

## Before Starting the CoC Application

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

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

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

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

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

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

### Answering Multi-Part Narrative Questions

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

### Attachments

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

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

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

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

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

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

**1A-1. CoC Name and Number:** AL-500 - Birmingham/Jefferson, St. Clair, Shelby Counties CoC

**1A-2. Collaborative Applicant Name:** One Roof

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

**1A-4. HMIS Lead:** One Roof

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

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

In the chart below for the period from May 1, 2020 to April 30, 2021:

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

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	No	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
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)	Yes	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	Yes	Yes
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	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	No	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Veteran's advocates and Service Providers	Yes	Yes	Yes
34.	Physical/ Mental and Dental Homeless Health organizations	Yes	Yes	Yes

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. One Roof website has an invitation to join the CoC prominently posted. An invitation is included in multiple newsletters and social media postings throughout the year. Current CoC members are frequently encouraged to refer others to One Roof for conversations and personal invitations. During One Roof trainings or presentations to civic, faith, Greek, student, business, etc. we discuss benefits of membership and give an open invitation to join.
2. Important information, including invitations, is posted on the One Roof website in PDF format and linked on social media. Print documents are available in our ADA accessible office and we offer a computer and private area available for Read Out Loud Function if desired. One Roof has a contract with AIDB (AL Institute for Deaf and Blind for on-call interpreters as needed.
3. When One Roof staff interacts with homeless/formerly homeless clients, they are always evaluating "big picture" interest from the client to then invite further CoC involvement. The CoC governing body has at least one homeless/formerly homeless person seated on the board and the Youth Action Council interacts with the board as well.
4. One Roof annually hosts a workshop on Disabilities and Deaf and Blind

culture and on Latinex culture to help ourselves and our members better understand how to gather and present agency-specific information as well. Multiple Disability Advocacy agencies are on our newsletter mailing list so receive all important information to share with clients. One member agency has a large Latinex program, so we partner with them to get info out, and we regularly communicate with our local Hispanic advocacy organization. This CoC generally has no Indigenous people in homelessness. We have multiple BIPOC-led member agencies and actively solicit others for collaborations and potential CoC participation.

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1.CoC stakeholder participation in membership & board of directors is reviewed annually and “gap” representatives are personally invited to present to CoC meetings and/or join Membership or Board of Directors. CoC goal is representation of all stakeholder groups. One Roof has a Youth Action Council and conducted an extensive Youth Needs Assessment during 2020/2021 to make certain that voice is represented, and is finding new ways to genuinely involve our youth with lived experience in other CoC work. The CoC has worked hard to increase collaboration with the court system and the jails to get their perspective and has a new partnership between the Birmingham Police Department and our Street Outreach team.

2. One Roof initiated meetings are advertised on CoC website, by email, through social media, by newsletter & invitations are given in person when applicable. Information is then presented verbally and distributed in writing. One Roof works to be included in neighborhood meetings, faith community committee work, and other non-homeless dedicated arenas. Homelessness invariably comes up and One Roof wants to be there to hear what is said and to offer correct information as well.

3.Any One Room team member attending meetings/ forums/ workshops is asked to gather any printed materials, any web references, any educational links, etc. for reference. All information is brought back to One Roof for discussion, taken back to Membership and/or the Board of Directors as appropriate. One Roof sends at least One team member to as many national homelessness conferences and local learning opportunities as is possible on our budget, and then brings that information back to the agency, to the governing body, and to the entire continuum as appropriate. These “law” collaborations mentioned in 1B-3(1) have led to non-CoC funding requests for new programs (none funded yet, but this is a new effort).

1B-4.	<b>Public Notification for Proposals from Organizations Not Previously Funded.</b>	
NOFO Section VII.B.1.a.(4)		
Describe in the field below how your CoC notified the public:		
1.	that your CoC's local competition was open and accepting project applications;	
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. On 8.18.2021 One Roof (OR) ED sent the initial NOFO announcement via email to any agency funded in the last 10 years including several not currently funded. OR posted the NOFO announcement in social media on 8.19.21. One Roof posted the initial invitation to submit a project application to our website, via email blast going to several hundred entities (many of whom have never been funded), and social media on 9.8.2021.
2. The timeline included a specific invitation to and instructions for organizations not previously funded. This particular announcement was posted on social media and in email news letters multiple times prior to the deadline for submitting projects. Also on 9.8.2021 the OR ED made calls to 5 agencies that have previously expressed an interest in CoC funding, 3 of which have never applied.
3. The timeline which went out via social media, email and on the OR website gave very specific instructions on project application submission. A well-publicized public Zoom meeting reviewed these instructions and OR staff responded to any questions.
4. All applications from eligible (CoC membership and participation, 501(c)(3) status, and willingness to participate in HMIS if not DV and Coordinated Entry) agencies are submitted to HUD.
5. Multiple Disability Advocacy agencies are on One Roof mailing lists, and assist us in distributing information. Documents on the One Roof website are posted in PDF format for accessibility. Additionally, we make available print copies of all important announcements/ information as needed in our ADA accessible office.

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

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

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

In the chart below:

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

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

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1. The CoC has phone calls with and attends at least one in-person or virtual annual meeting with the State of Alabama regarding ESG funds. With both the City of Birmingham and Jefferson County (ESG and ESG-CV recipients), One Roof attends Public Hearings and offers input on local homelessness/ diversion data. For Jefferson County, One Roof serves on an Advisory Committee around planning and allocation of ESG funds, and collaborated with the County extensively to get ESG-CV funds allocated (and reallocated as necessary) but for the City of Birmingham, One Roof has less input in that planning and allocation process. One Roof works with all ESG sub-recipients to develop and then refine, based on CE data, the policies and procedures that govern the Continuum implementation of ESG funding (prioritization, eligibility, funding min/max).

2. One Roof generates and shares the CAPERs used for evaluation and reporting of ESG program recipients and subrecipients. The State, City, and County require that ESG subrecipients participate in Coordinated Entry, so plenty of data is available.

3. One Roof attends Public Hearings and submits written comments as appropriate, serves on the Jefferson County Advisory Committee, and provides PIT, HIC, and LSA data directly to all Jurisdictions. PIT data is also listed on the One Roof website and the announcement made in social media that it is posted.

4. One Roof submits PIT, HIC and LSA data directly to the Jurisdictions for use in the Consolidated Plan (CP) updates. If the Jurisdictions request information while the CP updates are being done, One Roof shares information and asks for the initial question so that we know the information is being shared appropriately. We offer to link the writer with HMIS data, with the correlating questions in the NOFA/NOFO applications, or to just provide the response ourselves.

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

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



1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	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. One Roof has relationships with the largest municipal Department of Youth Services (after school education and activities for at-risk and homeless youth); the local Literacy Council, our local libraries including those located in high-risk areas, and multiple nonprofits providing educational services for at-risk or homeless youth. Our goal is to first make certain that potential signs of homelessness are recognized and then to make certain all groups are aware of school liaisons and other resources for the youth, including Coordinated Entry and emergency housing resources. All of these entities are invited and many then participate in PIT to help make certain all youth are counted.
2. There are no written MOU's or other agreements in place, but we know the relationships work because of the number of calls/referrals we receive!
3. One Roof invites area School Board members to learn more about the Continuum, but we have much more interest and participation in Continuum meetings and events from the libraries, the nonprofits providing educational services, and the Department of Youth Services.
4. There are no written MOU's in place, but the relationships are strong.
5. At the end of each school year and in the beginning of the new school year One Roof reaches out to the homeless liaisons in each school district in our Continuum. We share our mission, invite liaisons to attend meetings including planning meetings as appropriate, and offer our services to the reps. We currently have the liaisons from the 3 largest school districts attend meetings regularly and participate in PIT. The rep from the district with the highest number of youth experiencing homelessness was heavily involved in our 2020 100 Day Challenge, in the Youth Needs Assessment done 2020/2021 and in the YDHP application 2021.
6. The CoC has no written MOU with school districts, but the level of

participation of the liaisons tells us the relationship works.

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)**

- a. The One Roof Board of Directors developed a Education Availability Notice policy following HUD guidelines on McKinney-Vento requirements and each Continuum agency that serves families or individuals with school-age children must comply. On day 2 of program/ shelter entry, designated staff engage the family to enroll/ re-enroll the children in school, and must inform the families or individuals that they are eligible for various educational services and benefits, including the option for the child to remain in the school where they became homeless. The agency will collaborate with the McKinney school liaison to make certain there are no barriers to the child's education. The procedure is that each agency must appoint a single person/ position who is responsible for making certain this policy is carried out. In most agencies that is either the Director of Social Work or the Program Director.
- b. This policy, along with a list of McKinney school liaisons for each school district in the One Roof Continuum, is posted in prominent places in the One Roof CE offices and has been offered to service providers, libraries, hospitals and multiple other locations homeless families and individuals may frequent.

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		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.			

**You must select a response for elements 1 through 9 in question 1C-4b.**

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. One Roof has 2 State-certified non-CoC funded DV organizations, SafeHouse and YWCA. Their Alabama Coalition Against Domestic Violence certification requires annual attendance at in-house training on safety and best practices including trauma-informed and victim-centered care. That curriculum also includes standards and practices gleaned from other state and national coalitions/ experts. Because they receive in-depth training as part of certification, they decline additional CoC training. The CoC has staff from these providers or other experts present to the entire CoC membership on safety and planning protocols at least annually. Any trainings include at least understanding the impact of trauma, applying a trauma-informed lens, and practical applications in everything from how to answer a telephone to what seating to offer a victim (door and window placement, etc) One provider (non-DV-specific) has been so moved by this training that their entire facility is being redone physically with a trauma lens: paint colors, furnishings, initial greeting area arrangement, etc.

2. Annually One Roof (OR is the CoC) has at least 1 expert in trauma, safety, planning protocols and best practices hold a required in-person workshop specifically for CE team members. Trainings emphasize practical applications in everything from how to answer a telephone to what seating to offer a victim (door and window placement, etc). Because of COVID, we moved to online trainings twice during the year, and as new team members joined. Before the 4 police officers in our new street outreach partnership began with us, they did multiple online trainings and went through practical application exercises with OR team members. While DV victims may have been the initial subpopulation targeted for TIC and other best practices, the CoC attempts to reiterate that homelessness itself is a trauma, so victim-centered practices are always best practice.

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

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

**(limit 2,000 characters)**

The comparable database utilized by DV providers in this CoC is limited. The HMIS Lead and the CoC continue to provide assistance and guidance to DV providers to ensure their comparable database compliant with HMIS standards. Because of this, the CoC utilizes the data that is available to assess the special needs of households experiencing DV: limited aggregate data from the comparable database, Point in Time, Coordinated Entry information, information from DV providers, information from police forces, and empirical information from all housing providers who serve Violence Survivors. This information is included in our annual gaps analysis. That analysis has shown that housing that is affordable and accessible and located in safe areas continues to be the largest need. Shelby County in particular has difficulty identifying any housing that meets Rent Reasonableness AND is acceptable to the clients. The CoC has used this information to inform planning and has thus solicited new DV housing projects for several years, but has been unsuccessful. During the COVID-19 pandemic, our CoC's largest DV provider participated heavily in the CoC's daily/weekly "COVID Calls." This additional empirical data allowed the CoC to quickly respond and route resources to best serve the emerging needs of DV survivors.

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. CE staff are trained in TIC annually & use those processes on the phone & meeting with clients. DV housing/services are accessible through CE but victims can call providers directly if preferred. If a DV client claims imminent danger they are referred to a confidential shelter & transported if needed. If clients refuse this service, CE ascertains the client feels safe answering questions for an Assessment of Need (AON) by phone or at our office & always in a confidential setting. A client's refusal to answer questions/disclose personal information during the AON doesn't prevent access to housing/services. CoC has confidential shelters in 2 areas, TH in 3 areas, & 2 scatter site ESG RRH programs to facilitate choice. If DV clients choose CoC non-DV specific housing, they are put on the housing priority list. If housing options within the CoC are full or if client feels safer moving outside the CoC, housing options outside of the CoC's geography are located, or client is referred to the state DV hotline. CE staff works to provide safety & choice so clients can begin regaining their power.
2. DV providers developed & the CoC adopted Emergency Transfer Plans (ETP). Transfer request is not limited by race/gender identity/sexual orientation & is confidential. CoC member agencies will move a victim upon written request to another unit if available. If unavailable, the agency works with CoC, CE & other partners to help the client find housing the client believes is safe.
3. DV Client identifying info is not put in HMIS & is recorded in paper files kept in a locked filing cabinet behind a locked CE office door. CE office building has

24/7 security. DV Clients are informed how their info will be used to connect them to housing they choose. If HMIS has historical data/information on the DV client, CE protocols are to lock the HMIS profile so info is hidden or removed. DV Client info is shared on a need-to-know basis, & referrals to housing/services are kept confidential

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority Birmingham District	15%	Yes-Both	Yes
Jefferson County Housing Authority	5%	No	No

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

Describe in the field below:

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

**(limit 2,000 characters)**

1 and 2: The HABD has had a homeless admission preference for more than 10 years. While it has not been necessary for the CoC to pressure that PHA to

adopt that preference, the CoC does work with them to facilitate that preference by helping verify homelessness for potential clients and by CE making referrals from the By-Name list. The Jefferson County PHA does not have a homeless admission preference and has not expressed an interest in adopting one because they are the applicant for a CoC funded 400+ bed PSH grant that has existed for more than 10 years. They feel this is sufficient for a homeless admission preference.

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.		

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

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

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

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

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

**(limit 2,000 characters)**

1a. The CoC includes EHV units from two PHA's in the CE process. CE identifies appropriate clients from the CE Priority Housing List, assists the client in completing the application and starts the process of obtaining needed documentation, then makes the electronic referral to the PHA, and assists as needed in helping the client attend meetings with the PHA. CE also assists client in accessing mainstream benefits and needed supportive services to help maintain that EHV. This is a formal relationship outlined in an MOU between CE and each PHA.

1b. The CoC works with HABD, the Birmingham PHA, without an MOU on non-

EHV units. Since HABD has a Homeless Preference, CE will refer appropriate clients from the Priority List when units are available. If a potential HABD client states they are homeless, the PHA contacts One Roof, the CE agency, to assist with verification of homelessness. There are not certain set-aside units, but HABD has been responsive when CE has a client who specifically needs PHA over another PH or PSH.

1c. When local PHA's open their wait list, these notices are heavily publicized by the CoC and CE contacts clients known to want a unit in that geography. This also is an informal arrangement.

2. The CoC has formal MOU's with the PHAs for EHV units, but does not have these for non-EHV units.

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

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

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

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

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

**(limit 2,000 characters)**

N/A

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

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

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

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

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

PHA
Housing Authority...
Jefferson County ...



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

**Name of PHA:** Housing Authority Birmingham District

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

**Name of PHA:** Jefferson County Housing Authority

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	16
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.	15
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.	94%

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)**

- a. CE and HMIS together to review outcomes of referrals, particularly refusal of clients or clients dropped from the program prior to housing date, to know that Housing First (HF) is a practice, not just a policy.
- b. CoC and HMIS together review program exits looking for signs that a client

was exited for behaviors other than those prohibited by the lease.  
 c.The CoC publishes our grievance policy to clients and investigates any complaints related to HF issues. d.The CoC has one large PSH that has not previously fully utilized CE and partly because of that have not been HF. Beginning this grant year they have pledged to start HF with 10 clients. They have also agreed to be a full participant in CE and the CoC will closely monitor their intakes, program exits, and will poll their clients for HF-related experiences whether positive or negative.  
 e.The CoC provides ongoing training on HF principals to all housing agencies to keep the information at the forefront. As a part of this training, the CoC encourages those agencies to have a multi-point review of any program exits looking especially at HF-related discharges.

<b>1C-9b.</b>	<b>Housing First–Veterans.</b>	
	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?	No
---	----

<b>1C-10.</b>	<b>Street Outreach–Scope.</b>	
	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. CoC outreach includes specialized outreach teams run by partner agencies for unaccompanied youth, Veterans, Latinx, LGBTQ, Veterans and mentally ill populations and has a four-person, full-time outreach team through Coordinated Assessment (CA). All outreach teams are closely connected with CA and meets at least monthly in-person. Street Outreach also meets with First Responders regularly to maintain communication on homeless consumers who frequent medical services but commonly refuse homeless services.
2. The Coc’s Street Outreach covers 100% of the CoC geography.
3. CoC outreach teams do field work (streets, overpasses, etc.) five days per week with fluctuating hours depending on weather, population being sought, time of year, etc., with some teams remaining on call 7 days per week during inclement weather.
4. Outreach uses word-of-mouth with peers to connect with those least likely to request assistance. Outreach advertises in places homeless people are likely to be – libraries, convenience stores, emergency rooms, etc. Disability Rights and Resources participates with the CoC to outreach to the disabled community and One Roof contracts with a nonprofit for the Deaf and Blind to provide interpreting services as needed. Bilingual One Roof staff are available.
- 4a. The CoC has a new partnership with the Birmingham Police in which 4 One

Roof-chosen officers work with street outreach. These officers have assisted street outreach in identifying and engaging people in places One Roof would not previously have allowed workers to go because of safety concerns. 4b. The officers have been trained in TIC and victim-centered practices. This has changed their behavior on the street and clients who would previously not accept CoC services for fear of jail/ prison have now engaged and are getting past warrants, judgements, etc. dealt with through Homeless Court and other less punitive actions.

<b>1C-11.</b>	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

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

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

<b>1C-12.</b>	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.I.	

	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.”	235	251

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

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

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

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<b>1C-13a.</b>	<b>Mainstream Benefits and Other Assistance–Information and Training.</b>	
	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.a. Annually the CoC hosts Dept. of Human Resources in a membership meeting to update program staff on Food Stamps, TANF, Child Support Programs and Jobs Programs within DHR. b. One Roof has a dedicated SOAR worker assisting clients and program staff plus One Roof hosts a Social Security workshop for all CoC program staff every 2 years to cover SSI, Disability, Social Security, Work Programs, etc. c. One Roof hosts a panel of Substance Abuse programs annually during a Membership meeting.

2. Mainstream and other assistance information is presented verbally and in print during monthly membership meetings, goes out in weekly electronic newsletters, is posted on the One Roof website in PDF format when we receive it, and is available in our office in printed format.

3. a. AIDS Alabama, a One Roof member, receives a Navigation grant, Enroll Alabama, to provide statewide workers to help clients enroll in Medicaid, Medicare, and ACA options by phone, online and in person. They partner with all CoC members to evaluate and assist clients. 3b. One Roof hosts Project Homeless Connect (PHC) with Department of Human Resources (DHR) on site assisting with Food Stamps, TANF and Child Support applications. Also at PHC are multiple for-profit and charitable organizations providing free eye care, free health care and free dental care. Each makes appointments on site for follow-up through the year. Service providers provide transportation to appointments.

4. All HUD-funded providers provide transportation to doctors’ appointments. Several providers are Medicaid providers and offer more intensive on-site services themselves, making access to services easier for clients. One Roof is in the same building as the major provider of indigent health care and major providers of charitable vision and dental care and partners with each to certify homeless clients for care as appropriate. Alabama is not an Expansion State.

<b>1C-14.</b>	<b>Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	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. Clients may access Coordinated Entry (CE) via phone or in person at the One Roof (OR) office, which is centrally located on a bus line in Birmingham, AL in a former indigent hospital serving as a de facto One Stop center. Clients may also access CE through street outreach & shelter outreach efforts. With the help of a partner agency, Disability Rights & Resources, CE is accessible to anyone with disabilities. Additional access points exist in more rural areas of the CoC, & are available by phone or in person.

2. OR distributes materials to organizations/agencies serving these populations including Youth/Queer Youth, Veterans, Violence (Sexual, Domestic, Stalking) Victims & Families, etc. Materials are distributed to places a person experiencing homelessness might hang out – convenience stores, libraries, hospitals, etc. Individuals & families can access CA via phone in person or with street outreach. If a client is unwilling or unable to call and/or is unwilling or unable to come to the One Roof office, street outreach will meet them at a neutral safe location.

3. To measure vulnerability to housing instability, One Roof utilizes VI-SPDAT for individuals, VI-FSPDAT for families, and TAY-VI-SPDAT for youth 18-24. CoC prioritizes CH individuals & families for PH and PSH. When client completes CE, they are prioritized based on HUD Notice CPD-16-011 & their VI-SPDAT score. One Roof maintains a single prioritized list for referrals to CoC funded programs, which is created through the CE process & CoC Priority Ranking. This list is updated frequently & informed by the CoC’s street outreach. Client data for waitlist clients is self-reported and/or from HMIS & street outreach. Once a resource is available, the CE team makes the appropriate referral for the next eligible client on top of the waiting list.

4. CE follows up on all referrals to ascertain timely housing & HMIS and CE regularly review housing move-in date data by agency to identify areas for improvement.

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
--	-----

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

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

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

**(limit 2,000 characters)**

a. We hosted a workshop for our own staff on racial equity and how to improve as an agency. This was staffed by a leading expert on race relations. Multiple small actions were implemented immediately, and a plan for ongoing changes

was developed.

b. One Roof examined and has successfully changed our hiring process to attract a more diverse applicant pool thereby increasing the diversity within our own organization. We are doing the same change in recruiting new Governing Board membership. Both the staff and board diversity was good, but is getting better with this intentional focus. One Roof believes that equity, diversity and inclusion must be reflected in our own "house" in order to serve our clients with a lens of equity.

c. the CoC has scheduled an intensive, day-long training on the intersection of race and homelessness. The training will be conducted by leading experts on diversity, equity, and inclusion, and participants of the training will be provided concrete strategies for analyzing their outcome data through an equity lens and strategies for improving their provision of care. All CoC and ESG recipients and subrecipients will be required to attend. Training to take place in February 2022, with follow up trainings on this topic conducted at least annually.

<b>1C-16.</b>	<b>Persons with Lived Experience—Active CoC Participation.</b>	
	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.	15	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	5	1
3.	Participate on CoC committees, subcommittees, or workgroups.	7	1
4.	Included in the decisionmaking processes related to addressing homelessness.	3	1
5.	Included in the development or revision of your CoC's local competition rating factors.	2	0

<b>1C-17.</b>	<b>Promoting Volunteerism and Community Service.</b>	
	NOFO Section VII.B.1.r.	

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	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.	<b>The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).</b>	Yes
5.	<b>Provider organizations within the CoC have incentives for employment and/or volunteerism.</b>	Yes
6.	<b>Other:(limit 500 characters)</b>	

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

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/08/2021
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.	09/29/2021

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

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

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

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

NOFO Section VII.B.2.d.

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

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

**(limit 2,000 characters)**

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

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

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.	
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NOFO Section VII.B.2.f.

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

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

1.	<b>Did your CoC reject or reduce any project application(s)?</b>	Yes
2.	<b>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.</b>	10/26/2021

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

<b>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.</b>	10/26/2021
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1E-6.	<b>Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.2.g.	

<b>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.</b>	11/12/2021
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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](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

<b>2A-1.</b>	<b>HMIS Vendor.</b>	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky Community Services
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<b>2A-2.</b>	<b>HMIS Implementation Coverage Area.</b>	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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<b>2A-3.</b>	<b>HIC Data Submission in HDX.</b>	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021
---	------------

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

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

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

**(limit 2,000 characters)**

1. The CoC communicates regularly with victim service providers to ensure they are collecting HUD required data elements in a program that meets HUDs standards for comparable databases, and that they are submitting required APR data to funders. we have also participated in HMIS data collection standards training with the state DV coalition.
2. All VSPs are asked by the CoC to submit SPM data.

<b>2A-5.</b>	<b>Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.</b>	
	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	400	27	365	97.86%
2. Safe Haven (SH) beds	34	0	34	100.00%
3. Transitional Housing (TH) beds	205	10	107	54.87%
4. Rapid Re-Housing (RRH) beds	251	0	251	100.00%
5. Permanent Supportive Housing	1,690	0	1,690	100.00%
6. Other Permanent Housing (OPH)	32	0	32	100.00%

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

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

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

**(limit 2,000 characters)**

1. TH is currently 54.87%. The CoC will continue to try to get several large TH providers to start utilizing HMIS.
2. Two large TH programs who are not participating in HMIS have recently transitioned to substance abuse treatment only and will no longer serve primarily homeless individuals. This will increase the TH bed coverage over 85& for the 2022 HIC.

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

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	100.00%
---	---------

<b>2A-5b.1.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.</b>	
	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)**

N/A

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

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

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

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

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

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



## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](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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<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	NOFO Section VII.B.5.b.	

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

**(limit 2,000 characters)**

1. a.CoC reviews HMIS data from ESG Prevention providers and consults with these and non-CoC-funded providers like faith-based benevolence groups to measure the most requested assistance. One Roof has done evaluation of Coordinated Entry (CE) data to see if any links between need and eventual homelessness do exist for our community since predicting homelessness is almost impossible, even in people with multiple "risk factors" and multi-generational poverty. No links have been identified yet, b.We will continue to encourage the faith/ benevolence community to participate in CA to bolster the amount of data we have.

2. Through CE, One Roof is strengthening both our Prevention and Diversion strategies by using a community-developed vulnerability tool for prevention and then providing appropriate current information on any available mainstream/faith-based/other community/pro bono legal resources and affordable housing opportunities. (LOTS of DIVERSION) One Roof continues to publicize (to relevant providers such as the faith/ benevolence community, 211, and PHA's) CE as related to the informed referrals that are made after true vulnerability assessment. The CoC first time homeless decreased by 426 people, going from 2514 reported in 2019 to the FY2021 number of 1671.

3. One Roof, the CoC organization, is responsible for overseeing the CoC strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

<b>2C-2.</b>	<b>Length of Time Homeless—Strategy to Reduce.</b>	
	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. a.The CoC has added additional points value to this SPM to increase a housing provider's understanding of the importance of housing individuals and persons in families rather than letting them stay in ES or TH. b.The CoC has scheduled a required intensive 2-day training/ retraining all housing providers on Housing First to increase housing provider understanding that lack of "housing readiness" should keep a client in ES or TH. c. The CoC has requested HUD bonus funding to add a Housing Navigator to the CE team. d. The CoC continues to advocate for the development of safe, decent and affordable housing so that housing stock is available to move clients quickly from homeless to housed.

2. The CoC identifies and prioritizes through the use of standardized tools in CE those families and individuals with the longest lengths of time homeless (LOTH). The CoC Street Outreach works to develop relationships with street clients with the longest LOTH so those clients will even participate in CE.

3. One Roof is responsible for overseeing this CoC strategy.

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

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

1a. Lack of an ID lengthens time homeless/temporarily housed in this CoC. ID is not required by CoC members, but it is required by landlords. One Roof/CoC has increased our assistance to clients who need ID so that moving to PH will not be delayed. b. One Roof street outreach noted that because transportation access is lacking in our area, clients have difficulty traveling to look for housing after being accepted into a RRH program, and they would be dropped from the program or lose interest because they couldn't find housing. One Roof was funded by a private foundation for funding for 60 days of bus passes for clients moving from outreach to permanent housing. That funding came at the beginning of the COVID shut-down. Public transportation was unavailable initially, and then was made free so we didn't access that funding. We will evaluate program success at the end of the assistance. c. One Roof successfully lobbied our largest PHA to accept applications at a central location rather than requiring application in each of the communities a client wished to live. One Roof will continue to develop partnerships with non-federally funded entities that can pay various utilities, fines, and other monetary barriers that keep clients from signing leases on PH.

2. a. All CoC programs try to make certain clients have the right supportive services to succeed in PH including ties to the community, mainstream benefits, income, and encourage graduates to call for help before returning to homelessness if they have a crisis. c. CA's efforts to divert clients from returning to homelessness have increased, along with the expansion of our knowledge of community resources, regardless of funding stream (i.e. mission based and pro bono efforts). d. The CoC has prioritized ESG prevention funds to formerly homeless clients to help prevent homelessness return.

<b>2C-4.</b>	<b>Returns to Homelessness–CoC’s Strategy to Reduce Rate.</b>	
	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)**

<b>2C-5.</b>	<b>Increasing Employment Cash Income-Strategy.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:

- |    |  |
|----|--|
| 1. | your CoC’s strategy to increase employment income;   |
| 2. | how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and               |
| 3. | provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment. |

**(limit 2,000 characters)**

<b>2C-5a.</b>	<b>Increasing Employment Cash Income–Workforce Development–Education–Training.</b>	
	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)**

<b>2C-5b.</b>	<b>Increasing Non-employment Cash Income.</b>	
	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)**

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

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

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

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

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

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

1.	Private organizations	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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Safe ARMS	PSH	3	Healthcare

### **3A-3. List of Projects.**

**1. What is the name of the new project?** Safe ARMS

**2. Select the new project type:** PSH

**3. Enter the rank number of the project on your CoC's Priority Listing:** 3

**4. Select the type of leverage:** Healthcare

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

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

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- 24 CFR part 578

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

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- |    |   |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and   |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

**(limit 2,000 characters)**

N/A



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

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

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- 24 CFR part 578

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

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

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

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

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

**(limit 2,000 characters)**

N/A

## 4A. DV Bonus Application

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

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- 24 CFR part 578

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
<b>Applicant Name</b>	
This list contains no items	

## 4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/12/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes		
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/11/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting-Pr...	11/11/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting–Pr...	11/11/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/11/2021
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** CE Assessment Tool

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Project Review and Selection Process

## **Attachment Details**

**Document Description:** Public Posting-Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** Public Posting–Projects Accepted

## **Attachment Details**

**Document Description:** Certification All Jurisdictions

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Healthcare Formal Agreements

## **Attachment Details**

**Document Description:**

Coordinated  
Entry  
Assessments  
For Housing  
and  
Prevention



Provider selected it may cause the Assessments to adjust for the new Provider's Entry/Exit Assessment defaults. Any information saved to the previous Assessment will still be attached to that Assessment record for the Client.

AL500 - One Roof -  
Coordinated Assessment  
(CA) (CoC) (RPT) (3719)

HUD

Associated with this Entry / Exit

Head of Household	Project Start Date	Exit Date	Interims	Follow Ups	Reason for Leaving	Destination	Notes
	11/11/2021		E	E			

Showing 1-1 of 1

Assessment

- One Roof HP Triage (2020)
- One Roof Coordinated Entry (2020 Updated)
- One Roof COVID 19 Vaccine Assessment
- Assessment Entry (2020)
- Assessment Entry (2020)

One Roof Coordinated Entry (2022)

Entry Date: 11/11/2021 04:35:05 PM

**CLIENT CONTACT INFORMATION (Complete for Head of Household)**

Client Point of Contact  
 Do you have a reliable phone?  
 If not, do you need phone access through One Roof?  
 Phone Number

**Emergency Contacts**

Contact's Name	Preferred Phone Number	Second Phone Number	Relationship to Client
No matches.			

**DEMOGRAPHIC INFORMATION (Complete for ALL household members, including children)**

Relationship to Head of Household  
 Current ZIP  
 Current State  
 Current City  
 Current County  
 Client Location CoC Code

**HOMELESSNESS HISTORY (Complete for Head of Household and Adults)**

Prior Living Situation  
 Length of Stay in Previous Place

*Make sure to get a detailed history of where the client has been sleeping in the last 3 years. Also indicate which agencies and programs you have referred the client to.*

Describe current housing status, including: events leading to current crisis, detailed information on current housing location/ time spent in location, unmet needs related to housing, barriers to stabilization, and any other details reported by client.



**CURRENT LIVING SITUATION (ESG and RHY Street Outreach, Coordinated Entry, All PATH projects-Complete for Head of Household)**

**Current Living Situation**

Start Date *	End Date	Information Date	Current Living Situation
No matches.			

**HOUSING HISTORY (For RRH and PSH only. Complete for Head of Household)**

**Housing Move-In Date updated by PSH and RRH projects only, and only for Head of Household!**

In Permanent Housing?

**Housing Move-in Date**

Are you currently behind on one or more utility bills?

Do you currently have any rental arrears?

Do you have any previous evictions?

**DISABLING CONDITIONS INFORMATION (Complete for ALL household members, including children)**

Does the client have a disabling condition?  No (HUD)

**Disabilities** HUD Verification

Disability Type	Disability determination	Start Date *
Mental Health Disorder (HUD)	No (HUD)	11/02/2021
Physical (HUD)	No (HUD)	08/17/2021
HIV/AIDS (HUD)	No (HUD)	08/17/2021
Drug Use Disorder (HUD)	No (HUD)	08/17/2021
Developmental (HUD)	No (HUD)	08/17/2021

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**Are any of the client's above-listed disabilities expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently? (Hover over question to view permitted disabilities)**

Does the client have documentation of the disability?

Notes regarding disabilities and documentation:

**HEALTH INSURANCE INFORMATION (Complete for ALL household members, including children)**

Covered by Health Insurance  Yes (HUD)

**Health Insurance** HUD Verification

Start Date *	Health Insurance Type	Covered?	End Date
09/20/2021	MEDICAID	Yes	
08/17/2021	Other	No	
08/17/2021	Indian Health Services Program	No	
08/17/2021	State Health Insurance for Adults	No	
08/17/2021	Health Insurance obtained through COBRA	No	

Showing 1-5 of 11

If 65 or older, do you receive Medicare?

**INCOME INFORMATION (Complete for head of household and any adults)**

**Income from Any Source**  Yes (HUD)

**Monthly Income**

HUD Verification

Monthly Amount	Source of Income *	Receiving Income Source?	Start Date *	End Date
US\$850.00	SSDI (HUD)	Yes	11/02/2021	11/09/2021
US\$1,050.00	SSDI (HUD)	Yes	09/20/2021	
	SSI (HUD)	No	08/18/2021	
	Earned Income (HUD)	No	08/18/2021	
	VA Service Connected Disability Compensation (HUD)	No	08/17/2021	

Showing 1-5 of 19

Click the VIEW GROSS INCOME button above to verify the correct amount.

**Total Monthly Income**

Percentage of AMI

**NON-CASH BENEFITS INFORMATION (Complete for head of household and any adults)**

**Non-cash benefit from any source**  Yes (HUD)

**Non-Cash Benefits**

HUD Verification

Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?	Start Date *	End Date
US\$196.00	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	Yes	11/02/2021	
US\$182.00	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	Yes	09/20/2021	11/01/2021
US\$75.00	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	Yes	01/01/2021	09/19/2021
	TANF Transportation Services (HUD)	No	08/17/2021	
	Special Supplemental Nutrition Program for WIC (HUD)	No	08/17/2021	

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**DOMESTIC VIOLENCE HISTORY (Complete for Head of Household and any Adults in household, regardless of gender)**

**Domestic Violence Victim/Survivor**

If yes for Domestic violence victim/survivor, when experience occurred

If yes for Domestic Violence Victim/Survivor, are you currently fleeing?

**VETERAN INFORMATION (Complete for all Veterans)**

U.S. Military Veteran? (Moved to Profile)

If the client is a veteran, military branch?

If the client is a veteran, discharge type?

Did you have active duty other than training?

If yes, have you ever received any assistance with SSVF?

Have you ever used VA Hospital Services?

Do you have any military documentation?

Veteran Documentation Notes:

**FAMILY INFORMATION (Complete for Head of Household)**

What is your current household type?
How many children (under 18) are in the household?
What are the ages and genders of children?
If children are involved, what kind of custody does the client have?

**YOUTH INFORMATION (Complete for all Head of Household age 18-24)**

Is the client a youth?
<b>Sexual Orientation</b>
Formerly a Ward of Child Welfare/Foster Care Agency
Formerly a Ward of Juvenile Justice System
Age at exit of Child Welfare/Foster Care Agency/ DHR

**ADDITIONAL INFORMATION (Complete for Head of Household)**

Is client in need of any legal assistance?
Have you ever been convicted of a crime?
Current or prior probation or parole?
Is client a convicted sex offender?

**STREET OUTREACH PROGRAMS ONLY-ESG, RHY, and PATH (Complete for head of household)**

<b>Date of Engagement</b>
Outreach Type

**VERIFICATION OF HOMELESSNESS (Complete for Head of Household only.)**

Has this client's current homelessness been verified?
If no, does this client need a TPV form?
If yes, has this TPV form been verified by One Roof worker?

**COORDINATED ENTRY SECTION (Complete for Head of Household Only.)**

Is the client a prioritized population?
Which agency sent this client to Coordinated Assessment?
If other, which agency?
Referral Ranking

**BARRIERS TO HOUSING (Complete for Head of Household)**

What is your biggest barrier to getting into housing?

Identification
Employment
Disability Benefits
Legal Issues
Credit History
Criminal History
Affordable Housing
Transportation
Health
Other:

**COORDINATED ENTRY ASSESSMENT (Complete for head of household)**

**Coordinated Entry Assessment**

Date of Assessment	* End Date	Assessment Location	Assessment Type	Assessment Level	Prioritization Status
No matches.					

**COORDINATED ENTRY EVENT (Complete for head of household)**

**Coordinated Entry Event**

Start Date *	Date of Event *	Event *	Referral Result	Date of Result
No matches.				

**SPDAT SECTION (Complete for Head of Household)**

If client is a Single Individual, 25 years of age or older, or the client is part of an Adult Only family (Head of Household is 25 years of age or older, and all members of the family are 18 years of age or older), use this sub-assessment.

**VI-SPDAT for Individuals**

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
No matches.						

If client is part of an Adult/Child family (Head of Household is 18 years of age or older, and at least one child is under the age of 18), use this sub-assessment.

**VI-SPDAT for Families**

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL
No matches.							

If client is an Unaccompanied Youth (24 years of age or under), or if Household is a Parenting Youth household, use this sub-assessment.

**VI-SPDAT for Youth**

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
No matches.						

**Bus Passes**

Start Date *	End Date
No matches.	



### Assessment Print Details

**Call Record ID:** 102904  
**Client:** This Call Record has not been linked with a Client Record.  
**Assessment Name:** One Roof ESG-CV HP Coordinated Assessment Entry (2020)  
**Answer Data as of:** 11/11/2021 04:33 PM  
**Printed On:** 11/11/2021 04:33 PM  
**Provider:** AL500 - One Roof - Coordinated Assessment (CA) (CoC) (RPT) (3719)

### One Roof ESG-CV HP Coordinated Assessment Entry (2020)

#### Basic Information

Referred by:  
**Date of Birth**  
 Date of Birth Type  
 Phone Number  
 What is your housing situation?  
 Where did you stay last night?  
 Are you currently safe where you are staying? -Select-

**If the answer is NO, STOP. Refer to the YWCA Crisis Line (205)322-4878.**

#### Current Living Situation

Start Date *	End Date	Information Date	Current Living Situation
--------------	----------	------------------	--------------------------

What is your address?  
**Click here to use ARC GIS to look up address. If client is not in Jefferson County consortium, STOP. The household does not qualify for assistance; refer to appropriate county access point.** -Select-  
 How many people are in the household?  
 Are there any children in the household? -Select-  
 If yes, what are the ages of the children?  
 Is anyone in the household a Veteran? -Select-  
 If the client is a veteran, military branch?  
 If the client is a veteran, discharge type?  
 If yes, what is the military discharge type?  
 Does anyone in the household have a disabling condition

or have had a recent hospitalization or serious illness?

**History of Homelessness**

In the last three years, have you experienced an episode of homelessness where you stayed in a shelter or a place not meant for habitation?

-Select-

If so, when and where?

**Housing Status**

Do you rent your home?

-Select-

Is the lease under your name?

-Select-

Do you receive rental assistance?

-Select-

If yes, which type of assistance?

If yes, do you have a utility disconnect notice?

-Select-

If so, what is the amount owed?

If yes to rental assistance, do you receive a utility allowance or utility check?

-Select-

If yes, how much a month?

Have you received an eviction notice?

-Select-

If no, will you have to leave within 14 days?

-Select-

**If NO, STOP. The household does not qualify for assistance.**

If yes to eviction notice, is it from the court or landlord?

What is the eviction type?

Have you spoken to your landlord to see if they would do a payment arrangement with you?

-Select-

If yes, explain situation:

Have you sought legal counsel?

-Select-

**If no, provide referral to legal assistance and continue assessment.**

Have you already been to court?

-Select-

What is your monthly cost of rent?

What is the amount of rent owed?

**Fair Market Rent**

Refer to HUD FY2021 Small Area for Fair Market Rent Tool

How many bedrooms?

Does the household fall under the Fair Market Rate chart?

-Select-

**If household is above FMR, STOP. The household does not qualify for services.**

**Income**

What is the monthly gross income within the last 30 days for the entire household?

What is your source of income?

Has there been a sudden loss of income due to COVID? -Select-

If yes, describe the situation:

If \$0 income, will the household have income in the next 2 months? -Select-

If yes, what will be the source of income?

**Refer to HUD FY2021 Small Area for Average Median Income Tool**

Is the households' monthly gross income (for all adults in household) below 80% of AMI? -Select-

**If household is above income level STOP, the household does not qualify for services. If the household has \$0, with no likelihood of having an income in the next 2 months, STOP. The household does not qualify for assistance.**

**Adequate Support**

Do you have other support networks such as family or friends that you could temporarily relocate to safe housing to avoid being homeless? -Select-

**If the answer is YES, STOP. The household does not qualify for assistance.**

If no, please explain:

Do you have other income resources or assets that you could use to avoid being homeless? -Select-

**If the answer is YES, STOP. The household does not qualify for assistance.**

If no, please explain:

If you are not eligible for services, will the household become homeless living on the streets or in a shelter? -Select-

**If the answer is NO to either questions, STOP. The household does not qualify for assistance.**

What will you do if you are not eligible for services?

**Housing Status (Retired)**

**Prescreening Qualification**

1. The household is a resident of Jefferson County. -Select-

2. The household will immediately lose primary residence within 21 days. -Select-

3. The household falls under the Fair Market Rate chart. -Select-

4. The households' monthly gross income is below 80% of the current year's AMI. -Select-

5. The household has an adequate plan to regain housing stability. -Select-

6. The household has no appropriate subsequent housing options identified. -Select-

7. The household lacks the financial resources and support networks needed to obtain immediate housing or remain in existing housing. -Select-

**8. Priority Criteria**



Has the household been previously homeless? -Select-

**OR**

Does the household meet at least one of the local priority criteria?

Youth (18 - 24)? -Select-

Family and/or pregnant? -Select-

Veteran in household (not eligible for other Veteran specific assistance)? -Select-

Economic hardship? -Select-

*If YES to all prescreening qualification questions, plus at least one of the local priority criteria, the household should be scheduled for an intake appointment to determine if they are eligible for the program.*

**If NO to any prescreening qualification questions, indicate which qualification was not fulfilled?**

**Universal Data Information (collected for all clients)**

**Primary Race**

**Secondary Race**

**Ethnicity**

**Gender**

**Does the client have a disabling condition?**

**Disabilities**

Disability Type	Disability determination	Start Date *

**COVID-19 Status**

COVID-19 Status Start Date *	Symptoms consistent with COVID-19 (fever, cough, shortness of breath)	COVID-19 Confirmed by Test

**Relationship to Head of Household**

**Client Location CoC Code**

**Prior Living Situation**

**Length of Stay in Previous Place**

Did you stay less than 90 days?

Did you stay less than 7 nights?

On the night before did you stay on the streets, ES or SH?

**Approximate date homelessness started:**

Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today

Total number of months homeless on the street, in ES or SH in the past three years

**Non-cash benefit from any source**

**Non-Cash Benefits**

Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?	Start Date *	End Date

**Income from Any Source**

**Monthly Income**

Monthly Amount	Source of Income *	Receiving Income Source?	Start Date *	End Date

**Covered by Health Insurance**

**Health Insurance**

Start Date *	Health Insurance Type	Covered?	End Date

**Coordinated Entry Assessment**

Date of Assessment *	End Date	Assessment Location	Assessment Type	Assessment Level	Prioritization Status

**Coordinated Entry Event**

Start Date *	Date of Event *	Event *	Referral Result	Date of Result

Date \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Case Manager Signature \_\_\_\_\_



### Assessment Print Details

**Call Record ID:** 102904  
**Client:** This Call Record has not been linked with a Client Record.  
**Assessment Name:** One Roof ESG HP Coordinated Assessment Entry (2020)  
**Answer Data as of:** 11/11/2021 04:33 PM  
**Printed On:** 11/11/2021 04:33 PM  
**Provider:** AL500 - One Roof - Coordinated Assessment (CA) (CoC) (RPT) (3719)

### One Roof ESG HP Coordinated Assessment Entry (2020)

#### Basic Information

Referred by:

**Date of Birth**

Date of Birth Type

Phone Number

What is your housing situation?

Where did you stay last night?

Are you currently safe where you are staying? -Select-

***If the answer is NO, STOP. Refer to the YWCA Crisis Line (205)322-4878.***

#### Current Living Situation

Start Date *	End Date	Information Date	Current Living Situation
--------------	----------	------------------	--------------------------

What is your address?

***Look up address on City of Birmingham website. If client is not in Birmingham City, STOP. The household does not qualify for assistance; refer to the appropriate county access point.***

How many people are in the household?

Are there any children in the household? -Select-

If yes, what are the ages of the children?

Is anyone in the household a Veteran? -Select-

If the client is a veteran, military branch?

If the client is a veteran, discharge type?

If yes, what is the military discharge type?

Does anyone in the household have a disabling condition or have had a recent hospitalization or serious illness?

#### History of Homelessness

In the last three years, have you experienced an episode of homelessness where you stayed in a shelter or a place not meant for habitation? -Select-

If so, when and where?

**Housing Status**

Do you rent your home? -Select-

Is the lease under your name? -Select-

Do you receive rental assistance? -Select-

If yes, which type of assistance?

If yes, do you have a utility disconnect notice? -Select-

If so, what is the amount owed?

If yes to rental assistance, do you receive a utility allowance or utility check? -Select-

If yes, how much a month?

Have you received an eviction notice? -Select-

If no, will you have to leave within 14 days? -Select-

**If NO, STOP. The household does not qualify for assistance.**

If yes to eviction notice, is it from the court or landlord?

What is the eviction type?

Have you spoken to your landlord to see if they would do a payment arrangement with you? -Select-

If yes, explain situation:

Have you sought legal counsel? -Select-

**If no, provide referral to legal assistance and continue assessment.**

Have you already been to court? -Select-

What is your monthly cost of rent?

What is the amount of rent owed?

**Fair Market Rent**

**Refer to ESG Prevention Assessment Chart for Fair Market Rent Tool**

How many bedrooms?

Does the household fall under the Fair Market Rate chart? -Select-

**If household is above FMR, STOP. The household does not qualify for services.**

**Income**

What is the monthly gross income within the last 30 days for the entire household?

What is your source of income?

Has there been a sudden loss of income within the last 90 days? -Select-

If yes, describe the situation:

If \$0 income, will the household have income in the next 3 months? -Select-

If yes, what will be the source of income?

**Refer to ESG Prevention Assessment Chart for Average Median Income Tool**

Is the households' monthly gross income (for all adults in household) below 30% of AMI? -Select-

***If household is above income level STOP, the household does not qualify for services. If the household has \$0, with no likelihood of having an income in the next 3 months, STOP. The household does not qualify for assistance.***

**Adequate Support**

Do you have other support networks such as family or friends that you could temporarily relocate to safe housing to avoid being homeless? -Select-

***If the answer is YES, STOP. The household does not qualify for assistance.***

If no, please explain:

Do you have other income resources or assets that you could use to avoid being homeless? -Select-

***If the answer is YES, STOP. The household does not qualify for assistance.***

If no, please explain:

If you are not eligible for services, will the household become homeless living on the streets or in a shelter? -Select-

***If the answer is NO to either questions, STOP. The household does not qualify for assistance.***

What will you do if you are not eligible for services?

**Housing Status (Retired)**

**Prescreening Qualification**

1. The household is a resident of Birmingham City. -Select-

2. The household will immediately lose primary residence within 14 days. -Select-

3. The household falls under the Fair Market Rate chart. -Select-

4. The households' monthly gross income is below 30% of the current year's AMI. -Select-

5. The household has an adequate plan to regain housing stability. -Select-

6. The household has no appropriate subsequent housing options identified. -Select-

7. The household lacks the financial resources and support networks needed to obtain immediate housing or remain in existing housing. -Select-

**8. Priority Criteria**

Has the household been previously homeless? -Select-

**OR**

Does the household meet at least one of the local priority criteria?

Youth (18 - 24)? -Select-

Family and/or pregnant? -Select-

Veteran in household (not eligible for other Veteran specific assistance)? -Select-

Economic hardship? -Select-

*If YES to all prescreening qualification questions, plus at least one of the local priority criteria, the household should be scheduled for an intake appointment to determine if they are eligible for the program.*

**If NO to any prescreening qualification questions, indicate which qualification was not fulfilled?**

**Universal Data Information (collected for all clients)**

Primary Race

Secondary Race

Ethnicity

Gender

**Does the client have a disabling condition?**

**Disabilities**

Disability Type	Disability determination	Start Date *

**COVID-19 Status**

COVID-19 Status Start Date *	Symptoms consistent with COVID-19 (fever, cough, shortness of breath)	COVID-19 Confirmed by Test

**Relationship to Head of Household**

**Client Location CoC Code**

**Prior Living Situation**

**Length of Stay in Previous Place**

Did you stay less than 90 days?

Did you stay less than 7 nights?

On the night before did you stay on the streets, ES or SH?

**Approximate date homelessness started:**

Regardless of where they stayed last night - Number of

times the client has been on the streets, in ES, or SH in the past three years including today

Total number of months homeless on the street, in ES or SH in the past three years

**Non-cash benefit from any source**

**Non-Cash Benefits**

Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?	Start Date *	End Date

**Income from Any Source**

**Monthly Income**

Monthly Amount	Source of Income *	Receiving Income Source?	Start Date *	End Date

**Covered by Health Insurance**

**Health Insurance**

Start Date *	Health Insurance Type	Covered?	End Date

**Coordinated Entry Assessment**

Date of Assessment *	End Date	Assessment Location	Assessment Type	Assessment Level	Prioritization Status

**Coordinated Entry Event**

Start Date *	Date of Event *	Event *	Referral Result	Date of Result

Date \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Case Manager Signature \_\_\_\_\_





Coordinated  
Entry  
Assessments  
For  
Prioritization



## VI-SPDAT Version 2

- A. History of Housing and Homelessness
1. **Where do you sleep most frequently?**  
(choose one - shelters, transitional housing, safe haven, outdoors, other, refused)  
(If other, please specify \_\_\_\_\_)
  2. **How long has it been since you lived in permanent stable housing?**  
(currently in stable housing, less than 1 year, one year or more, refused)
  3. **In the last three years, how many times have you been homeless?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)
- B. Risks
4. **In the past six months, how many times have you...**
    - a. **Received health care at an emergency department/room?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)
    - b. **Taken an ambulance to the hospital?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)
    - c. **Been hospitalized as an inpatient?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)
    - d. **Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, 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?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, 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?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)
  5. **Have you been attacked or beaten up since you've become homeless?** (yes, no, refused)
  6. **Have you threatened to or tried to harm yourself or anyone else in the last year?** (yes, no, refused)
  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?** (yes, no, refused)
  8. **Does anybody force or trick you to do things that you do not want to do?** (yes, no, 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?** (yes, no, refused)
- 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?** (yes, no, 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?** (yes, no, refused)
12. **Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?**  
(yes, no, refused)
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?** (yes, no, refused)
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 cause you to become evicted?** (yes, no, refused)

**D. Wellness**

15. **Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?** (yes, no, refused)
16. **Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?**  
(yes, no, 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?** (yes, no, 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?** (yes, no, refused)
19. **When you are sick or not feeling well, do you avoid getting help?** (yes, no, refused)
20. **FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?** (yes, no, N/A or refused)
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?** (yes, no, refused)
22. **Will drinking or drug use make it difficult for you to stay housed or afford your housing?**  
(yes, no, refused)
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?** (yes, no, refused)
  - b. **A past head injury?** (yes, no, refused)
  - c. **A learning disability, developmental disability, or other impairment?** (yes, no, 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?** (yes, no, refused)
25. **Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?** (yes, no, refused)
26. **Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?** (yes, no, refused)
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?** (yes, no, refused)

## TAY-VI-SPDAT Version 1

### E. History of Housing and Homelessness

**17. Where do you sleep most frequently?**

(choose one - shelters, transitional housing, safe haven, couch surfing, outdoors, other, refused)

(If other, please specify \_\_\_\_\_)

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

(currently in stable housing, less than 1 year, one year or more, refused)

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

(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)

### F. Risks

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

a. **Received health care at an emergency department/room?**

(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)

b. **Taken an ambulance to the hospital?**

(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)

c. **Been hospitalized as an inpatient?**

(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)

d. **Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?**

(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, 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?**

(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, 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?**

(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)

**21. Have you been attacked or beaten up since you've become homeless?** (yes, no, refused)

**22. Have you threatened to or tried to harm yourself or anyone else in the last year?** (yes, no, refused)

**23. 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?** (yes, no, refused)

**24. Were you ever incarcerated when you were younger than age 18?** (yes, no, refused)

**25. Does anybody force or trick you to do things that you do not want to do?** (yes, no, refused)

**26. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle or anything like that?** (yes, no, refused)

### G. Socialization & Daily Functioning

27. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? (yes, no, refused)
28. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? (yes, no, refused)
29. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  
(yes, no, refused)
30. 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? (yes, no, refused)
31. Is your current lack of stable housing...
  - a. Because you ran away from your family home, a group home or a foster home?  
(yes, no, refused)
  - b. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? (yes, no, refused)
  - c. Because your family or friends caused you to become homeless? (yes, no, refused)
  - d. Because of conflicts around gender identity or sexual orientation? (yes, no, refused)
  - e. Because of violence at home between family members? (yes, no, refused)
  - f. Because of an unhealthy or abusive relationship, either at home or elsewhere?  
(yes, no, refused)

#### H. Wellness

32. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? (yes, no, refused)
33. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  
(yes, no, refused)
34. 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? (yes, no, refused)
35. 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? (yes, no, refused)
36. When you are sick or not feeling well, do you avoid getting help? (yes, no, refused)
37. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? (yes, no, or refused)
38. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? (yes, no, refused)
39. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  
(yes, no, refused)
40. If you've ever tried marijuana, did you ever try it at age 12 or younger? (yes, no, refused)
41. 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? (yes, no, refused)
  - b. A past head injury? (yes, no, refused)

- c. A learning disability, developmental disability, or other impairment? (yes, no, refused)
- 42. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? (yes, no, refused)
- 43. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? (yes, no, refused)
- 44. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? (yes, no, refused)

## VI-FSPDAT Version 2

### Basic Information

- 1. Is either head of household 60 years of age or older? (yes, no, refused)
- 2. How many parents are included in this family? (0, 1, 2, 3 or more, refused)

### Children

- 1. How many children under the age of 18 are currently with you? (0, 1, 2, 3 or more, refused)
- 2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? (0, 1, 2, 3 or more, refused)
- 3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? (yes, no, refused)
- 4. If your family includes children, are any of them...
  - a. ages 6 or younger? (yes, no, refused)
  - b. ages 11 or younger? (yes, no, refused)
  - c. You may use this area to provide a list of children's names and ages:
- A. History of Housing and Homelessness
- 5. Where do you and your family sleep most frequently?  
(choose one - shelters, transitional housing, safe haven, outdoors, other, refused)  
(If other, please specify \_\_\_\_\_)
- 6. How long has it been since you and your family lived in permanent stable housing?  
(currently in stable housing, less than 1 year, one year or more, refused)
- 7. In the last three years, how many times have you and your family been homeless?  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)

### B. Risks

- 8. In the past six months, how many times have you or anyone in your family...
  - a. Received health care at an emergency department/room?  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)



- b. **Taken an ambulance to the hospital?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)
  - c. **Been hospitalized as an inpatient?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)
  - d. **Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, 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?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, 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?**  
(0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, greater than 10, refused)
9. **Have you or anyone in your family been attacked or beaten up since they've become homeless?** (yes, no, refused)
10. **Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?** (yes, no, refused)
11. **Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?** (yes, no, refused)
12. **Does anybody force or trick you or anyone in your family to do things that you do not want to do?** (yes, no, refused)
13. **Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle or anything like that?** (yes, no, refused)

#### C. Socialization & Daily Functioning

14. **Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?** (yes, no, refused)
15. **Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?** (yes, no, refused)
16. **Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?**(yes, no, refused)
17. **Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?** (yes, no, refused)
18. **Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends cause your family to become evicted?** (yes, no, refused)

#### D. Wellness

19. **Has your family ever had to leave an apartment, shelter program, or other place you were staying because of your physical health of you or anyone in your family?** (yes, no, refused)
20. **Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?** (yes, no, refused)
21. **If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?** (yes, no, refused)

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? (yes, no, refused)

23. When someone in your family is sick or not feeling well, does your family avoid getting help? (yes, no, refused)

FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? (yes, no, N/A or refused)

*Question not on FSPDAT at this spot*

24. Has drinking or drug use by anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? (yes, no, refused)

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? (yes, no, refused)

(yes, no, refused)

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

a. A mental health issue or concern? (yes, no, refused)

b. A past head injury? (yes, no, refused)

c. A learning disability, developmental disability, or other impairment? (yes, no, refused)

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? (yes, no, refused)

28. If the family answered Yes to ANY Physical Health questions 19 through 23, AND Yes to ANY Substance Use questions 24 through 25, AND Yes to ANY Mental Health questions 26 through 27:

a. Does any single member of your household have a medical condition, mental health concern, and experience with problematic substance use? (yes, no, N/A or refused)

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? (yes, no, refused)

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? (yes, no, refused)

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? (yes, no, refused)

#### E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? (yes, no, refused)

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? (yes, no, refused)

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? (yes, no, refused)

35. Has any child in the family experienced abuse or trauma in the last 180 days? (yes, no, refused)

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? (yes, no, N/A or refused)

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? (yes, no, refused)

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? (yes, no, refused)

39. Do you have two or more planned activities each week as a family, such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? (yes, no, refused)

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a. 3 or more hours per day for children aged 13 or older? (yes, no, refused)

b. 2 or more hours per day for children aged 12 or younger? (yes, no, refused)

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:

a. Do your older kids spend 2 or more hours on a typical day helping their younger siblings(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? (yes, no, N/A or refused)

**NAVIGATION**

- Customize Threshold Requirements
- Filter Rating Factors
- Customize Renewal/Expansion Project Rating Tool
- Customize New Project Rating Tool

**CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS**

- CoC Threshold Requirements** *(Delete the X in the box next to any requirements you do not wish to include.)*
- Coordinated Entry Participation
  - Housing First and/or Low Barrier Implementation
  - Project has reasonable costs per permanent housing exit, as defined locally
  - Applicant is active CoC participant and membership is current
  - Acceptable organizational audit/financial review
  - Bed/unit utilization rate at or above 90%
  - Project is financially feasible
  - Documented, secured minimum match
  - Application is complete and data are consistent

**FILTER RATING FACTORS**

Select project type to edit

*Using these drop-down menus, select which rating factors to show and customize*

Select special population

**CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL**

*Delete the X in the box besides any rating factor below that you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.*

**Performance Measures**

**Length of Stay**

	Factor/Goal	Max Point Value
<input checked="" type="checkbox"/> RRH (General) - On average, participants spend XX days from project entry to residential move-in	<u>45</u> days	<u>15</u> points
<input checked="" type="checkbox"/> RRH (DV) - On average, participants spend XX days from project entry to residential move-in	<u>60</u> days	<u>15</u> points
<input checked="" type="checkbox"/> PSH (General) - On average, participants spend XX days from project entry to residential move-in	<u>45</u> days	<u>15</u> points
<input checked="" type="checkbox"/> PSH (DV) - On average, participants spend XX days from project entry to residential move-in	<u>60</u> days	<u>15</u> points
<input checked="" type="checkbox"/> TH (General) - On average, participants stay in project XX days	<u>180</u> days	<u>20</u> points
<input checked="" type="checkbox"/> TH (DV) - On average, participants stay in project XX days	<u>180</u> days	<u>20</u> points
<input type="checkbox"/> TH+RRH (General) - TH Component (General) - On average, participants stay in project XX days	<u>180</u> days	<u>10</u> points
<input checked="" type="checkbox"/> TH+RRH (DV) - TH Component - On average, participants stay in project XX days	<u>180</u> days	<u>10</u> points
<input type="checkbox"/> TH+RRH (General) - RRH Component - On average, participants spend XX days from project entry to residential move-in	<u>15</u> days	<u>10</u> points
<input checked="" type="checkbox"/> TH+RRH (DV) - RRH Component - On average, participants spend XX days from project entry to residential move-in	<u>15</u> days	<u>10</u> points

**Exits to Permanent Housing**

<input checked="" type="checkbox"/> RRH (General) - Minimum percent move to permanent housing	<u>80</u> %	<u>30</u> points
<input checked="" type="checkbox"/> RRH (DV) - Minimum percent move to permanent housing	<u>80</u> %	<u>25</u> points
<input checked="" type="checkbox"/> PSH (General) - Minimum percent remain in or move to permanent housing	<u>90</u> %	<u>30</u> points
<input checked="" type="checkbox"/> PSH (DV) - Minimum percent remain in or move to permanent housing	<u>90</u> %	<u>25</u> points
<input checked="" type="checkbox"/> TH (General) - Minimum percent move to permanent housing	<u>90</u> %	<u>30</u> points
<input checked="" type="checkbox"/> TH (DV) - Minimum percent move to permanent housing	<u>90</u> %	<u>25</u> points
<input checked="" type="checkbox"/> TH+RRH (General) - RRH Component - Minimum percent move to permanent housing	<u>90</u> %	<u>30</u> points
<input checked="" type="checkbox"/> TH+RRH (DV) - RRH Component - Minimum percent move to permanent housing	<u>90</u> %	<u>25</u> points

CUSTOMIZE RATING CRITERIA

**Returns to Homelessness (if data is available for project)**

<input checked="" type="checkbox"/>	RRH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	<u>20</u> %	<u>15</u> points
<input checked="" type="checkbox"/>	RRH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	<u>30</u> %	<u>10</u> points
<input checked="" type="checkbox"/>	PSH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	<u>10</u> %	<u>15</u> points
<input checked="" type="checkbox"/>	PSH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	<u>20</u> %	<u>10</u> points
<input checked="" type="checkbox"/>	TH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	<u>10</u> %	<u>15</u> points
<input checked="" type="checkbox"/>	TH (DV) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	<u>20</u> %	<u>10</u> points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	<u>10</u> %	<u>15</u> points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	<u>20</u> %	<u>10</u> points

**New or Increased Income and Earned Income**

<input checked="" type="checkbox"/>	RRH (General) - Minimum percent of participants with new or increased earned income for project stayers	<u>10</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	RRH (DV) - Minimum percent of participants with new or increased earned income for project stayers	<u>10</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	PSH (General) - Minimum percent of participants with new or increased earned income for project stayers	<u>10</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	PSH (DV) - Minimum percent of participants with new or increased earned income for project stayers	<u>10</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH (General) - Minimum percent of participants with new or increased earned income for project stayers	<u>10</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH (DV) - Minimum percent of participants with new or increased earned income for project stayers	<u>10</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers	<u>10</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project stayers	<u>10</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	RRH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	<u>35</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers	<u>35</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	PSH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	<u>35</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers	<u>35</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	<u>35</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH (DV) - Minimum percent of participants with new or increased non-employment income for project stayers	<u>35</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers	<u>35</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project stayers	<u>35</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	RRH (General) - Minimum percent of participants with new or increased earned income for project leavers	<u>15</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	RRH (DV) - Minimum percent of participants with new or increased earned income for project leavers	<u>15</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	PSH (General) - Minimum percent of participants with new or increased earned income for project leavers	<u>15</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	PSH (DV) - Minimum percent of participants with new or increased earned income for project leavers	<u>15</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH (General) - Minimum percent of participants with new or increased earned income for project leavers	<u>15</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH (DV) - Minimum percent of participants with new or increased earned income for project leavers	<u>15</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers	<u>15</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased earned income for project leavers	<u>15</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	RRH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	<u>25</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	RRH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers	<u>25</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	PSH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	<u>25</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	PSH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers	<u>25</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	<u>25</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH (DV) - Minimum percent of participants with new or increased non-employment income for project leavers	<u>25</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers	<u>25</u> %	<u>2.5</u> points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Minimum percent of participants with new or increased non-employment income for project leavers	<u>25</u> %	<u>2.5</u> points

**Serve High Need Populations** *(select from drop-down menu)*

<input checked="" type="checkbox"/>	100% of program participants meet the HUD definition of homelessness	<u>Yes/No</u>	<u>30</u> points
<input checked="" type="checkbox"/>	<input type="text" value="Project focuses on chronically homeless people"/>		
<input checked="" type="checkbox"/>	RRH (General) - XX% of participants are chronically homeless	<u>85</u> %	<u>20</u> points
<input checked="" type="checkbox"/>	RRH (DV) - XX% of participants are chronically homeless	<u>          </u> %	<u>          </u> points
<input checked="" type="checkbox"/>	PSH (General) - XX% of participants are chronically homeless	<u>90</u> %	<u>20</u> points
<input checked="" type="checkbox"/>	PSH (DV) - XX% of participants are chronically homeless	<u>          </u> %	<u>          </u> points
<input checked="" type="checkbox"/>	TH (General) - XX% of participants are chronically homeless	<u>95</u> %	<u>20</u> points
<input checked="" type="checkbox"/>	TH (DV) - XX% of participants are chronically homeless	<u>          </u> %	<u>          </u> points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - XX% of participants are chronically homeless	<u>50</u> %	<u>20</u> points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - XX% of participants are chronically homeless	<u>          </u> %	<u>          </u> points

**Project Effectiveness**

<input checked="" type="checkbox"/>	RRH (General) - Costs are within local average cost per positive housing exit for project type	Yes	20	points
<input checked="" type="checkbox"/>	RRH (DV) - Costs are within local average cost per positive housing exit for project type	Yes	10	points
<input checked="" type="checkbox"/>	PSH (General) - Costs are within local average cost per positive housing exit for project type	Yes	20	points
<input checked="" type="checkbox"/>	PSH (DV) - Costs are within local average cost per positive housing exit for project type	Yes	10	points
<input checked="" type="checkbox"/>	TH (General) - Costs are within local average cost per positive housing exit for project type	Yes	20	points
<input checked="" type="checkbox"/>	TH (DV) - Costs are within local average cost per positive housing exit for project type	Yes	10	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Costs are within local average cost per positive housing exit for project type	Yes	20	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Costs are within local average cost per positive housing exit for project type	Yes	10	points
<input checked="" type="checkbox"/>	RRH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10	points
<input checked="" type="checkbox"/>	RRH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10	points
<input checked="" type="checkbox"/>	PSH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10	points
<input checked="" type="checkbox"/>	PSH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10	points
<input checked="" type="checkbox"/>	TH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10	points
<input checked="" type="checkbox"/>	TH (DV) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10	points
<input checked="" type="checkbox"/>	RRH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	RRH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	PSH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	PSH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	TH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	TH (DV) - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	TH+RRH (General) - RRH Component - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points
<input checked="" type="checkbox"/>	TH+RRH (DV) - RRH Component - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10	points

**Equity Factors**

**Agency Leadership, Governance, and Policies**

<input checked="" type="checkbox"/>	Recipient has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	10	points
<input checked="" type="checkbox"/>	Recipient's board of directors includes representation from more than one person with lived experience	Yes	10	points
<input checked="" type="checkbox"/>	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes	10	points
<input checked="" type="checkbox"/>	Recipient has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers	Yes	10	points

**Program Participant Outcomes**

<input checked="" type="checkbox"/>	Recipient has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age	Yes	10	points
<input checked="" type="checkbox"/>	Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes	Yes	10	points
<input checked="" type="checkbox"/>	Recipient is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age	Yes	10	points

**Other and Local Criteria**

<input checked="" type="checkbox"/>	Project is operating in compliance with the Final Equal Access rule regarding Family Separation	Yes	15	points
<input checked="" type="checkbox"/>	Project is operating in compliance with the Final Equal Access rule regarding Gender Identity	Yes	15	points

<b>Total Maximum Score</b>	RRH-General projects:	230	points
	RRH-DV projects:	190	points
	PSH-General projects:	230	points
	PSH-DV projects:	190	points
	TH-General projects:	235	points
	TH-DV projects:	195	points
	TH+RRH-General projects:	235	points
	TH+RRH-DV projects:	175	points

Scores will be weighted to a 100-point scale for ranking

**CUSTOMIZE NEW PROJECT RATING TOOL**

**Experience**

**Factor/Goal**

**Max Point Val**

<input checked="" type="checkbox"/>	General-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	15 points
<input checked="" type="checkbox"/>	DV-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	15 points
<input checked="" type="checkbox"/>	General-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	10 points
<input checked="" type="checkbox"/>	DV-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	10 points
<input checked="" type="checkbox"/>	General-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	5 points
<input checked="" type="checkbox"/>	DV-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	5 points

**Design of Housing & Supportive Services**

<input checked="" type="checkbox"/>	General-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.	15 points
<input checked="" type="checkbox"/>	DV-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.	15 points
<input checked="" type="checkbox"/>	General-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	5 points
<input checked="" type="checkbox"/>	DV-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	5 points
<input checked="" type="checkbox"/>	General-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	5 points
<input checked="" type="checkbox"/>	DV-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	5 points
<input checked="" type="checkbox"/>	General-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.	10 points
<input checked="" type="checkbox"/>	DV-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.	10 points
<input checked="" type="checkbox"/>	General-E. Project leverages health resources, including a partnership commitment with a healthcare organization.	10 points
<input checked="" type="checkbox"/>	DV-E. Project leverages health resources, including a partnership commitment with a healthcare organization.	10 points

**Timeliness**

<input checked="" type="checkbox"/>	General-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	10 points
<input checked="" type="checkbox"/>	DV-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	10 points

**Financial**

<input checked="" type="checkbox"/>	General-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.		<u>5</u>	points
<input checked="" type="checkbox"/>	DV-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.		<u>5</u>	points
	B. Organization's most recent audit:			
<input checked="" type="checkbox"/>	General-1. Found no exceptions to standard practices		<u>5</u>	points
<input checked="" type="checkbox"/>	DV-1. Found no exceptions to standard practices		<u>5</u>	points
<input checked="" type="checkbox"/>	General-2. Identified agency as 'low risk'		<u>5</u>	points
<input checked="" type="checkbox"/>	DV-2. Identified agency as 'low risk'		<u>5</u>	points
<input checked="" type="checkbox"/>	General-3. Indicates no findings		<u>5</u>	points
<input checked="" type="checkbox"/>	DV-3. Indicates no findings		<u>5</u>	points
<input checked="" type="checkbox"/>	General-C. Documented match amount meets HUD requirements.		<u>5</u>	points
<input checked="" type="checkbox"/>	DV-C. Documented match amount meets HUD requirements.		<u>5</u>	points
<input checked="" type="checkbox"/>	General-D. Budgeted costs are reasonable, allocable, and allowable.		<u>20</u>	points
<input checked="" type="checkbox"/>	DV-D. Budgeted costs are reasonable, allocable, and allowable.		<u>20</u>	points

**Project Effectiveness**

<input checked="" type="checkbox"/>	General-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	<u>95</u> %	<u>5</u>	points
<input checked="" type="checkbox"/>	DV-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	<u>95</u> %	<u>5</u>	points

**Equity Factors**

**Agency Leadership, Governance, and Policies**

<input checked="" type="checkbox"/>	New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	<u>Yes</u>	<u>10</u>	points
<input checked="" type="checkbox"/>	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	<u>Yes</u>	<u>10</u>	points
<input checked="" type="checkbox"/>	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	<u>Yes</u>	<u>10</u>	points
<input checked="" type="checkbox"/>	New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes	<u>Yes</u>	<u>10</u>	points

**Program Participant Outcomes**

<input checked="" type="checkbox"/>	New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review		<u>10</u>	points
<input checked="" type="checkbox"/>	New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review		<u>10</u>	points
<input checked="" type="checkbox"/>	New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age. If already implementing plan, describe findings from review		<u>10</u>	points

**Other and Local Criteria**

<input checked="" type="checkbox"/>	Project is operating in compliance with the Final Equal Access rule regarding Family Separation	<u>Yes</u>	<u>15</u>	points
<input checked="" type="checkbox"/>	Project is operating in compliance with the Final Equal Access rule regarding Gender Identity	<u>Yes</u>	<u>15</u>	points

**Total Maximum Score**

General projects: **150** points





Jeri Tindal &lt;jeri@oneroofonline.org&gt;

## Project reductions, reallocations and ranking

4 messages

Michelle Farley <michelle@oneroofonline.org> Tue, Oct 26, 2021 at 4:35 PM  
 To: James Crego <jcrego@jbsmha.com>, Deisha Rosser <drosser@jbsmha.com>, Anne Rygiel Wright <arygiel@firehouseshelter.com>, "Valencia Green, MSW" <vgreen@firehouseshelter.com>, Ken Vaughan <kvaughan@jcha.com>, Solonia Mack <SMack@jcha.com>, Heather Pressley <heather.pressley@aidسالabama.org>, Dave Bark <dave@aidسالabama.org>, "Ruth G. Crosby" <ruth.crosby@firstlightshelter.org>, Sherry Bray <sherry.bray@firstlightshelter.org>, Carrie Leland <carrie.leland@pathwayshome.org>, Alice Westery <alicewestery@gmail.com>  
 Cc: Gordon Sullivan <gordon@oneroofonline.org>, Jeri Tindal <Jeri@oneroofonline.org>

Good morning to each of you.

**Please accept this note as formal notice of Project Reductions and Reallocations.**

**Firehouse:** As agreed upon prior to October 14, the Safe Haven grant in the amount of \$128,834 is being completely reallocated towards a new permanent housing project.

**AIDS Alabama:** As discussed on October 14, the Way Station is being reduced by \$ 17,001, an amount left unspent for each of the past two years.

**First Light:** As discussed on October 14, the Rapid Rehousing grant is being reduced by \$ 62,536, an amount left unspent for each of the past two years.

**JBS:** As discussed on October 14, the JBS Permanent Supportive Housing grant is being reduced by \$ 67,975, an amount left unspent for each of the past two years.

**Jefferson County Housing Authority:** As notified earlier today, the PSH grant is being reduced by \$ 229,057 as a result of being the lowest scored project.

**Youth Towers:** As discussed on October 14, the Youth Towers Hybrid RRH/ TH grant is being reduced by \$ 4,728, an amount left unspent for each of the past two years.

**The project score sheets with Weighted Ranking (per the HUD score sheet adjusted for local conditions) is attached. Please note that the One Roof Board of Directors voted to let the scores stand without any adjustment. That means that the projects are ranked in the exact order of scoring.**

**Note that HMIS and the CE projects are ranked 1, 2, and 4. We MUST have these programs to be able to do any of our other programs. Expect to see this in future competitions as well. The Board decided that the Firehouse PSH with medical component as a new project should be ranked number 3 even above the CE Expansion. Firehouse willingly reallocated a good project in hopes of being awarded an even better project, so a high ranking was important.**

**Please note that I am rechecking tonight to see what all has to be made public. I know that the ranking will be posted, but I am rechecking to see what pieces of the score sheet itself must be posted. I have no problem with posting the entire thing if necessary, but there will have to be a huge "translation sheet" for the general public if we do. I MUST post by noon tomorrow...**

Michelle

--  
**Michelle Farley**  
 Executive Director  
 Pronouns She/ Her/ Hers  
 One Roof  
 1515 6th Avenue South  
 Birmingham, AL 35233  
 205.254.8833  
*uniting central alabama to end homelessness*



Jeri Tindal &lt;jeri@oneroofonline.org&gt;

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 Executive Director  
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# Score Sheet with Ranking 2021

	Perf	High Need	Effective	Equity	Local	Total score	Total possi	Weighted Score out of 100	Ranking
HMIS									1
CE Original									2
FH NEW PSH									3
CE Expansion									4
FL PSH Tric	56	18.2	20	40	70	219.2	255	86	5
FH PSH	48.63	19.8	20	40	70	218.43	255	86	6
PW SH	54.68	20	20	40	70	219.68	260	84	7
JBS REACT	59.75	20	20	40	59	211.75	255	83	8
FL 4th PSH	57.5	8.8	20	40	60	211.3	255	83	9
FL RRH	53.85	11	20	40	60	209.85	260	81	10
AAI PSH	48.83	12.4	20	40	51.7	196.93	255	77	11
FH TH	44.28	6.8	20	40	60	201.08	260	77	12
JBS PSH	53.75	10.2	20	40	70	192.95	255	76	13
AAI Hybrid	46.9	7.6	20	40	60	198.5	260	76	14
YT Hybrid	46.7	6	20	40	60	197.57	260	76	15
AAI RRH	41.6	13.2	20	40	60	198.8	260	76	16
JCHA PSH	65	6.6	13	40	56.7	191.3	255	75	17



**ALABAMA REGIONAL  
MEDICAL SERVICES**

*Welcoming you with open ARMS*

October 26, 2021

Mrs. Anne Rygiel, Executive Director  
Firehouse Ministries  
636 2<sup>nd</sup> Avenue, North  
Birmingham, AL 35203

Dear Ms. Rygiel:

Alabama Regional Medical Services is hereby committing to provide mental health, medical, and dental services, worth \$150,000, for the participants of the Firehouse Ministries' SafeARMS Permanent Supportive Housing Program. This grant commitment is for the timeframe of September 1, 2022 through August 31, 2023.

Should you require additional assistance in this matter, please feel free to contact the undersigned.

Sincerely,

ANTHONY R. GARDNER  
Chief Executive Officer

ARG:tjr