Charter](#)
[HMIS Policy and Procedure Manual](#)
[CoC Written Standards](#)
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[Coordinated Assessment Tool - VI-SPDAT Families](#)
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CoC Funding Documents

[2021 Local Application RFP](#)
[2021 Renewal Ranking Criteria](#)
[2021 Budget Workbook](#)
[New Project Application](#)
[New Project Scoring Criteria](#)
[2021 Relocation Process](#)
[2021 Appeals Process](#)
[FY 2021 NY \\$13 GIW](#)
[FY 2021 NOFO Summary](#)
[WFY 21 Continuum of Care Competition](#)

CoC Meeting Minutes

RHIC Wayne County Ontario County

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CoC NY-513 Finger Lakes Housing Consortium

2021 CoC Funding RFP

This Request for Proposals (RFP) begins the Finger Lakes Regional Housing Consortium local application process for new and renewal projects that are requesting HUD CoC Program funding. The maximum amount of funding available is \$582,316 which includes Renewal Project funding, CoC Bonus funds, DV Bonus funds and CoC Planning funds.

Applications submitted via this process will be reviewed and scored using the Scoring Criteria posted. Projects are then ranked based on score from highest to lowest is the local component required to rank and allocate funding for all renewal and new applications that will be submitted in the Housing and Urban Development (HUD) Notice of Funding Availability (2021 HUD CoC Program NOFO). **Applications are due Tuesday, October 12th by 5PM.**

1. All materials for project applications can be found on the FLACRA website:

<https://www.flacra.org/finger-lakes-housing-consortium>

2. Go to the Finger Lakes Housing Consortium page. Attached you will find

- 2021 CoC Funding RFP
- 2021 Renewal Project Ranking Criteria
- 2021 New Project Application
- 2021 Budget Workbook
- 2021 New Project Application Scoring Criteria
- 2021 Grant Inventory Worksheet
- 2021 Reallocation Process
- 2021 Appeals Process

3. Send completed application(s), budget workbook and all required attachments via email to:

Jennifer.Carlson@FLACRA.org by October 12th by 5PM.

4. Projects will be notified of results of the Review and Ranking Committee no later than 10/27/2021.

Finger Lakes Housing Consortium 2021 Renewal Ranking Criteria

APR used 7/1/2020 -6/30/2021.

Organization Name:	
Project Name:	

Contact Person	
Phone Number	
Email	

Project Type (check correct box)	
Transitional housing – Rapid Re-Housing (TH-RRH)	
Permanent Supportive Housing (PSH)	
Homeless Management Information System (HMIS)	

A. Data Quality	Data Quality: 100% of the following data completed during the reporting period of 3/1/2020 to 2/28/21		
	1. 6a Personally Identifiable Information (6 pts – 1 pt for each 0%)	Points	6
	2. 6b Universal Data Elements (5 pts – 1 pt for each 0%)	Points	5
	3. 6c Income & Sources at Start, Annual & Exit (6 pts – 2 pts for each 0%)	Points	6
	4. 6d Chronic Homelessness (1 pts for 0% in project type)	Points	1
	5. 15 Prior Living Situation (equals homeless situation)	Points	3
	6. 20b Non-Cash Benefits (1 pts – if client does not know & data not collected both equal 0)	Points	1
	7. 6e Project Start Dates are entered within 48 hours	Points	1
	8. 21 Health Insurance (1 pts – if client does not know & data not collected both equal 0)	Points	1

B. All Program Outcomes	1. 92% or more of participants exit to or remains in permanent housing?	Points See Scoring B.	3
	2. 20% or more participants increase cash income?	Points See Scoring B.	3
	3. 20% or more participants increase employment income?	Points See Scoring B.	3
	4. 85% or more participants have cash income?	Points See Scoring B.	3
	5. 20% or more participants have employment income in the program year?	Points See Scoring B.	3
	6. 80% or more participants have obtained non-cash benefits?	Points See Scoring B.	3
	7. 80% or more participants have health insurance?	Points See Scoring B.	3
D. Efficiency	1. Drawdown Efficiency: Total HUD expenditures and how efficiently is the project using its grant funds? How much was drawn down from the project's last submitted APR? (1)	Points See Scoring D.	3
	2. Project efficiency: HUD expenditures divided by the number of Heads households served in the last submitted APR. (2)	Points See Scoring D.	3
	3. Cost of Success rate: HUD expenditures divided by the number of households with a successful exit or remained stable in PH in the last submitted APR. (2)	Points See Scoring D.	3

TOTAL POINTS	_____
---------------------	-------

Scoring:

Projects earn points as follows:

Measurements	Community Goals %
Participants exit to or remains in permanent housing	92%+
Participants increase cash income	20%+

Participants increase employment income	20%+
Participants have cash income	85%+
Participants have employment income in the program year	20%+
Participants have obtained non-cash benefits?	85%+
Participants have health insurance	90%+

D. Efficiency Question 1. > 95% = 3 points

95% < = 0 points

Question 2. At or below the average cost per Head of Household=3 point

Above the average cost per Head of household = 0 points

Question 3. At or below the average cost of successful exit rate = 3 point

Above the average cost of successful exit rate = 0 points

Finger Lakes Housing Consortium
New Project Application

SCORING CRITERIA

New Projects

Demonstrates unmet need based on local data	10 points
Narrative (program services will meet needs of population, prior experience, proposed outcomes will meet CoC guidelines)	30 points
Costs are comparable to similar projects	10 points
Financial audit submitted and no findings	10 points
Documentation of match provided	5 points
Budget is accurate	5 points
Organization is active in other community task forces and CoC activities related to issues of housing and homelessness	10 points
Project design is compatible and proposes to utilize housing first/harm reduction principles to serve high need clients	20 points

Total Points **100**

Bonus Points

DV Bonus Project	5
Health Partnership PH Project	5
Housing Partnership PH Project	5

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[WFY 21 Continuum of Care Competition](#)
[Final Project Ranking.xlsx](#)

CoC Meeting Minutes

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Jessica Chase

2019 Final Project Rankings w/Scores

<u>Rank</u>	<u>Score</u>	<u>Tier 1</u>				
1	96	Wayne County Action Program	"Success Center" TH-RRH	\$ 48,123	Total ARA	\$ 325,000
2	95	FLACRA	HMIS	\$ 21,185	CoC Planning	\$ 33,563
3	93.5	FLACRA	Wayne County PSH	\$ 113,968	CoC Bonus (5% of ARD)	\$ 55,938
4	92	FLACRA	S+C for the Chronically Homeless	\$ 14,993	Tier 1 (100% of ARD)	\$ 325,000
5	92	FLACRA	Finger Lakes Regional S+C Program II	\$ 85,436	Tier 2	
6	91.5	FLACRA	Finger Lakes Regional S+C Program	\$ 41,295	Total Tier 1 & Tier 2	\$ 325,000
			Total Tier 1	\$ 325,000	DV Bonus	\$ 167,815
			Tier 2		PPRN	\$ 1,118,769
7	89.5	Safe Harbors	TH-RRH DV Bonus Project	\$ 149,273		
8	89	FLACRA	Coordinated Entry	\$ 55,938		
			Total Tier 1 and Tier 2	\$ 530,211		
			CoC Planning	\$ 33,563		
			Total HUD Request	\$ 563,774		