

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: OH-503 - Columbus/Franklin County CoC

1A-2. Collaborative Applicant Name: Community Shelter Board

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Community Shelter Board

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

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

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

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

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	No	No	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	No	No	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Faith-based Organizations	Yes	Yes	Yes
34.	Veterans 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) Each spring, the CoC governing body issues a call for membership nominations via a website post and email to a broad array of stakeholders and community partners. When there is an unexpected vacancy on the CoC or CoC Board, the CoC Chair requests nominations from CoC members for the vacancy. The CoC governing body accepts nominations from any source, including self-nominations. The CoC Board reviews nominations and considers whether additional or different representation would improve the CoC's community perspective and expertise. The CoC considers the CoC Board's membership recommendations during their May meeting discusses any additional suggestions, and votes to determine which individuals or organizations will be invited to join the CoC with a July 1 effective date. 2) The CoC is committed to accommodating the communication needs of individuals with disabilities. Calls for nominations and other announcements are emailed and published on the CoC's website. Meeting materials are distributed to members in PDF format via email and/or mailed as hard copies, depending on individual preference. Materials are both shared visually and explained verbally during meetings. 3) The CoC governing body works closely with the Citizens

Advisory Council (CAC), which consists of homeless and formerly homeless individuals, to designate two representatives to serve on the CoC governing body. One of the CAC representatives also serves on the CoC Board. The Youth Action Board also designates a representative to serve on the CoC governing body. This year, the CoC will provide free training to select CAC and YAB members on effective board participation to build capacity. 4) Organizations that serve culturally specific communities can serve in a number of different CoC membership seats. The CoC recently added a seat for and recruited an LGBTQ-serving organization. The CoC membership regularly reviews and discusses outcomes related to equity and access in meetings.

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) The CoC governing body includes a broad array of stakeholders with knowledge of and interest in preventing and ending homelessness. Workgroups on Veteran, family, single adult, youth homelessness, PSH and homelessness prevention meet regularly to monitor progress and implement improvements. Workgroup attendees include both CoC and non-CoC members. Our CoC's strategic and youth plans are updated via public convenings and focused workgroups that incorporate opinions and ideas of many partners involved in preventing and ending homelessness. 2) The CoC holds 3-4 meetings per year and details are posted on the CoC website. Meetings are open to the public and non-members attend regularly. During meetings, staff communicates information needed to make decisions, including outcomes, system gaps, funding, historical context, proposed strategies and innovations and environmental factors. CoC members participate in other public forums including the Affordable Housing Alliance, Housing Stability Coalition, Certificate of Qualifications for Housing Committee, Columbus and Franklin County Addiction Plan and Recovery Housing Subcommittee and Regional Housing Strategy Advisory Board. 3) A Citizens Advisory Council (CAC) comprised of homeless/formerly homeless individuals meets monthly and has 2 representatives on the CoC governing body. The CoC considers input from the CAC before approving new initiatives. The Youth Action Board (YAB) comprised of homeless/formerly homeless youth guides youth system development and has a representative on the CoC governing body. The CAC, YAB, and other CoC workgroups continuously gather input from partners to inform ongoing strategies. Twelve public meetings are planned for this fall to update our strategic and youth plans. The CoC collaborates with landlords, health systems, the public housing authority, law enforcement, and other systems of care to implement effective strategies that prevent and end homelessness.

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

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

(limit 2,000 characters)

1) Community Shelter Board (CSB) solicits proposals for new Permanent Housing projects for consideration by the CoC annually. CSB sends the opportunity via email to a wide array of organizations, including organizations that have not previously received CoC funding, and posts the call for proposals on its website. The notification includes instructions for the applications and a deadline. The CoC advertises Notices of Funding Opportunity, along with schedules and instructions, on the CoC website. 2) The CoC welcomes participation from entities that have not previously received CoC funds and proactively seeks opportunities to involve new partners. This is stated explicitly in the call for proposals. We added a new partner to our system in 2020 and this year, the CoC received and considered a Concept Paper from an organization that has not previously received CoC Program funding. 3) The CoC emails and posts on the website instructions for submitting Concept Papers and Project Applications. 4) The CoC determines which new projects to include in the application based on the CoC review process. New projects are required to submit Concept Papers that detail the type of project, target population, expected funding sources, and projected results. The CoC Board, Citizens Advisory Council (people with lived experience), and CoC review and evaluate the Concept Papers based on community need using the system gaps analysis and applicants' capacity to operate the project, meet compliance standards, and administer federal funds. The CoC prioritizes Concept Papers prior to the NOFO's release. The final determination regarding the projects to be included in the competition occurs during the application process, based on available funding. 5) The CoC is committed to accommodating the communication needs of people with disabilities. Public notices are posted in PDF format on CSB's and the CoC's website. Reasonable accommodations to the application process are made as needed.

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

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	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) City of Columbus and Franklin County (ESG recipients) representatives are members of the CoC Board and the CoC and actively participate in funding allocation conversations in CoC meetings. The City and County grant all ESG and ESG-CV allocations to Community Shelter Board (CSB), the UFA. The City, County, and CSB propose ESG and ESG-CV allocations to the CoC in accordance with the Consolidated Plan. The CoC also serves on the State Advisory Board on homelessness and provides input on state objectives and proposed ESG funding allocations. CSB is the collaborative applicant and sub-recipient of all State ESG RRH and Emergency Shelter funding in the county, which is allocated in accordance with the State Consolidated Plan. The CoC governing body approves annually all funding allocations. 2) CSB develops annual ESG performance standards for CoC approval. The CoC, City, and County receive quarterly performance evaluations based on these standards, using HMIS data. These evaluations include program-level reporting of all ESG-funded projects. The CoC also reviews HIC and PIT data including system capacity by program type, a system gaps analysis, and the System Performance Measures. Funding allocations and performance outcomes determined collaboratively between ESG recipients and the CoC are codified in contracts between the City, County, and State as the ESG recipients and CSB as the ESG sub-recipient. 3) CSB shares HIC and PIT data with the City, County, and State to update the Consolidated Plan and provides descriptive information for the plan. 4) On behalf of the CoC, CSB regularly shares system updates and reports with the City, County, and State through email, regular meetings, and various workgroups. CSB works with the City, County, and State to update the Consolidated Plan and ensure local homelessness information is accurately incorporated into the Plan's strategies. The most recent information provided for the Consolidated Plan update was in July 2021.

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.	Yes
3. Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4. Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5. Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6. Other. (limit 150 characters)	
The CoC reviews all programs' policies annually to ensure their definition of "family" does not result in denial of services or household separation.	
	Yes

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

Describe in the field below:

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

(limit 2,000 characters)

1) The CoC collaborates with Columbus State Community College (CSCC) to assist youth experiencing or at risk of homelessness in continuing or pursuing educational opportunities. The CoC collaborates with local high schools and GED providers on educational opportunities for youth. A partnership with the Franklin County Educational Services Center is being developed as part of the YHDP Coordinated Community Plan and CoC Youth Committee efforts. 2) Success-Bridge, a project established in collaboration with CSCC, helps students at risk of dropping out of school because of housing instability with homelessness prevention resources. CSCC has a voting representative on the CoC. The CoC's family emergency shelters include Head Start program locations. 3) Columbus City Schools Project Connect (the community's largest LEA) attends the CoC's family system operations workgroup meetings. Columbus City Schools actively participates on the CoC Youth Committee. The CoC's Youth System Manager participates in LEA workgroups and forums. 4) Columbus City Schools Project Connect has a voting representative on the CoC. Columbus City Schools and South-Western City Schools have formal MOUs with the CoC, codifying collaboration on the CoC's plan to prevent and end youth homelessness. 5) The CoC facilitated a streamlined referral process from agencies that provide shelter and housing services for families to Columbus City Schools Project Connect. This process ensures children remain in their school of origin or are immediately enrolled in the school serving the family's temporary address. Project Connect provides daily school transportation for children staying in emergency shelter. 6) Columbus City Schools and South-Western City Schools have formal MOUs with the CoC on preventing and ending youth homelessness. Project Connect is part of the CoC's Homelessness Prevention Network, is trained in basic housing problem

solving, and refers at-risk families to the CoC for additional supports.

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)

Each program in the homeless system is required to ensure that children and youth have access to public education and receive assistance exercising their rights as protected by the McKinney-Vento Homeless Assistance Act of 1987. Community Shelter Board (UFA), on behalf of the CoC, monitors all programs annually for evidence that program staff proactively ensure that program participants' rights are not violated in regard to public education, including contact with the local Homeless Education Liaison. Each program must demonstrate consistent implementation of processes for advising heads of households of their rights upon entry into any homelessness program. Participant files for households with children must demonstrate collaboration with the Homeless Education Liaison to place children in public school, early childhood programs such as Head Start, Part C services in accordance with the Individuals with Disabilities Education Act, and/or other programs authorized under Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act of 1987. If a family with school-aged children enters emergency shelter, Columbus City Schools Project Connect is informed immediately and the child(ren) will continue to attend school at their school of origin, using the Project Connect busses that pick children up from emergency shelters and transport them to their schools every morning. If a family with children is entering permanent housing, the program staff makes efforts to house the family as close as possible to its school of origin so as not to disrupt children's education.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	Yes	No
7.	Healthy Start	No	No

8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Local Home Visiting Program - maternal and infant	Yes	No

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) In collaboration with CHOICES shelter for victims of domestic violence (DV), Community Shelter Board (CSB) developed and routinely promotes an introductory webinar training on DV available to all CoC project staff via CSB's website. All CoC project staff are required to receive training upon hire and annually thereafter on best practices in serving survivors of DV, dating violence, sexual assault, and stalking. This training includes participant choice, safety planning, confidentiality, and how to refer and transport survivors to CHOICES shelter safely. Staff receives training at least annually on Trauma-Informed and Victim-Centered Care and how to collect and share survivors' information without inputting personal identifying data in HMIS. If survivors enter a non-DV homeless assistance program, staff enters the information into HMIS anonymously to protect privacy and prevent inadvertent disclosure of identities and locations. This year, CSB staff presented two additional trainings on trauma-informed care for staff. CSB monitors projects annually to ensure training plans are up-to-date. DV program outcomes indicate program participants receive effective and informed services. 2) Coordinated Entry (CE) staff receive training upon hire and annually thereafter on best practices in serving survivors of DV, dating violence, sexual assault, and stalking. This training includes participant choice, safety planning, confidentiality, and how to refer and transport survivors to CHOICES safely. CE staff receives training at least annually on Trauma-Informed and Victim-Centered Care and how to collect and share survivors' information without inputting personal identifying data in HMIS. CE staff also have access to CSB's recorded and live trainings on DV and trauma-informed care. CSB staff monitors the success and effectiveness of the CE via mock calls twice per year to test appropriate application of the training materials and appropriate actions for survivors.

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

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

(limit 2,000 characters)

CHOICES shelter for victims of domestic violence collects data outside HMIS to preserve survivors' security and safety. CHOICES provides aggregate anonymous data to the CoC to include in the annual PIT and HIC reports and annual numbers served data, as needed by the CoC. The CoC also collects via HMIS data on persons experiencing homelessness who report having experienced domestic violence, dating violence, sexual assault, and stalking. CSB reports outcomes based on this data to the CoC and HUD and uses it to assess the community's need for DV services and the efficacy of existing services. The CoC conducted a youth needs assessment that included information on domestic violence, dating violence, sexual assault, and stalking among youth experiencing homelessness. The CoC uses the data from CHOICES, HMIS, and the youth needs assessment to assess the community needs related to domestic violence, dating violence, sexual assault, and stalking and continuously improve programs serving this population.

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)

Domestic Violence (DV), dating violence, sexual assault, and stalking survivors have access to the CoC's entire portfolio of homelessness prevention, emergency shelter, RRH, TH, and PSH programs, including CoC, ESG, and HHS-funded programs. The CoC works with the local HHS-funded DV shelter, CHOICES, and other systems of care to integrate DV services, shelter, and housing options into the homeless system and train system staff at least annually. 1) Individuals are screened for experiences of DV, dating violence, sexual assault, and stalking when they access the CPOA and/or engage with outreach specialists. Households fleeing DV situations are referred to CHOICES. People who have experienced DV are prioritized for specialized trauma-informed, victim-centered CoC-funded DV RRH services. 2) The Unified Supportive Housing System (USHS) – which manages PSH units in our CoC – works with PSH providers to quickly and safely implement standardized protocols when participants need to transfer to a different location because of DV. Programs notify USHS when a priority transfer is required because of violence or the threat of violence and USHS quickly identifies alternative, safe housing. Every housing program in our system – including PSH, TH, RRH, and Prevention programs – is required to have an emergency transfer plan and the CoC monitors all programs annually to ensure that this plan is implemented consistently. 3) CHOICES does not participate in the local HMIS and the shelter location is not publicly disclosed. The wide array of DV resources in our CoC ensures that the system maximizes client choice and tailors assistance to best

meet the needs of each program participant in a safe and secure way. For example, survivors have options for either single site PSH with 24/7 front desk and security or scattered site housing in the community, based on need and preference.

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?
Columbus Metropolitan Housing Authority	10%	Yes-HCV	Yes

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) Columbus Metropolitan Housing Authority (CMHA), the CoC's PHA, is a member of the CoC governing body and is a committed partner in our community's work to prevent and end homelessness. CMHA prioritizes

individuals and families experiencing homelessness for housing in the Housing Choice Voucher (HCV) program. The admission preference for the homeless population is included in CMHA's Housing Choice Voucher Administrative Plan. Currently CMHA has 828 project-based vouchers allocated to PSH projects across the CoC. The CoC is working with CMHA to convert an additional 121 units that currently receive CoC rental assistance to HCVs, which will free up CoC funds for supportive services. CMHA closely collaborates with PSH projects to administer units in accordance with CoC and local standards and to develop new PSH projects. In the past 12 months CMHA also made available to the CoC 94 mainstream tenant-based vouchers for the CoC's prioritized homeless population. CMHA is a committed partner, ensuring that new site-based PSH projects have access to HCV subsidies to successfully operate, absent other funding sources. 2) Not applicable.

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

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

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

(limit 2,000 characters)

1) The Unified Supportive Housing System (USHS) is a collaborative effort managed by Community Shelter Board (CSB); our PHA, Columbus Metropolitan Housing Authority (CMHA); and the Alcohol, Drug, and Mental Health Board of

Franklin County (ADAMH). USHS continuously screens active system clients for PSH using HMIS data and case conferencing. Monthly, the CoC prepares a "hotlist" of prioritized clients based on their current homeless status, history of homelessness, and self-declared disability, along with the chronic homeless status. For the households prioritized by USHS as chronically homeless or having an extended homeless history, the household's case manager submits a standardized service needs assessment. USHS uses this assessment to prioritize households for PSH based on their vulnerability and match them to open units according to their needs and preferences. USHS adheres to HUD CPD-16-11, prioritizing chronically homeless households first, then long-term homeless households with severe service needs. USHS manages units funded through a variety of subsidies including PHA Housing Choice Vouchers, Mainstream Vouchers, Project-Based Vouchers, Emergency Housing Vouchers, CoC Leasing and Rental Assistance programs, and the HOME program. 2) CMHA, ADAMH, and CSB established USHS via an MOU effective March 1, 2008. All system PSH providers are contractually required to participate in USHS, independent of their type of rent subsidy. The CoC's practices are formalized in the Unified Supportive Housing System Vacancy Management and Lease Up Narrative Manual and Policies and Procedures.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

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

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

(limit 2,000 characters)

1) The CoC and Columbus Metropolitan Housing Authority (CMHA) jointly applied for mainstream vouchers in early 2021. The CoC and CMHA also coordinate when planning new PSH projects that serve households experiencing homelessness and submitting them to the Ohio Housing Finance Agency (OHFA) for Low Income Housing Tax Credit (LIHTC) competitions. This past year, the CoC secured Housing Choice Voucher commitments from CMHA for three PSH projects before submitting them to OHFA for consideration. 2) The application was approved and the CoC received 70 mainstream vouchers. Through an earlier award to CMHA the CoC received an additional 24 mainstream vouchers. Also, all three PSH applications submitted were approved for LIHTC awards. 3) The CoC's PSH inventory benefited from this coordination. As a result of this partnership our system is adding a significant amount of new PSH units with a stable rent subsidy dedicated for people

experiencing homelessness, continuously reducing the gap in PSH units. The CoC's role is then to secure funding for supportive services dedicated to these units. The households selected for these units will have access to safe, stable housing and an array of supportive services and individualized supports.

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

PHA
Columbus Metropol...

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

Name of PHA: Columbus Metropolitan 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.	31
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.	31
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC prioritizes safe, stable housing as the primary solution to homelessness and a basic human right. Programs quickly connect people experiencing a housing crisis with permanent housing and the supports needed to stabilize housing without preconditions (e.g., income, sobriety, or

engagement in treatment). CSB monitors programs annually to ensure they adhere to a Housing First model and work to efficaciously prevent literal homelessness and place people experiencing homelessness in housing without preconditions on housing assistance. Quick resolution of housing crises is the central priority of all programs. CSB reviews policies and program participant files at least annually for evidence of these efforts. Programs use standardized assessment tools to identify housing options and service needs without preconditions. All disability-related services are voluntary. RRH programs provide immediate access to individualized re-housing assistance and connection to a wide range of private market, subsisted, and PSH options. PSH programs have expedited admission processes, to the greatest extent possible, including assistance with obtaining necessary documentation. Applicants may not be required to participate in more than two interviews and can be admitted within a few days (if eligible and if an opening is available). Once housed, programs stabilize participants by connecting them with direct access to a wide range of community-based services that help address immediate needs and support long-term housing stability. However, participation in supportive services is not required. Exits to homelessness are avoided whenever possible. Programs provide written plans for at-risk clients that include strategies for intervention, prevention, or housing retention that help program participants avoid losing housing. In the event a program participant is involuntarily terminated, a pre-termination hearing is made available to them, as well as the opportunity to appeal the decision.

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

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

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

(limit 2,000 characters)

1) The CoC's outreach team proactively engages unsheltered people. The cross-agency team collaborates with PATH and VA Outreach to provide coverage, engagement, assessment, housing search and placement, and services. The outreach team is widely known in the community and works with the City, County, hospitals, businesses, law enforcement, and social service and faith-based organizations to respond when unsheltered persons are identified on streets, in camps, and in vehicles. The City's 311 service call center relays the information provided by citizens about unsheltered individuals

to the outreach team. Procedures were put in place system-wide to standardize outreach activities and improve coverage and engagement of unsheltered individuals across the region. YHDP-funded programs include outreach via access points designed to more effectively engage unsheltered youth. 2) The CoC's street outreach covers 100% of the CoC's geographic area. 3) Outreach Specialists conduct outreach daily. Specialists repeat contact and engagement attempts with each individual at least monthly with the goal of placing the person in housing or emergency shelter. The Outreach team works with CPoA to link people to community resources and shelter. 4) The outreach team proactively seeks new locations where people experiencing homelessness congregate. Collaboration with the City, County, and businesses help identify opportunities to engage unsheltered people throughout the geographic area. Communication with other systems (health care providers, faith-based organizations, social service providers, community programs, and law enforcement) identifies people who need help, but are unlikely to seek assistance. Interventions are provided to people regardless of race, religion, sex/sexual orientation, age, or disability. Specialists can access translators for people who speak languages other than English and have training on how to communicate with those with cognitive and physical disabilities.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	637	748

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

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

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

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

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

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

(limit 2,000 characters)

1) Community Shelter Board (CSB), the UFA, keeps program staff up-to-date regarding mainstream resources by regularly seeking and disseminating information to partners about cash assistance, non-cash benefits, Food Stamps, meal sites, food programs, mental health and substance abuse treatment services, and other resources. CSB, on behalf of the CoC, monitors all programs annually to ensure that system staff is trained and capable of helping program participants enroll in and utilize mainstream benefits. 2) CSB disseminates resources, best practices, and other assistance information during weekly system operations workgroup meetings and through email communications as updates become available. A newsletter is also emailed out to a large distribution list. The Homeless Hotline, part of our CPoA, screens callers for health insurance to help assess coverage gaps. 3) CSB works with organizations that provide mainstream benefits to present information on their programs during system meetings. The CoC developed partnerships with managed care organizations (MCO) wherein CPoA notifies the MCO when one of their customers enters the homeless crisis response system. The MCO can then help them fully use their healthcare benefits, contributing to regained housing stability. 4) CSB is collaborating with the local Alcohol, Drug, and Mental Health Board to best leverage Medicaid on behalf of homeless program participants. Some programs use HMIS as a tool for the Medicaid billing process. CSB is monitoring these efforts and encourages providers to share lessons learned with each other. CSB is also learning from other communities' best practices on maximizing Medicaid revenues and encouraging more local providers to become Medicaid billers for eligible services. CSB works closely with the VA to ensure that Veterans have access to VA health care resources. Full use of health benefits reduces the income households spend on health

care, enhancing housing stability.

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

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

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

(limit 2,000 characters)

1) The coordinated entry system covers the entire CoC geographic area using a widely-advertised local phone number with access to a live person 24/7/365. The Outreach team engages people at known camp locations and seeks new locations where people experiencing homelessness congregate. We added access points to more effectively engage unsheltered youth and families at imminent risk of homelessness. 2) Outreach collaborates with the City, County, and businesses to engage people. Collaboration with other systems of care (health care, faith-based, social service, law enforcement) identifies people who need support but are unlikely to seek assistance. We affirmatively market programs to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are unlikely to engage without special outreach. We work with the children's hospital, pregnant women programs, and Veteran programs on screening, referral tools, and training to reach people who may not call CPoA. 3) We use standardized screening tools to prioritize people in a housing crisis. CPoA and Outreach prioritize for shelter only those with no safe alternative housing. Shelters and RRH programs adhere to HUD CPD-17-01, using a standardized screening tool and process and data already collected in HMIS to identify the highest priority households. RRH is prioritized for families with children, pregnant women, Veterans, youth, people with disabilities and DV, and people with severe service needs. The Unified Supportive Housing System (USHS) continuously screens clients for PSH using HMIS data and case conferencing. USHS adheres to HUD CPD-16-11, prioritizing chronically homeless households, then long-term homeless households with severe service needs using a standardized service needs assessment tool. 4) CPoA answers and assists callers within 5 minutes. All programs work to expeditiously resolve housing crises and eliminate barriers to assistance whenever possible.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	
	Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.	

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

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	
	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.	No
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.	No
	Other:(limit 500 characters)	
12.	The CoC looks at HMIS data quarterly to analyze outcomes based on participant demographics with a focus on equitable outcomes. For example, when the COVID vaccine became available, a weekly report was developed to track vaccine uptake by race to maintain focus on equitable vaccine access for participants.	Yes

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

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

(limit 2,000 characters)

The CoC's strategic plan to address homelessness specifically includes the following crosscutting goal focused on promoting equity throughout our system of care: "Ensure that families and individuals disproportionately represented among people who experience homelessness have access to responsive, equitable assistance to offset structural barriers and biases". Our Guiding Principles include reducing disparities and ensuring equity in outcomes. We believe that our collective efforts to prevent and end homelessness should reflect the disproportionate rate at which different groups experience housing instability and homelessness, especially people of color; people with disabilities; and lesbian, gay, bisexual, transgender, and questioning youth. Program and housing assistance account for structural biases that cause or perpetuate homelessness, as well as individual needs, abilities, or resources, and adjust accordingly to ensure equitable resolution to housing crises. The CoC and its providers examine homeless crisis response system policies, procedures, and data to identify areas to improve equitable access and use of system's assistance. The CoC is instituting standardized cultural competency training regarding race, gender identity and sexual orientation, and people with disabilities. The CoC assesses racial disparities across all programs quarterly. Data show a disproportionately high percentage of African Americans utilize the homeless crisis response system. This analysis also shows that the system is prioritizing assistance for those who have been most severely negatively impacted by racism in our community. People of color disproportionately face systemic barriers to housing stability, including employment discrimination and prior evictions, that severely limit housing options. The CoC continuously recruits landlord partners to increase access and reduce barriers to market rate housing for people facing homelessness.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	9	4
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	9	4
3.	Participate on CoC committees, subcommittees, or workgroups.	9	4
4.	Included in the decisionmaking processes related to addressing homelessness.	9	4

5.	Included in the development or revision of your CoC's local competition rating factors.	4	1
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1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

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

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

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

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

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

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

(limit 2,000 characters)

1) Community Shelter Board (CSB), the UFA, developed protocols for Outreach specialists to use when engaging unsheltered individuals and families, including how to sanitize equipment, social distance, and screen clients for COVID, and provided PPE. These protocols align with CDC and HUD guidance. CSB also published a quick guide for people experiencing unsheltered homelessness that includes guidance on hygiene, sanitation, COVID symptoms, and how to reach Outreach specialists. The CoC worked with the City to establish 16 sanitation locations for unsheltered people. New food sites were established when traditional food pantries and meal sites closed. The CoC facilitated voluntary COVID testing for unsheltered individuals and referral to Isolation or Quarantine facilities if needed. 2) CSB developed protocols for staff to use when engaging sheltered people that align with CDC and HUD guidance and provided PPE. CSB immediately opened additional emergency shelter sites, including leased motels, to ensure social distancing in all shelter locations and quickly implemented masking, symptom and temperature screening, and pathways for testing, tracing, and treatment. The CoC committed to maintaining additional shelter capacity for the duration of the pandemic so that anyone who wants shelter receives it. To respond to those who are homeless and COVID positive or exposed to COVID, CSB opened a non-congregate shelter for isolation and quarantine (SIQ), complete with medical personnel, by leasing a motel. 3) CSB developed CDC- and HUD-aligned protocols for transitional housing programs to limit close contact between program participants and staff. All programs implemented masking, symptom and temperature screening, and pathways for testing, tracing, and treatment. Staff delivered supplies to program participants including food boxes and PPE. Access to the SIQ was provided to transitional

housing participants to ensure safety both of the individual and the community.

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

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

(limit 2,000 characters)

The CoC has developed and strengthened relationships with local public health agencies, Federally Qualified Health Centers, local hospital systems, healthcare agencies, and medical experts which will improve our ability to respond effectively to future public health emergencies. Community Shelter Board (CSB), the UFA, and its subrecipients continuously update and expand emergency policies and procedures as we learn from the current public health emergency. CSB established a command-center approach at the onset of the pandemic that can be replicated in any future public health emergency. CSB is also the HMIS Lead and developed procedures for tracking COVID-19 screening and vaccination status in HMIS that can be adapted for future health emergencies. CSB developed a multi-media, strategic communication campaign around the COVID-19 vaccine. This included a toolkit of materials for providers in the homeless system, with the goal of educating staff and clients about the safety and effectiveness of the vaccine, and to encourage vaccination. The toolkit includes educational fact sheets, posters, clinic materials, and more. This toolkit is adaptable to other health emergencies. CSB and its subrecipients have developed new ways of quickly communicating important health information and procedure updates as conditions change, including learning collaboratives, virtual meeting capacity, work-from-home infrastructure, tele-health capabilities, and web resources. Subrecipients have implemented similar adjustments that allow them to continue engaging with program participants while mitigating the risk of disease transmission. CSB and subrecipients have adopted new technologies for communication and learning that will serve us well in future crises and everyday work. CSB has also developed centralized methods for securing and distributing personal protective equipment and other program essentials that are difficult to procure due to supply chain disruptions and high demand.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

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

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

(limit 2,000 characters)

1) Community Shelter Board (CSB), the UFA, is a recipient of City, County, and State ESG-CV funds. We use these funds to operate a non-congregate Shelter for Isolation and Quarantine (SIQ), which houses COVID-positive and COVID-exposed people experiencing homelessness and new emergency shelter locations that allowed all shelters to maintain social distancing and expanded capacity to provide shelter to anyone who wants it through the duration of the health emergency. ESG-CV funds allow emergency shelters to purchase additional personal protective equipment for staff and clients, purchase additional cleaning supplies and services. ESG-CV funds help maintain the necessary level of staffing to keep everyone safe by paying for additional staffing costs to service the new facilities opened and cover when staff are sick or in quarantine or recovering from vaccine side effects. Shelters are also using ESG-CV funds for renovation that enhances safety, such as installing touchless bathroom fixtures and renovate areas where staff and clients interact to facilitate social distancing while providing services. 2) ESG-CV funds are used for housing assistance activities in prevention and RRH programs, including specialized RRH and prevention for pregnant women. With the end of the eviction moratoria, more households need homelessness prevention and rapid re-housing services. 3) ESG-CV funds are used to prevent evictions for individuals and families who were already housed but whose housing stability was jeopardized by the negative economic and health effects of COVID-19. 4) ESG-CV funds are used to purchase medical and healthcare supplies for the SIQ and personal protective equipment for SIQ, social distancing shelters, and regular emergency shelters. 5) ESG-CV funds are used to purchase personal protective equipment, including hospital grade curtains to create barriers between socially distanced shelter beds, and additional cleaning supplies and services.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	
Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:		
1.	decrease the spread of COVID-19; and	
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).	

(limit 2,000 characters)

1) The CoC consulted with mainstream health partners to develop COVID-19 screening questions for CPoA to ask all callers who accessed the Homeless Hotline. To decrease the spread of COVID-19 in congregate settings, the CoC opened additional emergency shelters so that all beds could be social distanced, and added capacity to provide shelter to anyone who wants it. The CoC also opened a non-congregate shelter for isolation and quarantine (SIQ) to prevent the spread of COVID-19 and appropriately care for those who are COVID-19 positive or exposed. The CoC works closely with Franklin County Emergency Management, all hospitals and federally qualified health centers, and behavioral health providers to ensure the successful operation of our SIQ. For example, a medical team provided by OhioHealth advises us on the clinical/medical aspects of safe service provision at the SIQ. Southeast Behavioral Health has staff assigned at SIQ to help with behavioral health needs. Lower Lights Christian Health Center, an FQHC, provides the on-site medical care. 2) The CoC consulted regularly with Columbus Public Health,

Franklin County Public Health, local hospital medical advisory teams, and federally qualified health centers when developing system protocols to decrease the spread of COVID-19. This included procedures for social distancing, hand-washing, sanitization, masking, symptom-screening, temperature checks, testing, tracing, and vaccination. We coordinated procurement and distribution of PPE with all these entities. At the pandemic inception, daily system meetings that have transitioned to weekly system meetings reinforced guidance and protocols and enabled collaboration on best practices and emerging issues.

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

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

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

(limit 2,000 characters)

1) The CoC started a COVID-19 Prevention and Response Group that acts as a facilitated learning collaborative for homeless service providers, identifying public health best practices, areas of strength, and areas needing additional guidance. Guidance on safety measures is shared during the Group's meetings, on Community Shelter Board's (CSB, the UFA) website, and via email. In the height of the pandemic, a bi-weekly Homeless Response Network webinar series was offered for providers and covered topics like COVID Prevention and Response, Screening at the Front Door, Overdose in the Time of COVID, and Return to School. The CoC also participates in the Congregate Settings Collaborative, a collective of non-medical/non-institutional congregate settings that include many of the programs and facilities within our homeless crisis response system. A convening of congregate emergency shelter partners is now held monthly to discuss trends, share best practices and resources and updated planning for the COVID response and reconstruction. 2) Changes in local restrictions due to COVID-19 are communicated to service providers in weekly system operations workgroups, on CSB's website, and via email. CSB has served as the central point of command during the pandemic and all questions from service providers are directed to and addressed by CSB, using guidance from CDC and other health partners. 3) CSB launched a multi-media, strategic communication campaign around the COVID-19 vaccine. This included a toolkit of materials for providers in the homeless system, with the goal of educating staff and clients about the safety and effectiveness of the vaccine, and to encourage vaccination. The toolkit includes educational fact sheets, posters, clinic materials, and more. Town halls, trusted messenger events, mobile vaccine clinics, thank you gifts, and incentives have been offered. CSB also communicated guidance about tracking vaccination data in HMIS via email and regular system meetings.

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

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

(limit 2,000 characters)

The CoC successfully advocated for people experiencing homelessness and homeless system staff to be included in Phase 1A (the first phase) of the State's vaccine rollout. Information about vaccine eligibility was shared via email, system meetings, and public postings in shelter and housing locations. Columbus Public Health included emergency shelters in their mobile vaccination clinic sites at the inception of vaccine availability. Community Shelter Board (CSB), the UFA, also launched a multi-media, strategic communication campaign around the COVID-19 vaccine. This included a toolkit of materials for providers in the homeless system, with the goal of educating staff and clients about the safety and effectiveness of the vaccine, and to encourage vaccination. The toolkit includes educational fact sheets, posters, clinic materials, and more. Town halls, trusted messenger events, mobile vaccine clinics, thank you gifts, and incentives have been offered. Vaccination status is tracked in HMIS. Every week a report is produced from the HMIS alerting shelter staff of people due for their 2nd dose, if applicable, and vaccination numbers at each project level. The CoC facilitated a wide range of vaccine events in emergency shelters and for unsheltered individuals. There were structured and intentional clinics as well as outreach provided by medical partners that resulted in vaccine access for interested individuals. CSB also convened partners and healthcare providers to intentionally focus on vaccine access for unsheltered individuals. CSB is partnering with Lower Lights Christian Health Center for an RN to be on-site in emergency shelters to provide education, outreach and vaccine access. This will provide access and allow client choice with respect to the one-dose or two-dose vaccines. This is part of our strategic approach to provide access to COVID booster shots when appropriate. The CoC continues to work closely with Columbus Public Health on vaccine initiatives.

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

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

(limit 2,000 characters)

The CoC's domestic violence programs remained operational throughout the pandemic and provided shelter and rehousing assistance to all households in need. In fact, thanks to additional HUD CoC funding, the RRH DV program expanded by doubling its size right as the pandemic started. CSB partnered with a domestic violence provider to provide a comprehensive training around domestic violence and trauma-informed care, including recommendations during COVID-19. CSB also hosted a monthly COVID Learning Exchange for CSB and community partners, one of which was focused on domestic violence during COVID. The CoC's Homelessness Prevention Network has connected with domestic violence partners to broaden the scope of services available to participants in their programs including homelessness prevention services and

resources. The CoC adapted trainings and community awareness presentations to highlight the increase in domestic violence during the pandemic. These presentations included audiences most likely to observe signs of domestic violence and facilitate assistance, such as homeless system staff, Crisis Intervention Training Police Officers, and public-school social workers.

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

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

(limit 2,000 characters)

The CoC developed screening and triage protocols for the coordinated entry system to ensure people experiencing homelessness have their needs met in the safest manner possible. All individuals are screened when calling the Homeless Hotline (CPoA) to access shelter; daily while in shelter, congregate transitional housing, drop-in center; and at each contact if unsheltered. To decrease the spread of COVID-19 in congregate settings, the CoC opened additional emergency shelters so that all beds could be appropriately distanced. The CoC also opened a non-congregate shelter for isolation and quarantine (SIQ) to assure that we prevent the spread of COVID-19 and appropriately care for those who are COVID-19 positive or exposed. Individuals who are screened as potentially having or being exposed to someone who has COVID-19 are referred to a medical partner. If COVID-19-confirmed or -suspected, the individual is triaged either to SIQ, an alternative care center, or hospital, depending on their circumstances. All referrals to SIQ go through our CPoA. A team made up of CPoA, CSB, and service and medical providers at the SIQ meet regularly (virtually) to discuss individual cases, make appropriate decisions about admission into, service provision and discharge from the SIQ, to problem-solve daily issues and to account for rapid changes in COVID guidance, infection rates and environment. These meetings occurred daily at the onset of the pandemic and just recently transitioned to weekly meetings.

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

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/25/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	08/25/2021

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

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

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

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

(limit 2,000 characters)

1) All CoC programs prioritize families with children, pregnant women, Veterans, youth, people with severe service needs, and people with disabilities as identified by HMIS data, case conferencing, by-name active lists, and standardized system-wide tools that screen people for chronic homelessness, homeless time, criminal history, prior evictions, disabling conditions, current and past substance abuse, low or no income, and domestic violence and victimization. Standardized CPoA processes ensure that shelter and TH are prioritized for those with no other safe appropriate housing. The Unified Supportive Housing System uses a standardized severe service needs assessment that takes into account the above barriers to fill new and vacated PSH units according to HUD CPD-16-11. RRH programs use progressive engagement to address service needs and provide aftercare once people are housed to promote stability. Community Shelter Board (UFA) monitors programs annually to ensure compliance with prioritization policies and practices. Since all programs in the system adhere to these prioritization and assessment guidelines, all programs provide housing and services to the hardest to serve populations and can be evaluated, compared, and ranked evenly. 2) The CoC takes into account during the review, ranking, and rating process that our community's single CoC-funded TH project serves a priority population (youth) and that our community's two CoC-funded RRH projects serve priority populations (families and survivors of domestic violence). The CoC prioritizes projects based on performance because all projects provide housing and services to the hardest to serve populations and priority populations. Projects that most effectively serve vulnerable and severe service need populations receive higher performance ratings, which improves the programs ranking. All projects in the CoC application adhere to system-wide standardized RRH, PSH, and TH prioritization and assessment requirements.

1E-3. Promoting Racial Equity in the Local Review and Ranking Process.

NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) Local review and ranking processes are approved by the CoC, whose members include people of color and representatives with lived experience from

the Citizens Advisory Council and Youth Action Board. The performance measures for each project type and the outcomes associated, that make up the majority of the projects' performance scoring are assessed annually and feedback was sought from each provider on the reasonability of outcomes during the pandemic and the impact of COVID-19 on performance. 2) The CoC membership, inclusive of people of color and people with lived experience, participates in the review, selection, and ranking process. 3) All CoC projects prioritize the most vulnerable populations. The CoC assesses racial disparities across all programs quarterly. Data show that program participants mirror homeless population demographics: a disproportionately high percentage of African Americans utilize the homeless crisis response system. This analysis shows that all projects are prioritizing assistance for those who have been most severely negatively impacted by racism in our community. This analysis also shows that although there are disparities in who experiences homelessness, there are no disparities in outcomes in our community's homelessness programs. The data indicate all projects promote racial equity where individuals and families of different races are over-represented.

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

Describe in the field below:

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

(limit 2,000 characters)

1) Per the CoC's written process, reallocation can occur when a sub-recipient is no longer interested in continuing a project, no longer needs CoC funding, or underperforms on performance outcomes, project capacity, drawdowns, and/or compliance. The CoC identifies low performing projects through review of quarterly and annual performance reports produced by Community Shelter Board (CSB), the UFA. Projects rated as Low performers or experiencing long-standing and/or serious program issues and/or systemic concerns undergo a Quality Improvement Intervention process that includes enhanced oversight and technical assistance. This process often corrects performance and compliance issues. The CoC identifies projects for which there is less need through an annual needs assessment and ongoing coordination with system and community partners. As a UFA, CSB conducts CoC-approved reallocations as needed throughout the year instead of waiting for the annual competition. The CoC helps partners improve capacity and correct deficiencies before reallocating funds. The CoC's robust, comprehensive performance evaluation system has not detected a high and persistent level of underperformance among CoC projects. 2) The CoC identified several reallocation opportunities last year because subrecipients were no longer interested in continuing projects. 3) The CoC reallocated unwanted projects to other willing

subrecipients during the year. Two subgrantees of PSH, Alvis and Community Housing Network, requested to terminate their grant agreements with CSB for scattered sites PSH in early 2020. CSB issued a request for concept papers (RFP) that covered all the units that needed to be transferred on 1/31/20. A new provider, Homefull, became the subrecipient of the reallocated funds. HUD approved these changes through the GIW. 4) N/A 5) The CoC communicates funding and reallocation opportunities to potential applicants by posting them on the CoC and CSB websites and via broad email distribution.

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

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

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/25/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	10/25/2021
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/12/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

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

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

(limit 2,000 characters)

1) There are no DV (victim service providers (VSP)) housing and service providers in the CoC that are also subrecipients of CoC funding, thus the HUD-published 2020 HMIS Data Standards do not apply to them. CSB, the HMIS Lead, consulted with the local VSPs about a comparable database use. Providers confirmed electronic data collection for their programs but acknowledged that the HMIS Data Standards are not followed since they are not required to do so. While data collection closely follows HMIS standards, not 100% of data requirements are implemented. When the CoC received the initial award of our RRH DV funding, CSB was under the impression that data must be collected in a comparable database and contracted with EmpowerDB for this purpose. Through a HUD AAQ we received confirmation that this was not necessary and the RRH DV provider, as a non-VSP, can collect the HMIS information in the regular, community-wide HMIS. We rescinded our agreement with EmpowerDB and the RRH DV provider is collecting data in the community-wide HMIS. 2) VSPs provide de-identified, aggregated information for the PIT and HIC and as requested for system-level planning and assessment work.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,247	120	1,111	98.58%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	210	83	127	100.00%
4. Rapid Re-Housing (RRH) beds	748	0	748	100.00%
5. Permanent Supportive Housing	2,837	0	2,816	99.26%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,000 characters)

Not applicable

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	0.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

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

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

(limit 2,000 characters)

Not applicable

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

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

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

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- 24 CFR part 578

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

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

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

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

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

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	
	Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;	
2.	how your CoC addresses individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.	

(limit 2,000 characters)

1) The CoC conducts an annual evaluation of self-reported factors contributing to homelessness to inform and target prevention efforts for persons becoming homeless for the first time. Reasons for households' homeless crises are captured in HMIS and reported annually, allowing us to identify and analyze risk factors. Weekly system meetings and case conferences add qualitative data on the barriers clients are facing and which risk factors are most common and pervasive. The CoC has determined that higher rents and lack of affordable housing are the primary risk factors for homelessness, which is consistent with a 2015 collaboration with Abt Associates that identified causes of homelessness and housing instability in our community. 2) Prevention resources are prioritized for the most vulnerable populations in our community: Families at risk of becoming homeless who contact the CPoA's homeless hotline are connected to prevention resources to help avoid entering shelter. At-risk pregnant women can access specialized prevention services using TANF, ESG-CV, and local funding. At-risk Veterans can access SSVF prevention resources. Families involved with child protective services can access a prevention program funded by Franklin County Children Services. Community Shelter Board (CSB, the UFA), has formed a Homelessness Prevention Network (HPN) that formalizes new collaborations with key social service agencies that serve as certified access points and/or homelessness prevention service providers. CSB trains and certifies HPN partners in housing stabilization best practices. HPN partners provide prioritized access to their services for families at highest risk for homelessness as determined by a standardized risk typology and screening protocol. Financial assistance is available for housing stabilization. These community-based access points identify and assist households before they need to call CPoA's hotline. 3) Community Shelter Board is responsible for this

strategy.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1) Shelters have a strong housing orientation and screen guests for referral to RRH programs. We work to decrease shelters' referral time to RRH to decrease shelter stays. We prioritize for RRH families with children, pregnant women, Veterans, youth, people with disabilities, those fleeing domestic violence, and those with severe service needs and long homeless times. We improved screening and prioritization to provide more individualized and intensive services for households with the longest time homeless. We have increased street outreach capacity to provide re-housing assistance and coordinate with hospitals, corrections, and behavioral health providers to better identify and re-house high system utilizers. RRH case managers help households develop housing plans, engage landlords, remove barriers, link to assistance and employment, and promote stability. We implemented a landlord recruitment and retention initiative, including marketing, outreach, financial incentives, and risk mitigation funds, to improve access to rental units in our tight housing market. We support community efforts to increase availability of safe, affordable rental housing. We aggressively pursue resources and opportunities to increase the supply of RRH and PSH units and expand re-housing assistance. Quicker access to units and more affordable housing will reduce length-of-stay. 2) We use HMIS weekly "by name list" and monthly "hotlist" reports to review households with the longest homeless time for RRH and PSH referrals. We use a standardized system-wide needs assessment and case conferencing to engage those with the longest homeless time and most severe service needs. The Unified Supportive Housing System fills all PSH units according to HUD Notice CPD-16-11 and uses a standardized invitation and application process for those prioritized for PSH based on the HMIS generated "hotlist". 3) Community Shelter Board is responsible for this strategy.

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

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

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

(limit 2,000 characters)

1) Shelters and RRH programs collaborate to quickly house people, link them to resources, and provide aftercare to ensure stability. We work to increase the capacity of RRH programs to maximize the number of people they can serve and improve the referral process. Shelters screen people after entry and refer to RRH those who are prioritized for assistance: families with children, pregnant women, Veterans, youth, people with disabilities, those fleeing domestic violence, and people with severe service needs and long homeless times because these populations are less likely to successfully exit without tailored support. Case managers help households develop housing plans, work with landlords, remove barriers, secure housing, and promote stability through linkage to income supports and services. TH programs stabilize households prior to permanent housing placement to increase the likelihood of success at exit. RRH, TH, and shelter providers use financial assistance to pay security deposits and first few months of rent. The assistance is flexible and offered based on the household's needs and landlord requirements, improving the positive housing rate. Our system-wide landlord recruitment and retention initiative and active support of community efforts to increase affordable housing enhances participants' ability to obtain and retain stable housing. No safe haven programs are available. 2) Housing stability for persons in permanent housing is already very high at 98%. To maintain this rate, PSH providers engage with residents frequently to identify anyone who may become precariously housed and take action to re-stabilize them. PSH residents can access a variety of services, including linkage to employment, benefits, and income supports. At least annually, PSH providers assess residents' readiness and willingness to move to independent housing. Residents are not exited from PSH until they feel confident that they can retain housing stability without PSH assistance.

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

Describe in the field below:

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

(limit 2,000 characters)

1) Community Shelter Board (CSB, the UFA) tracks returns via HMIS and issues regular reports at program and system levels, including recidivism rates. CSB examines programs with recidivism rates outside the norm to identify factors contributing to higher or lower rates. Collaboration between emergency shelter and RRH programs via case conferencing and system workgroup meetings help inform the CoC of factors that impact returns to homelessness. The Housing Assistance Screening Tool administered by emergency shelters identifies a household's prior use of shelter and re-housing assistance so programs can adjust next-step assistance. 2) To reduce recidivism, we prioritize assistance for those with the highest barriers: families with children, pregnant women, Veterans, youth, people fleeing domestic violence, people with disabilities, and those with severe service needs and long homeless times. RRH case managers help households develop housing plans and remove barriers. They provide aftercare and resources in case of setbacks and create plans for responding to future crises. Housed individuals and families are encouraged to

contact their case manager if they encounter a housing crisis, even after services end, to problem-solve and reduce recidivism. For PSH, the Unified Supportive Housing System prioritizes chronically homeless individuals first and then those with the most time homeless and most severe needs. Programs link participants to community-based supports to improve access to resources and increase resiliency to future setbacks. Linkages may include employment services, education, mental/emotional/physical health services, benefits, Veterans resources, youth services, and child care and parenting resources. All RRH and PSH programs have robust eviction prevention procedures. We are also working to reposition our homelessness prevention efforts to prioritize for assistance households with past homeless histories. 3) CSB oversees the strategy.

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

(limit 2,000 characters)

1) Increased access to employment is a prioritized goal in the CoC's strategic plan. We are improving integration with mainstream workforce development and access to employment and skill development resources through a pilot in family emergency shelters started in 2020. We support community efforts to increase employment income for low-wage earners and reduce pay disparities. Programs encourage participants to include earned income growth in regularly-updated individualized housing stabilization plans. For participants who are underemployed or lack consistent employment, programs help identify higher-paying and more regular work. Linkage to GED, education, skill development, and career development programs is available to help participants access higher-paying jobs. 2) Participants receive help with job searches, applications, resume writing, transportation, and uniforms and professional attire. An increasing number of programs have employment specialists on site to provide more individualized support. Several programs have successful employment and work equity programs that include training, workshops, and collaboration with employers. The CoC has identified private employers who are willing to hire people with histories of criminal behavior, addiction and homelessness. One PSH provider operates a Right Track Program that consists of classroom experience followed by a paid training position within the provider's housing facilities. More than 50% of participants who complete this program move into traditional jobs in the community. We are improving integration with the Workforce Development Board of Central Ohio (WDB) through a new employment pilot program that expedites the Ohio Means Jobs referral and acceptance process for families in shelter. As a new goal, we will be working with WDB to integrate workforce specialists within our CoC programs. 3) Franklin County Department of Job and Family Services, WDB, and CSB oversee this strategy.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	
	Describe in the field below how your CoC:	
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and	
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.	

(limit 2,000 characters)

1) The CoC has partnerships with Goodwill, Columbus Works, and other private employers and organizations that hold regular job fairs and provide access to employment opportunities. Providers meet regularly with the Community Workforce Action Team and Community Employment Assistance Network to cultivate new hiring partners, gather job leads, and provide networking opportunities for participants. Programs post job opportunities in central locations, have resource rooms for job search and applications, and help with transportation and professional attire. The CoC works with private employers who are willing to hire individuals with disabilities and histories of criminal behavior, addiction, and homelessness. The Job2Housing RRH program focuses on employment. Community Shelter Board (CSB, the UFA) and Workforce Development Board (WDB) of Central Ohio are collaborating on a joint initiative to address barriers to employment for people who are experiencing or have experienced homelessness. The first stage of the initiative was an in-depth needs assessment, an analysis of existing employment-related resources and interventions in our community, and a comprehensive review of best practices. Based on the results of these reviews, CSB, WDB, and system partners are piloting proposed interventions to determine which approaches most effectively increase employment. 2) PSH providers have multiple partnerships with public and private employment organizations. They have also developed curricula, with participant input, that include developing soft skills, identifying career interests, mock interviews, goal-setting, and job searching techniques. Job coaching is available, as well as linkage to GED, vocational training, and post-secondary education programs. PSH providers assist with client-driven job searches and help participants identify and apply for meaningful opportunities that enhance participants' housing stability.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;	
2.	your CoC's strategy to increase access to non-employment cash sources; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,000 characters)

1) Increased access to benefits is a prioritized goal in the CoC's strategic plan. Programs encourage participants to take advantage of all non-employment cash income benefits for which they are eligible, including SSI, SSDI, and TANF. CSB regularly disseminates to partners resources and best practices for

linking participants to benefits. Case managers help program participants complete applications. The Homeless Hotline (CPoA) screens callers for health insurance to help assess coverage gaps. Community Shelter Board (CSB), the UFA, is working with the Alcohol, Drug, and Mental Health Board and others to more effectively leverage Medicaid and other health care resources. These efforts resulted in a 3-percentage point increase in non-employment income for system-stayers between FY19 and FY20. 2) Franklin County Department of Job and Family Services (JFS) regularly have staff onsite at our CoC's two family shelters to expedite access to benefits. These benefits support RRH efforts. The CoC has SOAR-trained staff who help participants apply for SSI and SSDI benefits. Program staff refer participants to JFS for benefits assistance not available onsite. All Veterans are screened for access to non-employment cash income through a refined coordinated entry system specifically designed for Veterans in partnership with the VA. Those in need of and eligible for both VA and non-VA benefits are linked through this process. Programs provided information to participants about stimulus payments and other benefits available to them during COVID-19. Programs provided computer access to online portals whenever possible during COVID-19 lockdowns. Annual assessments of PSH clients assess non-employment cash income and individualized housing stabilization plans include goals for increasing these income sources, based on the individual's need and eligibility. Case managers regularly review and update these goals with program participants 3) JFS and CSB oversee this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
CHN 2021 Touchsto...	PSH	31	Housing
NCR 2021 Berwyn E...	PSH	32	Both
CHN 2021 Parsons ...	PSH	30	Housing

3A-3. List of Projects.

1. What is the name of the new project? CHN 2021 Touchstone Field Place II

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 31

4. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? NCR 2021 Berwyn East

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 32

4. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? CHN 2021 Parsons Avenue Apartments Expansion

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 30

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	Yes
--	-----

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

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

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

(limit 2,000 characters)

(1) Community Housing Network, the CoC-funded project applicant, will ensure that Rockford Construction completes the required Section 3 forms for reporting purposes twice per year during the construction phase. (2) Community Housing Network will comply with HUD's implementing rules at 24 CFR part 75 by ensuring Rockford Construction has hiring preferences for low and very low-income persons and local businesses where the CoC-funded project is located. Rockford Construction will display new job postings on-site within public areas, identifying open positions, required qualifications, and obtaining information about the application process; advertise new job postings in local media such as newspapers; and post flyers to advertise new job postings in local public areas such as low-income housing areas, retail areas, and community organizations. In addition to the above efforts, Rockford Construction may select and implement additional efforts from the Appendix to Part 135 of the Title 24-Housing and Development guide.

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

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

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

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

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

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

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

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

(limit 2,000 characters)

4A. DV Bonus Application

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

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

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

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

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	1C-14 CE Assessme...	10/15/2021
1C-7. PHA Homeless Preference	No	1C-7 PHA Homeless...	10/15/2021
1C-7. PHA Moving On Preference	No	1C-7 PHA Moving O...	10/26/2021
1E-1. Local Competition Announcement	Yes	1E-1 Local Compet...	10/18/2021
1E-2. Project Review and Selection Process	Yes	1E-2 Project Revi...	10/25/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	1E-5 Public Posti...	10/18/2021
1E-5a. Public Posting—Projects Accepted	Yes	1E-5a Public Post...	10/25/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	3A-1a Housing Lev...	10/15/2021
3A-2a. Healthcare Formal Agreements	No	3A-2a Healthcare ...	10/15/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: 1C-14 CE Assessment Tool

Attachment Details

Document Description: 1C-7 PHA Homeless Preference

Attachment Details

Document Description: 1C-7 PHA Moving On Preference

Attachment Details

Document Description: 1E-1 Local Competition Announcement

Attachment Details

Document Description: 1E-2 Project Review and Selection Process

Attachment Details

Document Description: 1E-5 Public Posting-Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a Public Posting-Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-1a Housing Leveraging Commitments

Attachment Details

Document Description: 3A-2a Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/27/2021
1B. Inclusive Structure	10/18/2021
1C. Coordination	10/20/2021
1C. Coordination continued	10/15/2021
1D. Addressing COVID-19	10/18/2021
1E. Project Review/Ranking	10/25/2021
2A. HMIS Implementation	10/18/2021
2B. Point-in-Time (PIT) Count	10/12/2021
2C. System Performance	10/18/2021
3A. Housing/Healthcare Bonus Points	10/12/2021
3B. Rehabilitation/New Construction Costs	10/12/2021

FY2021 CoC Application	Page 55	10/26/2021
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3C. Serving Homeless Under Other Federal Statutes	10/12/2021
4A. DV Bonus Application	10/12/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

OH-503 Columbus and Franklin County Continuum of Care

1C-14 CE Assessment Tool

HMIS Data Collection Form for Coordinated Point of Access.

CLIENT NAME:

Client ID#	
First name	
Middle name	
Last name	
Suffix	
Phone Number	

SOCIAL SECURITY NUMBER:

			-			-				
--	--	--	---	--	--	---	--	--	--	--

DATE OF BIRTH:

		/			/				
Month			Day			Year			

ETHNICITY:

<input type="checkbox"/> Non-Hispanic / Non-Latin(a)(o)(x)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Hispanic / Latin(a)(o)(x)	<input type="checkbox"/> Client refused

RACE:

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> White
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client refused
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

GENDER

<input type="checkbox"/> Female	<input type="checkbox"/> A Gender Other Than Singularly Female or Male (e.g. Non-Binary, Genderfluid, Agender)
<input type="checkbox"/> Male	
<input type="checkbox"/> Transgender	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Questioning	<input type="checkbox"/> Client refused

VETERAN STATUS

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused

If under 18, refer to Huckleberry House @ 614-294-5553

TRIAGE PERFORMED BY:

--

TRIAGE DATE:

		/			/				
Month			Day			Year			

Besides the HoH, are there any other adults in the household who are Veterans?:

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

LET'S TALK ABOUT YOUR LIVING SITUATION

Zip Code of Last Permanent Address?:

General Area Location of Previous Residence:

<input type="checkbox"/> Within Franklin County (Outside City - Columbus)	<input type="checkbox"/> Outside Franklin County (Within City - Columbus)
<input type="checkbox"/> Within Franklin County (Within City - Columbus)	<input type="checkbox"/> Outside of Ohio
<input type="checkbox"/> Outside Franklin County (Outside City - Columbus)	<input type="checkbox"/> Client refused

Where did you stay last night? (Residence Prior to Project Entry)

Homeless Situations	<input type="checkbox"/> Place not meant for habitation	Transitional and Permanent Housing Situations	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
	<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher		<input type="checkbox"/> Owned by client, no ongoing housing subsidy
	<input type="checkbox"/> Safe Haven		<input type="checkbox"/> Owned by client, with ongoing housing subsidy
	<input type="checkbox"/> Interim Housing*		<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons
Institutional Situations	<input type="checkbox"/> Foster care home or foster care group home		<input type="checkbox"/> Rental by client, with no housing subsidy
	<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility		<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy
	<input type="checkbox"/> Jail, prison, or juvenile detention facility		<input type="checkbox"/> Rental by client, with VASH housing subsidy
	<input type="checkbox"/> Long-term care facility or nursing home		<input type="checkbox"/> Rental by client, with other housing subsidy (including RRH)
	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility		<input type="checkbox"/> Residential project or halfway house with no homeless criteria
	<input type="checkbox"/> Substance abuse treatment facility or detox center		<input type="checkbox"/> Staying or living in a family member's room, apartment, or house
Other	<input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
	<input type="checkbox"/> Client refused		<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)

How long have you been staying there? (Length of Stay in Previous Place)

<input type="checkbox"/> One night or less	<input type="checkbox"/> 90 days or more, but less than one year
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> One year or longer
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client refused

Do you currently have a lease in your name?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

DOMESTIC VIOLENCE

Are you experiencing any violence against you physically or sexually where you live or are staying right now that is making that place unsafe for you to remain?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If Yes, provide client with the phone number to CHOICE @ 614-224-4663

Is client a domestic violence victim/survivor?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused



[IF YES] When did the experience occur?

<input type="checkbox"/> Within the past three months	<input type="checkbox"/> One year ago or more
<input type="checkbox"/> Three to six months ago (excluding six months exactly)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Six months to one year ago (excluding one year exactly)	<input type="checkbox"/> Client refused



[IF WITHIN LAST 30 DAYS] I'd like to refer you to choices domestic violence shelter where they may have additional resources to help with your housing crisis and address additional concerns with your situation. Is that okay?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------



Refer to CHOICES @ 614-224-4663

STRENGTHS EXPLORATION

Household Composition:

<input type="checkbox"/> Single Adult Household: One adult, no minor(s)
<input type="checkbox"/> Family Household: Two or members, at least one minor
<input type="checkbox"/> Unaccompanied Youth: One minor, no adults

Relationship to Head of Household:

<input type="checkbox"/> Self (Head of household)	<input type="checkbox"/> Head of household's other relation member (other relation to head of household)
<input type="checkbox"/> Head of household's child	
<input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Other: non-relation member
<input type="checkbox"/> Trans Male (FTM, or female to male)	<input type="checkbox"/> Data not collected

Number of Adults in Household (incl. HoH):

Do you have any minor children?:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Do you have legal custody of the minor children currently staying with you?:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Number of Children in Household:

0-2 years	<input type="text"/>	3-7 years	<input type="text"/>	8-12 years	<input type="text"/>	13-17 years	<input type="text"/>
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Is anyone in the household currently pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused



Projected Due Date:

		/			/			
Month			Day			Year		

ADDITIONAL DATA COLLECTION: (STILL LISTENING FOR POSSIBLE STRENGTHS, SKILLS, OR NETWORKS NOT PREVIOUSLY IDENTIFIED IN THE CONVERSATION)

Are you connected with Maryhaven Outreach?

Are you currently linked with Franklin County Children Services?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

[IF YES] Is the FCCS case manager aware of your current situation?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Refused
<input type="checkbox"/> No	<input type="checkbox"/> Data Not Collected
<input type="checkbox"/> Client Doesn't Know	

WE CURRENTLY HAVE PARTNERSHIPS WITH SOME MEDICAID MCO'S THAT WANT TO SUPPORT THEIR CLIENTS WHO ARE EXPERIENCING A HOUSING CRISIS.

Do you have health insurance through Medicaid Managed Care Organization (MCO)? If so which one and can I share this information with them?

--

Are you currently employed? ☐ Yes ☐ No

HOMELESS INFORMATION

Homelessness Primary Reason:

<input type="checkbox"/> Addiction	<input type="checkbox"/> Jail/Prison
<input type="checkbox"/> Divorce	<input type="checkbox"/> Relationship Problems
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substandard Housing
<input type="checkbox"/> Evicted	<input type="checkbox"/> Unable to Pay Rent/Mortgage
<input type="checkbox"/> Family/Personal Illness	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Fire	<input type="checkbox"/> Other: _____

Homelessness Secondary Reason:

<input type="checkbox"/> Addiction	<input type="checkbox"/> Jail/Prison
<input type="checkbox"/> Divorce	<input type="checkbox"/> Relationship Problems
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Substandard Housing
<input type="checkbox"/> Evicted	<input type="checkbox"/> Unable to Pay Rent/Mortgage
<input type="checkbox"/> Family/Personal Illness	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Fire	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No Secondary Reason for Crisis	

Date the client started being homeless this time:

		/			/				
Month			Day			Year			

Number of time the client has been homeless in the past three years:

<input type="checkbox"/> One time (this time)	<input type="checkbox"/> Four or more times
<input type="checkbox"/> Two times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Three times	<input type="checkbox"/> Client refused

Total number of months the client has been homeless in the past three years:

<input type="checkbox"/> One month or less (choose if this is the first time the client has been homeless)
<input type="checkbox"/> Between 2 and 12 months → Enter the total number of months: _____
<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client refused

DISABLING CONDITION:

Does the client have a disabling condition that is long-term and impairs their ability to live independently?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused

CONTACT RESOLUTION:

<input type="checkbox"/> No disposition: call incomplete/client did not call back	<input type="checkbox"/> Need shelter tonight [single adults only]: waitlisted due to no homeless shelter space
<input type="checkbox"/> Need shelter tonight	<input type="checkbox"/> Need shelter tonight: service restricted; referred to other option(s)
<input type="checkbox"/> Need shelter tonight: more appropriately served and/or prefer other shelter or residential option	<input type="checkbox"/> Do not need shelter tonight: at-risk of literal homelessness within next 7 days
<input type="checkbox"/> Need shelter tonight: currently in shelter; advised to remain there or call back once discharged	<input type="checkbox"/> Do not need shelter tonight: at-risk of literal homelessness in more than 7 days

SUBSTANCE ABUSE PRE-SCREEN

Are you currently intoxicated or under the influence of another substance?

☐ Yes

☐ No

[IF YES], transfer internally to Netcare staff.

Are there any chronic medical conditions that you know you have, such as diabetes, seizures, high blood pressure, or a heart-related condition, or mental health condition for which you are not receiving treatment or have run out of medication?

☐ Yes

☐ No

Are you presently thinking about hurting yourself or someone else?

☐ Yes

☐ No

Possible referral to Netcare 614-276-2273.

WE MUST DO A LOCAL CHECK FOR SEX OFFENSES. ARE YOU OR ANYONE IN YOUR HOUSEHOLD A REGISTERED SEX OFFENDER?

<input type="checkbox"/> Self
<input type="checkbox"/> No
<input type="checkbox"/> Other adult(s)

[IF YES] Sex Offense Classification:

<input type="checkbox"/> Tier I	<input type="checkbox"/> (Pre AWA) Habitual Sex Offender with Notification
<input type="checkbox"/> Tier II	<input type="checkbox"/> (Pre AWA) Sexual Predator
<input type="checkbox"/> Tier III	<input type="checkbox"/> (Pre AWA) Aggravated Sexually Oriented Offense
<input type="checkbox"/> (Pre AWA) Sexually Oriented Offender	<input type="checkbox"/> (Pre AWA) Child Victim Offender
<input type="checkbox"/> (Pre AWA) Habitual Sex Offender w/o Notification	<input type="checkbox"/> (Pre AWA) Child Victim Predator

Are you now or have you ever been subject to community notification?

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected

Sex offense involved a minor:

<input type="checkbox"/> Yes	<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> No	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Data Not Collected

Background check completed:

		/			/				
--	--	---	--	--	---	--	--	--	--

Month

Day

Year

☐ Local (free)

☐ National (Paid)

☐ Both (Local & National)

COVID SCREENING INFORMATION:

Date of COVID-19 Screening:

COVID-19 Screening Disposition

<input type="checkbox"/> COVID-19 exposure/close contact	<input type="checkbox"/> COVID-19 symptomatic
<input type="checkbox"/> COVID-19 positive test result within prior 14 days	<input type="checkbox"/> Not positive or symptomatic for COVID-19

COVID-19 Triage Disposition

<input type="checkbox"/> COVID-19 confirmed, symptomatic, or exposure/close contact
<input type="checkbox"/> COVID-19 <u>NOT</u> confirmed, symptomatic, <u>NOT</u> exposed/close contact

COVID-19 Triage Referral

<input type="checkbox"/> Other Medical Facility	<input type="checkbox"/> Non-SIQ Shelter or remain in place w/precautions
<input type="checkbox"/> SIQ-MED Shelter	<input type="checkbox"/> Non-SIQ Shelter or remain in place <u>w/o</u> precautions



If SIQ-MED referral

Entity Referring to SIQ

<input type="checkbox"/> Veteran/VA	<input type="checkbox"/> ODRC
<input type="checkbox"/> Homeless System Provider	<input type="checkbox"/> Return Home Ohio
<input type="checkbox"/> Hospital	<input type="checkbox"/> Southeast Residential
<input type="checkbox"/> Maryhaven	<input type="checkbox"/> Maryhaven Non-Homeless

Notes:

--

SPECIFY SHELTER REFERRED TO:

--

Gladden Homeless Prevention Screening/Referral Tool

CSP#: _____

SCREENING DATE (e.g., 10/01/2015)

		/			/				
--	--	---	--	--	---	--	--	--	--

APPLICANT HEAD OF HOUSEHOLD

First Name	Last Name

Address	Phone

Are you or any of your household members a veteran? Yes ___ No ___

HoH Date of Birth (e.g., 06/14/1992)

		/			/				
--	--	---	--	--	---	--	--	--	--

Age

--

OTHER HOUSEHOLD MEMBERS (attach an additional page as needed)

First Name	Last Name	Age	

TOTAL HOUSEHOLD MONTHLY INCOME (from all sources): _____ AMI%: _____

Earned _____ Employer _____

SSI _____ SSDI _____ TANF _____ UE _____ Other _____

CURRENT HOUSING SITUATION & RISK FOR LITERAL HOMELESSNESS

Can you tell me about the place you stayed last night? Is this the primary place you stay or is there somewhere else you normally stay? If there's somewhere else you normally stay, can you tell me about that place?

Identify the primary place where family is staying (check only one):

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friend's room, apartment or house

Any landlord leads? LL name: _____ Phone: _____

- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with HUD VASH subsidy
- ☐ Rental by client, with other ongoing housing subsidy

Past Due Amount Owed: _____

Lease term (year, mo. to mo.): _____ When does lease end? _____

LL name: _____ Phone: _____

- ☐ Permanent housing for formerly homeless persons (e.g., CoC Program funded unit)
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Other (describe): _____

Do you have to leave this place (or the place you normally stay)?

☐ YES

☐ NO

☐ N/A

If yes, what's causing you to have to leave? How long can you continue to stay there?

Identify why the family must leave the primary place they are staying (check only one):

- ☐ Court-ordered eviction notice to vacate rental unit
- ☐ Formal written notice from landlord to vacate rental unit (e.g., 30 day Notice to Quit)
- ☐ Written or verbal notice from family, friend or host to leave doubled-up housing
- ☐ Insufficient resources to continue to pay for hotel or motel
- ☐ Other (describe): _____

By what date must the applicant leave the primary place they are staying: ____/____/____

Risk for Literal Homelessness and Reason for Referral:

(Summarize relevant information related to imminent housing loss and reason family is at risk of literal homelessness, including the absence of other safe, appropriate housing alternatives and resources to prevent literal homelessness. Also include brief summary of relevant current and historical housing stability, employment history, financial hardship, and any other contributing or relevant factors such as substance abuse, domestic violence, etc.)

Are you past due with electric? Yes ____ No ____ . If yes, how much? _____

Are you past due with gas? Yes ____ No ____ . If yes, how much? _____

Were you on PIP? Yes ____ No ____ . When? _____

Gladden Staff Responsible for Screening/Referral

Name: _____

Signature: _____

Date: _____

Housing Assistance Screening Tool

SINGLE ADULTS

PART 1: CLIENT INFORMATION

<i>For Screener Use Only (please utilize information already collected for intake/CSP):</i>	
CSP# _____	First Name, Last Name _____
PRE-SCREENING	
Did client exit from emergency shelter within the last 7 days? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If YES – STOP and COMPLETE PART 3.</i>	
Is client a Veteran? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know/Refused	
<i>*If YES – STOP and COMPLETE PART 3.</i>	
Is client currently enrolled with a Rapid Re-Housing (RRH) provider? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If YES – STOP and COMPLETE PART 3.</i>	
Has client been invited to submit a Severe Service Needs Assessment or to apply for USHS? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If YES – COMPLETE PART 2. Contact YMCA RRH case manager/director assigned to your shelter OR provider assisting client with USHS.</i>	
Is the client currently enrolled with a street outreach provider (e.g., Maryhaven, Southeast PATH Program)? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
<i>*If YES – COMPLETE PART 2. Contact street outreach program with the client.</i>	
Is the client currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know/Refused
Total household monthly income:	\$ _____
Number of minor children in the household: _____	
How many shelter entries in the past 3 years: _____	
<u>Best way to contact client:</u>	
Client's Email Address _____	Client Phone _____
Emergency Contact Name _____	Emergency Contact Phone/Email Address _____
<u>Screener Information:</u>	
Staff Name: _____	Date: _____
Email Address _____	Agency/Program _____

Housing Assistance Screening Tool

SINGLE ADULTS

PART 2: CLIENT INTERVIEW

Screening Script:

"The following are a set of questions we ask everyone to better understand your housing needs and support you in obtaining safe and stable housing. Your responses will help us identify which re-housing services you may qualify for. We'll help you access any available assistance, but resources are very limited, and we ask that you continue to seek any other assistance and options available to you. Only shelter and rehousing staff will have access to your responses. Any response you provide is acceptable. You have the right to answer or refuse the questions below."

1) Do you want to continue?	_____ Yes _____ No*
<small>*If NO, STOP. Remind client: Shelter residents must continue to actively seek safe, alternative housing to remain eligible for shelter.</small>	
2) Do you have a serious health condition that prevents you from holding a job or living in stable housing (i.e., it is "severe and persistent" and "disabling"?)?	_____ Yes _____ No _____ Client doesn't know/refused
3) In the past 6 months have you been a victim of abuse by a spouse, intimate partner, family member, child, or cohabitant?	_____ Yes _____ No _____ Client doesn't know/refused
a) If Yes, did this occur within the last 3 months?	_____ Yes _____ No _____ Client doesn't know/refused
4) Have you ever been charged with a felony and, if so, how many felony arrests or convictions might appear on a public record?	_____ # of Felony Records _____ Client doesn't know/refused
5) Do you have any prior evictions and, if so, how many times have you been evicted?	_____ # of Prior Evictions _____ Client doesn't know/refused
6) Do you or another adult who will be living with you owe money to one or more prior landlords?	\$_____ Total amount owed
7) Do you or another adult who will be living with you owe money on any utilities (gas, electric, water)?	\$_____ Total amount owed
8) What is the minimum number of bedrooms you need for you and anyone else who may live with you?	_____ # Bedrooms
9) Do you have any pets or service animals?	_____ Yes _____ No _____ Client doesn't know/refused

QUESTIONS 10-15 ARE FOR UNACCOMPANIED YOUTH AGE 18-24 ONLY.

If client is 25 or older, STOP and COMPLETE PART 3.

10) As a child or teen did you have any involvement with Child Protective Services (e.g., FCCS) or Juvenile Justice?	_____ Yes _____ No _____ Client doesn't know/refused
11) Do you identify as LGBTQIA+?	_____ Yes _____ No _____ Client doesn't know/refused

Columbus/Franklin County Homeless Crisis Response System

Housing Assistance Screening Tool

SINGLE ADULTS

12) Have you ever lost stable housing because? (check all that apply)

- ☐ Differences in religious or cultural beliefs
- ☐ Conflicts around gender identity or sexual orientation
- ☐ Violence in the home
- ☐ Unhealthy or Abusive Relationship

Total: _____

13) Since becoming homeless, have you been exploited, attacked, beaten up or robbed?

_____ Yes _____ No

_____ Client doesn't know/refused

Client may need additional explanation such as: "Exploited means tricked or forced to do things you don't want to do."

14) Do you have a GED or High School Diploma?

_____ Yes _____ No

_____ Client doesn't know/refused

15) Would you be interested in services that help young people learn the Life Skills needed to transition to adulthood successfully?

_____ Yes* _____ No

_____ Client doesn't know/refused

**If YES state to the client: "This will be taken into consideration IF youth-specific programs have openings"*

PART 3: NEXT STEP HOUSING ASSISTANCE

Select the next step housing assistance offered to client based on above. Provide client with next step information and assistance. See HAST Guide for additional information and guidance.

___ Client exited from emergency shelter within the last 7 days. Review case with supervisor.

___ Client is a Veteran. Contact Veteran Coordinated Entry Specialist or Responsible Provider listed in CSP with the Veteran.

NON-VETERANS ONLY:

___ Client is currently enrolled with a RRH provider. Contact YMCA RRH case manager/director assigned to your shelter.

___ Client is not currently enrolled with a RRH. Refer client to YMCA RRH program.

Client may be waitlisted for RRH, based on prioritization and capacity. To support immediate re-housing goal setting and progress toward re-housing goals, the client will be assisted with their IHSP by the following staff:

Staff member name: _____

Notes: Include helpful re-housing related notes such as existing providers (e.g., Mary Smith w/ FCCS 614-555-1212) and additional housing barriers not otherwise specified above.

Columbus/Franklin County Homeless Crisis Response System

Housing Assistance Screening Tool: FAMILIES

PART 1: CLIENT INFORMATION

<i>For Screener Use Only (please utilize information already collected for intake/CSP):</i>	
CSP# _____	First Name, Last Name _____
PRE-SCREENING	
Did client exit from emergency shelter within the last 7 days? ___Yes* ___ No	
<i>*If YES – STOP and COMPLETE PART 3.</i>	
Is client a Veteran? ___Yes* ___ No ___ Client Doesn't Know/Refused	
<i>*If YES – STOP and COMPLETE PART 3.</i>	
Is client currently enrolled with a Rapid Re-Housing (RRH) provider? ___Yes* ___ No	
<i>*If YES – STOP and COMPLETE PART 3.</i>	
Has client been invited to submit a Severe Service Needs Assessment or to apply for USHS? ___Yes* ___ No	
<i>*If YES –COMPLETE PART 2. Contact provider assisting client with USHS.</i>	
Is the client currently enrolled with a street outreach provider (e.g., Maryhaven, Southeast PATH Program)? ___Yes* ___ No	
<i>*If YES – COMPLETE PART 2. Contact street outreach program with the client.</i>	
Is the client or a household member currently pregnant? ___Yes ___ No ___Client Doesn't Know/Refused	
Total household monthly income:	\$ _____
Number of minor children in the household: _____	
How many shelter entries in the past 3 years: _____	
<u>Best way to contact client:</u>	
Client's Email Address _____	Client Phone _____
Emergency Contact Name _____	Emergency Contact Phone/Email Address _____
<u>Screener Information:</u>	
Staff Name: _____	Date: _____
Email Address _____	Agency/Program _____

Columbus/Franklin County Homeless Crisis Response System

Housing Assistance Screening Tool: FAMILIES

PART 2: CLIENT INTERVIEW

Screeners Script:

"The following are a set of questions we ask everyone to better understand your housing needs and support you in obtaining safe and stable housing. Your responses will help us identify which re-housing services you may qualify for. We'll help you access any available assistance, but resources are very limited, and we ask that you continue to seek any other assistance and options available to you. Only shelter and rehousing staff will have access to your responses. Any response you provide is acceptable. You have the right to answer or refuse the questions below."

1) Do you want to continue?	_____ Yes _____ No*
<i>*If NO, STOP. Remind client: Shelter residents must continue to actively seek safe, alternative housing to remain eligible for shelter.</i>	
2) How many adults in the household have a serious health condition that prevents them from holding a job or living in stable housing (i.e., it is "severe and persistent" and "disabling"?)?	_____ # of adults with a serious health condition _____ Client doesn't know/refused
3) How many children with you have a serious health condition?	_____ # of children with a serious health condition _____ Client doesn't know/refused
4) In the past 6 months have you been a victim of abuse by a spouse, intimate partner, family member, child, or cohabitant?	_____ Yes _____ No _____ Client doesn't know/refused
a) If Yes, did this occur within the last 3 months?	_____ Yes _____ No _____ Client doesn't know/refused
5) Among all adults in the household, have any ever been charged with a felony and, if so, how many felony arrests or convictions might appear on a public record?	_____ # of Felony Records _____ Client doesn't know/refused
6) Among all adults in the household, have any been previously evicted and, if so, how many times have you and other adults been evicted?	_____ # of Prior Evictions _____ Client doesn't know/refused
7) Do you or another adult in the household owe money to one or more prior landlords?	\$_____ Total amount owed
8) Do you or another adult who will be living with you owe money on any utilities (gas, electric, water)?	\$_____ Total amount owed
9) What is the minimum number of bedrooms you need for you and your family?	_____ # Bedrooms
10) Do you have any pets or service animals?	_____ Yes _____ No _____ Client doesn't know/refused
11) Are you interested in job training or employment support services?	_____ Yes _____ No _____ Client doesn't know/refused
12) How many jobs has the HoH held in the past 2 years?	_____ # of Prior Jobs _____ Client doesn't know/refused
13) In the past 2 years, what is the longest period of employment?	_____ Months _____ Years

Columbus/Franklin County Homeless Crisis Response System

Housing Assistance Screening Tool: FAMILIES

QUESTIONS 18-23 ARE FOR PARENTING YOUTH AGE 18-24 ONLY.

If ANY member of the household is 25 or older, STOP and COMPLETE PART 3.

14) As a child or teen did you have any involvement with Child Protective Services (e.g., FCCS) or Juvenile Justice? _____ Yes _____ No
_____ Client doesn't know/refused

15) Do you identify as LGBTQIA+? _____ Yes _____ No
_____ Client doesn't know/refused

16) Have you ever lost stable housing because? (check all that apply)

- ☐ Differences in religious or cultural beliefs
- ☐ Conflicts around gender identity or sexual orientation
- ☐ Violence in the home
- ☐ Unhealthy or Abusive Relationship

Total: _____

17) Since becoming homeless, have you been exploited, attacked, beaten up or robbed? _____ Yes _____ No
_____ Client doesn't know/refused

Client may need additional explanation such as: "Exploited means tricked or forced to do things you don't want to do."

18) Do you have a GED or High School Diploma? _____ Yes _____ No
_____ Client doesn't know/refused

19) Would you be interested in services that help young people learn the Life Skills needed to transition to adulthood successfully? _____ Yes* _____ No
_____ Client doesn't know/refused

**If YES state to the client: "This will be taken into consideration IF youth-specific programs have openings"*

PART 3: NEXT STEP HOUSING ASSISTANCE

Select the next step housing assistance offered to client based on above. Provide client with next step information and assistance. See HAST Guide for additional information and guidance.

___ Client exited from emergency shelter within the last 7 days. Review case with supervisor.

___ Client is a Veteran. Contact Veteran Coordinated Entry Specialist or Responsible Provider listed in CSP with the Veteran.

NON-VETERANS ONLY:

___ Client is currently enrolled with a RRH provider. Contact Direct Housing/RRH provider.

___ Client is not currently enrolled with a RRH. Refer client to Direct Housing/RRH.

Client may be waitlisted for RRH, based on prioritization and capacity. To support immediate re-housing goal setting and progress toward re-housing goals, the client will be assisted with their IHSP by the following staff:

Staff member name: _____

Notes: Include helpful re-housing related notes such as existing providers (e.g., Mary Smith w/ FCCS 614-555-1212) and additional housing barriers not otherwise specified above.

Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

The Housing Assistance Screening Tool (HAST) version 1.3, effective 1/01/2020, replaces HAST version 1.2 and the former Welcome Screen tool used for both families and single adults. **Shelter providers should screen ALL new shelter residents (families or single adults) as soon as possible, but no later than 5 business days after shelter admission**, using the standardized Housing Assistance Screening Tool and referral process for rapid re-housing (RRH).

Why are we doing the HAST?

The Housing Assistance Screening Tool is used to identify the client's prior homeless assistance history (if previously homeless), as well as their characteristics, housing-related barriers and re-housing needs in order to connect them to best available re-housing assistance for which they are eligible. The tool helps staff identify next step housing assistance, including:

- 1) Veterans who should be connected to Veterans coordinated entry and re-housing assistance resources.
- 2) Individuals and families who are already receiving rapid re-housing assistance and who should be re-connected to the RRH provider.
- 3) Individuals and families who have been previously identified for permanent supportive housing through USHS and who should be re-connected with the provider assisting them with USHS.
- 4) Key household characteristics and re-housing barriers to determine if the individual or family has significant re-housing needs and is a potential priority for rapid re-housing assistance. Upon submitting a completed HAST form, families and individualizes are further screened, scored and prioritized for RRH assistance. Clients who have the highest score, starting with certain target populations, are then offered RRH when a program slot becomes available.
- 5) Individuals and families who are not selected for or otherwise already receiving RRH should be assisted by shelter staff with their Individualized Housing Stabilization Plan (IHSP) and housing search/placement.

This process allows our system to maximize limited re-housing assistance and ensure all available housing resources for persons experiencing homeless are flexibly and immediately offered to the individuals who need them most acutely in that moment.

Why are we asking these questions?

Factors that cause an individual or family to become or remain homeless are varied and range from structural issues, such as lack of affordable housing and racism, to specific individual vulnerabilities (e.g., severe and persistent disabling condition(s)) and housing barriers (e.g., criminal record, prior evictions, or having little to no income). These screening tools are intended to be brief and least-invasive, so the factors in this tool do not account for all the possible factors associated with continued homelessness, but rather factors that most directly affect an individual or family's ability secure housing with or without assistance. These items were narrowed down by representatives from every point in our system to best meet the needs of our community.

These next sections are intended to be a quick-reference, companion document for the HAST. It is not meant to supplant training on how to use this tool.

Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

Part 1: CLIENT INFORMATION SECTION

Pre-Screening in CSP for the following:

<p><u>Veteran:</u> If the person is a veteran, STOP and contact the <i>Responsible Provider</i> listed in CSP. If no Responsible Provider is listed, contact Veteran Coordinated Entry Specialist, John Roszkowski at John.Roszkowski@va.gov or 614-439-8971 To find Veteran Status in CSP, go to <i>Client Profile</i>, and the field under <i>client record</i> is “U.S. Military Veteran”</p>
<p><u>RRH:</u> Persons <i>currently enrolled with a RRH provider</i> do not need to complete the interview section (Part 2), instead please have them contact their RRH provider (also called “Direct Housing”) at this time to alert them of a return to shelter, and schedule a meeting with the person as soon as possible. To find the RRH/Direct Housing Case Manager info in CSP, go to the <i>Case Managers</i> tab, and check for the most recent Direct Housing record.</p> <p>For those persons who were enrolled with a RRH provider in last 12 months, please complete the remainder of the HAST (as applicable). Those who have been linked and served by a RRH provider within the last 12 months are <i>not</i> automatically deemed ineligible for RRH services, but may need to appeal to receive RRH assistance following the formal appeals process.</p>
<p><u>USHS:</u> For single adults, immediately contact the YMCA RRH case manager/director assigned to your shelter. For families, immediately contact the provider assisting the family with their USHS application. To find the invitation in USHS in CSP go to the <i>Client Profile</i> tab, scroll all the way down to the <i>Client Notes</i> section, scroll through the records through to the most recent 6 months. For client’s in this pool you will see “Invited to submit SSNA” in the <i>Notes Preview</i> section.</p>
<p><u>Street Outreach:</u> For persons already engaged with street outreach, please contact street outreach, preferably with the client, to alert them that their client has entered shelter. Complete HAST as usual. To find this information in CSP, go to the <i>Entry/Exit</i> tab and search through records. Outreach clients will have a record with Program type “MCOT Outreach” and no <i>Exit Date</i>, meaning they are still open. PROGRAM CONTACT: Thomas Adams, Outreach Program Coordinator, Maryhaven Engagement Center email: tadams@maryhaven.com or phone 614-449-1530 x213</p>
<p><u>Number of minor children in the household:</u> This information can be found on the <i>Household</i> tab in CSP.</p>
<p><u>Determining the number of Shelter Entries:</u> This information can be found on the <i>Entry/Exit</i> tab in CSP.</p>

Part 2: CLIENT INTERVIEW SECTION

Scripter Script: This script is only intended to be a guide. You are always welcome to read this script as it is written, especially if you are new to using this tool, it may help you develop your own way of saying the same *important points* which allows you to better engage and build rapport with the client. If you prefer to use your own words, you must cover these *important points* every time: *why we are asking, who has access to the responses, there are limited resources and the person must continue to work on resolving their housing crisis, and of their right to refuse.*

- **Consent:** The client has the right to refuse. If the person responds “No”, Stop and proceed to **PART 3**. Use all the information available to you in CSP, from observation, and from Part 1: Client Information section to determine Next Step. *Remind client: Shelter residents must continue to actively seek safe, alternative housing to remain eligible for shelter.*
- **“Serious Health Conditions” (i.e., severe and persistent disabling conditions):** This question is by client self-report. Use your judgement, if a client reports health conditions that are not likely to be permanent as the reason for losing a job or housing, this does not meet the criteria of *serious health condition*. Some examples of this may be reports that a broken arm, or a car accident resulting in physical trauma caused missed work and inability to pay rent. While these are common reasons for a loss of housing, they would not be considered

Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

severe and persistent or a serious health condition. Serious health conditions may include, but are not limited to:

- Diabetes
- COPD/Emphysema
- Tuberculosis
- Cancer
- Post-Traumatic Stress Disorder
- Traumatic Brain Injury
- Hepatitis
- Liver Disease
- Heart Disease
- Physical Disability
- Serious mental health condition
- Drug and/or alcohol use
- HIV+/AIDS
- Developmental Disability

DO NOT write any conditions on the HAST form (HIPPA).

- **Domestic Violence in the previous 6 months:** Please ensure that the client is in a safe and confidential environment. The response should be whatever the client reports and may be violence at the hands of *any* cohabitant including spouse, intimate partner, family member, children. The client does not need to explain further. If the client's response is "Yes", we additionally want to know if this has happened in the last 3 months.
- **Felony History:** Felony charges that may appear on a public record make finding housing more difficult, as most landlords will conduct a background check. Felony convictions also disproportionately impact people of color, and contribute to their over-representation in the homeless population. Combatting disparities in homelessness is key to changing the historical paradigm. Clients may be hesitant to respond to this question and sharing with them that this question is seeking to understand their personal housing barriers, not create additional ones, may be helpful. For households with multiple adults, attempt to capture the felony history of all adults (over 18) in the household that will be on the lease when they become rehoused. This information is critical to avoiding delays in housing matching.
- **Previous Evictions:** Similar to the above question, this is addressing the person's housing barriers. Responses are based upon client self-report. You may have an client that is unsure of whether an eviction is on their record. You can offer to check with the client at: <http://www.fcmcclerk.com/case/search>. All eviction records are coded CVG in the case number. The goal is to capture what a landlord might see on a public record. It is important to capture eviction history of all the adults (over 18) in the household, being careful not to double count a residence (i.e. a couple report that both were evicted from their previous residence together, that would be 1 eviction).
- **Housing Match:** These questions are not scored but will assist our landlord relations in an effort to more quickly match client's with landlords that have immediate openings. It is important to gather as much detailed information as the client can offer at the time of the interview.
- **Employment Questions:** On the HAST for Families, question 11 is meant to help match persons interested in job training to specific RRH programs with a job training component. Because there is no guarantee that there will be openings in these specific programs, it is important to explain that to the client.

Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

IF PERSON IS 25 OR OLDER OR IF ANYONE IN THE HOUSEHOLD IS 25 OR OLDER, STOP – COMPLETE PART 3.

QUESTIONS FOR UNACCOMPANIED OR PARENTING YOUTH AGE 18-24 ONLY

Unaccompanied youth and youth heads of households (HoH) with minor children have some specific factors that both contribute to their risk of continued homelessness and make them more at-risk of serious harm or death while experiencing homelessness. For these reasons, the following questions have been added to this tool.

- **History of Child Protective Services or Juvenile Justice:** This question speaks to a lack of support system, and possibly a history of trauma. Like the question regarding felonies, we see a significant overrepresentation of youth of color in both Child Protective services, sometimes called “foster care” or “FCCS” and Juvenile Justice, also referred to as “Detention” or “Probation” as a minor.
- **Youth who identify as LGBTQIA+:** This acronym stands for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual. The + (plus) refers to the fact that some youth may identify as a sexual minority but not a specific “label”. Some youth may have an initial reaction to this question, so it may be important to educate the client on the reason this is asked. This population makes up a large proportion of youth experiencing homelessness. Youth who identify as LGBTQIA+ are more likely to experience victimization, be exposed to sexually transmitted diseases, and resort to crimes of survival.
 - a. It’s a good idea to check in with staff about their level of comfortability in asking this question and the need for additional training. See:
<https://learn.truecolorsunited.org/inclusion-toolkit/>
- **Loss of Stable Housing:** Being kicked out of your childhood home for reasons other than you are ready to live on your own can have a catastrophic ripple effect in the life of a young person. These young people often have multiple attempts and setbacks in housing stability as they transition to adulthood with little safety net and support system from their family of origin. Record the total number experienced checked (max. 4) in the space provided.
 - a. Religious or Cultural Beliefs
 - b. Conflict around gender identity or sexual orientation
 - c. Violence in the home
 - d. Unhealthy or Abusive Relationship
- **Risk of Exploitation or Victimization while homeless:** This question is intended to be self-report and is only asking for a response *since becoming homeless*. Some youth may not know what this means. It is okay to give an example of common experiences that a youth may identify. It is important with questions of this nature, that you never label a client’s experience as exploitation or victimization, unless the client has first acknowledged this experience as exploitation or victimization.
- **GED or High School Diploma:** This accounts for the number one risk factor for youth.
- **Interest in Transition-Age Program and Life skills:** This is not a criterion question. It is meant to help match youth interested in youth-specific RRH programs that account for the life skills youth need to live independently. Because there is no guarantee that there will be openings in these specific programs, it is important to explain that to the client.

Part 3: NEXT STEP HOUSING ASSISTANCE

When you have completed the screening with the client, you will then complete this section. This section should be completed on every HAST, regardless of the outcome. The options below will guide you and the client to discuss next steps.

Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

✓	Client is a Veteran: Veterans have a specific coordinated entry process. If the person is a Veteran you will contact the <i>Responsible Provider</i> listed in CSP. If no Responsible Provider is listed, contact Veteran Coordinated Entry Specialist, John Roszkowski at 614-439-8971
✓	Client currently enrolled with a RRH provider: Persons <i>currently linked with a RRH provider</i> do not need to complete the interview section, instead please have them contact their RRH provider at this time to alert them of a return to shelter, and schedule a meeting with the person as soon as possible.
✓	Client has invitation to submit a Severe Service Needs Assessment or to apply for USHS: For persons currently invited to submit a severe service needs assessment for USHS, it is vital that this screening take place as soon as possible and before the person exits shelter. For single adults, immediately contact the YMCA RRH case manager/director assigned to your shelter.
✓	Client is not currently enrolled with RRH, submit a referral for Rapid Re-Housing assistance:: Referrals to RRH/Direct Housing are submitted via google docs. <i>If</i> the client's referral is accepted by RRH, they will contact the client to set-up a time to complete the intake. If the client does not complete the intake, they cannot be enrolled in the program. Please stress the importance of continuing to work to resolve their housing crisis and if they are contacted by RRH, the urgency to follow-up and attend all scheduled appointments. The client may be waitlisted for RRH, based on prioritization relative to other clients and RRH capacity. To support immediate goal setting and progress toward those rehousing goals the client should be assisted by referring agency with their IHSP

ⁱ Risk Factors for Homelessness: Evidence From a Population-Based Study; Katherine H. Shelton Ph.D.Pamela J. Taylor M.D.Adrian Bonner Ph.D.Marianne van den Bree Ph.D. (<https://ps.psychiatryonline.org/doi/10.1176/ps.2009.60.4.465>)

Housing Assistance Screening Tool (HAST) *SINGLES and FAMILIES* Companion Guide

Program Contact Information

Program	Contact Name	Phone Number	Email
Coordinated Access and Rapid Resolution	Kyra Crockett-Hodge	614-826-3630	kcrockett@huck-house.org
Faith Mission SSVF	Twana Roper	614-224-6617 x2144	troper@issnetworkofhope.org
Homeless Families Foundation	Tiffany McCoy	614-461-9247 x102	tmccoy@homelessfamiliesfoundation.org
Homeless Families Foundation YHDP	Cory Kinnan	614-715-8658	ckinnan@homelessfamiliesfoundation.org
MCOT – Outreach	Thom Adams	614-449-1530 x213	TAdams@maryhaven.com
The Salvation Army	Brittani Perdue	614-358-2616	Brittani.Perdue@USE.SalvationArmy.Org
Veteran Coordinated Entry	John Roszkowski	614-439-8971	John.Roszkowski@va.gov
Volunteers of America Direct Housing	Betsy McGraw	614-977-1653	betsy.mcgraw@voago.org
Volunteers of America VFF	Issac Barton	614-629-9960 x1701	isaac.barton@voago.org
YMCA RRH	Beth Lonn	614-715-2030 x8312	beth.lonn@ymcacolumbus.org

Unified Supportive Housing System (USHS)
SEVERITY OF SERVICE NEEDS SCREENING INTERVIEW TOOL

Consent for Interview

With your permission, you will be asked some questions to determine if your service needs are a priority for Permanent Supportive Housing.

Some things you should know before we begin:

- ☐ In this interview we will discuss your housing, health and service needs.
- ☐ All of the information shared today will be confidential and only authorized agencies will be able to access and review your information.
- ☐ Completing this screening does not guarantee placement in Permanent Supportive Housing.
- ☐ You may not get an immediate response to this assessment so please continue to work with us around potential housing options.
- ☐ If at any time, you feel uncomfortable or upset, you may ask me to take a break, stop or to skip a question.

At the conclusion of this screening we will discuss next steps. Do you have any questions at this time?

PLEASE SIGN BELOW YOUR INFORMED CONSENT TO BE INTERVIEWED AND SCREENED

Your signature (or mark) below indicates that you have read (or been read) the information provided above and have gotten answers to your questions.

Signature or Mark of Prospective Applicant

Date

Printed name of Prospective Applicant

Interviewer's Printed Name

Date

Location

Time

DOMAINS 1-3:

**Significant Challenges Or Functional Impairments, Including Any Physical, Mental, Developmental Or Behavioral Health Disabilities Regardless Of The Type Of Disability,
Which Require A Significant Level Of Support In Order To Obtain Or Maintain Permanent Housing
(This Factor Focuses On The Level Of Support Needed And Is Not Based On Disability Type)**

1. Within the past five years, have you ever had to leave an apartment, shelter program, or other place you were staying because of your health? Please tell me about that?		Refused <input type="checkbox"/>
2. Do you use drugs or alcohol? Tell me, please, about what and how often you use?		Refused <input type="checkbox"/>
3. Have you ever had an overdose?		Refused <input type="checkbox"/>
4. Have you ever spent so much of your income on drugs or alcohol that you could not pay your rent or could not afford food?		Refused <input type="checkbox"/>
5. Do you have significant challenges or health conditions that make it hard to obtain and maintain housing?		Refused <input type="checkbox"/>
6. What kinds of supports do you feel you need to live on your own? What have other people told you that they think you need to be successful living on your own?		Refused <input type="checkbox"/>
7. 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?		Refused <input type="checkbox"/>
8. Are there any medications that you are supposed to be taking for a health condition that you are not taking as prescribed?		Refused <input type="checkbox"/>
9. Were you diagnosed with a developmental disability (physical, learning, language, or behavior) before the age of 18? Examples: ADHD, Autism, Cerebral Palsy, Hearing Loss, Intellectual Disability, Learning Disability, Vision impairment.		Refused <input type="checkbox"/>

DOMAIN 4:

**High Utilization of Crisis or Emergency Services to Meet Basic Needs,
Including But Not Limited to Emergency Rooms, Jails and Psychiatric Facilities**

10. In the past 12 months how many times has 911 been called to assist you? What was going on with you those times that led to 911 being called?		Refused <input type="checkbox"/>
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11. In the past six months, how many times have you taken an ambulance to the hospital? What conditions did the hospital treat you for?		Refused <input type="checkbox"/>
12. In the past six months, how many times have you used a crisis service, including <ul style="list-style-type: none"> • Emergency rooms_____ • Police _____ • Jail _____ or • Suicide hotlines_____? 		Refused <input type="checkbox"/>
13. In the past year, how many times have you hospitalized as an inpatient? What conditions were you treated for? When you were released, did you follow-up with a doctor like you were advised?		Refused <input type="checkbox"/>
14. Have you been to Netcare 4 times in the past 30 days? Or have you been to Netcare 12 or more times in one year?		Refused <input type="checkbox"/>
DOMAIN 5: Vulnerability to Victimization		
15. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?		Refused <input type="checkbox"/>
16. Do you ever do things that may be considered to be risky, like trade sex for money, share needles, or spend time with people who mistreat you?		Refused <input type="checkbox"/>
17. Has your current period of homelessness been caused by an experience of abuse or by any other trauma you have experienced?		Refused <input type="checkbox"/>
18. Do you identify as LGBTQI? How has that impacted your experiences? Does it make you feel unsafe?		Refused <input type="checkbox"/>
19. Have you experienced violence during your time homeless?		Refused <input type="checkbox"/>
20. Have you been robbed, swindled, or taken advantage of financially? Do you give money to others?		Refused <input type="checkbox"/>
21. Do you have a support system, such as friends, family, or other people you can count on?		Refused <input type="checkbox"/>

DOMAIN 6:
Vulnerability to Illness or Death

22. Do you currently have any serious chronic health conditions, such as cirrhosis of the liver, renal disease, diabetes or heart disease?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
23. Have you had more than three hospitalizations in the past three months?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
24. Do you have a life threatening condition?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
25. Are you over 60 years old?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
26. Have you suffered a very significant loss in the past year?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>

DOMAIN 7:
Barriers to Housing/Risk of Continued Homelessness

27. Do you have steady income from work, a disability benefit or other regular source that could be enough to pay for housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO (1 risk factor)	Refused <input type="checkbox"/>
28. Have you ever been in jail, arrested, or accused of a crime or criminal activity (even if it wasn't true)?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
29. Have you had any evictions, been asked to leave or abandoned housing within the past seven years? How many times has this happened?	<input type="checkbox"/> 2 or More Evictions in the past seven years (1 risk factor) <input type="checkbox"/> Less than 2 Evictions in the past seven years. <input type="checkbox"/> No evictions (Go to Question 31)	Refused <input type="checkbox"/>
30. When was your last eviction?	<input type="checkbox"/> One Eviction within the past 12 months (1 risk factor) <input type="checkbox"/> No evictions within the past 12 months.	
31. Do you have any legal stuff going on right now that could result in you being locked up, have to pay fines, or make it more difficult to rent a place to live?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
32. Does your credit history include a judgment for debt to a landlord? Have you had a foreclosure or filed bankruptcy in the last 7 years?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
33. Does your criminal history include Arson, Placement on Sex Offender Registry, Production of Crystal Meth, Drug offenses or crimes against persons or property?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>

34. Within the last year did you participate in a Rapid Rehousing Program? If you are/were in Rapid Rehousing, are/were you able to maintain housing independently after you exit/ed the program?	<input type="checkbox"/> YES; YES <input type="checkbox"/> YES; NO (1 risk factor) <input type="checkbox"/> NO; N/A	Refused <input type="checkbox"/>
35. Have you ever been in Permanent Supportive Housing (PSH) <u>and</u> exited unsuccessfully?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
DOMAIN 8: Other Factors Determined By the Community that are Based on Severity of Needs		
36. Are you between 18-24 years old?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
37. Do you have legal custody of any minor children that will be living with you?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
38. Are you currently pregnant?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
39. Are there more than 6 people in your household?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
40. Is there a person in your household besides you that has a significant disability?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
41. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> YES <input type="checkbox"/> NO (1 risk factor)	Refused <input type="checkbox"/>
42. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting enough food and water on your own?	<input type="checkbox"/> YES <input type="checkbox"/> NO (1 risk factor)	Refused <input type="checkbox"/>
43. Do you identify as a racial or ethnic minority?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
44. Before the age of 18 were you ever kicked out of or run away from a parent or guardian's home? Have you ever had to live on your own because you couldn't live with your caregiver?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
45. Before the age of 18 were you placed, in foster or kinship care, or a group home?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>

Unified Supportive Housing System (USHS)
SEVERITY OF SERVICE NEEDS SCREENING SUMMARY TOOL

Assessor's Printed Name _____

Date _____

DOMAIN 1: Physical Health

**Please Check Only One
Box In This Section**

- ☐ **No Impairment**
- No health complaints; appears well
 - Would likely access medical care if needed
- ☐ **Minor Or Temporary Health Problem(s)**
 Examples:
- Cast or splint but able to take care of daily activities
 - Recovering from minor surgery and doing well with self-care
 - Acute medical problem(s) such as a respiratory or skin infection but taking medication as prescribed
- ☐ **Stable Significant Medical Or Physical Issue(s), Or Chronic Medical Condition(s) That Is Being Managed**
 Examples:
- Chronic but stable medical problems such as diabetes, emphysema, high blood pressure, heart disease, seizure disorder, Hepatitis, HIV disease, or cancer in remission AND compliant with medical care.
 - Deaf or Legally Blind
 - Over 60 years old w/o reported conditions but does not access care even for routine checkups
 - Uncomplicated pregnancy receiving regular pre-natal care
 - Sleep Apnea requiring C-PAP (w/access)
 - Cancer (stage 0-3) and receiving treatment
- ☐ **Chronic Medical Condition(s) That Is Not Well-Managed Or Significant Physical Impairment(s)**
 Examples:
- Poorly managed diabetes or hyper-tension
 - Undergoing treatment for Hepatitis C
 - Needs home oxygen
 - Liver failure
 - Kidney failure requiring dialysis
 - Sleep apnea requiring C-PAP (w/no access)
 - Traumatic Brain Injury or history of Stroke with impairment
 - HIV disease not adequately treated
 - Severe arthritis affecting several joints
 - High risk pregnancy
 - Respiratory challenges: frequent asthma episodes; COPD, CHF, emphysema not well managed.
 - Chronic and recurrent skin infections
 - Advanced cancer
 - Cognitive impairment but retains decision making capacity
 - Incontinent of urine or stool
 - Serious chronic condition AND not taking meds as prescribed or frequently loses them
- ☐ **Totally Neglectful Of Physical Health, Extremely Impaired By Condition, Serious Health Condition(s)**
 Examples:
- Not compliant for treatment for HIV or Cancer
 - Terminal illness: expected to lead to death within 6 months
 - Missing limb(s) with significant mobility or life activity challenges
 - Moderate or advanced dementia, without decision making capacity – *case conf. required*
 - Obvious, alarming symptoms present without client's concern, such as signs of significant swelling, open wounds, shortness of breath, recurrent chest pain, unexplained weight loss, or chronic cough

DOMAIN 2: Mental, Behavioral and Developmental Health

Please Check Only One Box In This Section

- ☐ **No Mental, Behavioral and Developmental Health Issues**
 - Reports no recent MH crises or admissions
 - Not receiving MH treatment but exhibits no obvious signs or symptoms of MH issues
 - No developmental issues.
- ☐ **Mild Mental, Behavioral and Developmental Health**
 - Reports feeling down or anxious about situation or life circumstances (e.g. situational depression)
 - Mild intellectual disability (functions in daily life, but slower than typical in developmental areas)
- ☐ **Moderate Mental, Behavioral and Developmental Health**
 - Reported or observed MH issues (*even if doesn't wish to talk about them*)
 - Reports having MH care connection already in place
 - Taking any psychiatric medications as prescribed
 - Moderate intellectual disability (noticeable developmental delays, can self-care)
- ☐ **High Mental, Behavioral and Developmental Health**
 - Serious MH with tenuous service engagement
 - May be non-compliant with or resistant to MH medications
 - Denies interest in recommended MH services
 - Severe intellectual disability (needs direct supervision, can learn very simple self-care)
- ☐ **Severe Mental, Behavioral and Developmental Health**
 - No connection to needed MH services
 - Extreme MH symptoms that impair functioning (e.g. talking to self, severe delusions/paranoia, fearful/phobic, extreme depressed or manic mood)
 - No insight regarding serious Mental Illness
 - Profound intellectual disability (requires close supervision, not capable of independent living) – *Case Conf. Required*

DOMAIN 3: Substance Use

Please Check Only One Box In This Section

- ☐ **No Or Non- Problematic Substance Use**
 - No substance use or strictly social use that has no negative impact on level of functioning.
- ☐ **Mild Substance Use**
 - Sporadic use of substances not obviously affecting level of functioning
 - Acknowledges substance use
 - Still able to meet basic needs most of the time
- ☐ **Moderate Substance Use**
 - 90 to 180 days into addiction recovery
 - Chemical Dependency program participation w/o any follow-up care
 - Individual expressed concern about relapse risk or current substance use impairs ability to meet basic needs
 - Has some support available for substance use issues but may not be actively involved
 - Use impairs progress in goals (e.g., binge use)
- ☐ **High Substance Use**
 - In first 90 days of CD treatment or addiction recovery
 - Still enmeshed in alcohol/drug using social group
 - High relapse potential or use obviously impacts function in many areas, (e.g. keeping appointments, self-care, interactions with others, meeting basic needs)
 - Not interested in support for substance use issues at this time (Pre-contemplative or low insight)
- ☐ **Severe Substance Use**
 - Active addiction with little or no interest in CD treatment involvement
 - Obvious deterioration in functioning (e.g. physical or mental decline due to substance use)
 - Severe symptoms of both substance use & mental illness
 - Low or no insight into substance use issues
 - Clear cognitive damage due to substances
 - No engagement with available substance use support services despite obvious need.
 - Continued use despite previous overdose
 - Frequent encounters with police, legal system or crisis services due to substance use

DOMAIN 4: High Utilization of Crisis or Emergency Services to Meet Basic Needs, Including But Not Limited to Emergency Rooms, Jails, and Psychiatric Facilities

Please Check Only One
Box In This Section

- ☐ **No Utilization**
 - No crisis services have been used, or used in normal or appropriate situations, such as injuries in auto accident (not DUI) or dehydration from the flu
- ☐ **Mild Utilization**
 - Crisis services have been used infrequently but for potentially preventable situations (such as injuries sustained in a DUI)
 - Use of services did not result in arrest, hospital admission or probate
- ☐ **Moderate Utilization**
 - Crisis services have been used at least 3 times in the past year, resulting in arrest, probate or hospital admission at least once
 - Individual would likely not have been at imminent risk of harming self or others if crisis services had not responded
- ☐ **High Utilization**
 - Crisis services have been utilized 4 or more times in the past year, resulting in arrests, probate and/or hospital admissions. If crisis services had not responded, individual or others may have been at risk of harm
- ☐ **Severe Utilization**
 - Frequent (at least monthly) use of crisis services
 - If not for crisis response, individual or others likely would not have survived on one or more occasions.

DOMAIN 5: Vulnerability to Victimization

Please Check Only One
Box In This Section

- ☐ **No Evidence Of Vulnerability**
Examples:
 - Strong survival skills
 - Capable of networking and self-advocacy
 - Knows where to go and how to get there
 - Needs no prompting regarding safe behavior
- ☐ **Evidence Of Mild Vulnerability**
Examples:
 - Has some survival skills
 - Is occasionally taken advantage of (e.g. friends only present on paydays)
 - Needs some assistance in recognizing unsafe behaviors and willing to talk about them
- ☐ **Evidence Of Moderate Vulnerability**
Examples:
 - Is frequently in dangerous situations
 - Dependent on detrimental social network
 - Communicates some fears about people or situations
 - Reports being taken advantage of
- ☐ **Evidence Of High Vulnerability**
Examples:
 - Is a loner and lacks "street smarts"
 - Possessions often stolen
 - Lacks social protection; presents with fearful, childlike or helpless demeanor
 - Has marked difficulty understanding unsafe behaviors
 - Is or was recently a DV victim
 - May trade sex for money or drugs
- ☐ **Evidence Of Severe Vulnerability**
Examples:
 - Easily draws predators; vulnerable to exploitation
 - Has been victimized regularly (e.g. physical assault, robbery, sexual assault)
 - Often opts for the street to shelters
 - No insight regarding dangerous behavior (e.g. solicitation of sex/drugs)
 - Clear disregard for personal safety (e.g. walks into traffic)

DOMAIN 6: Vulnerability to Illness or Death

Please
Check Only
One Box in
this Section

- ☐ Has none of the identified risk factors
- ☐ Has 1 of the identified risk factors
- ☐ Has 2 of the identified risk factors
- ☐ Has 3 of the identified risk factors
- ☐ Has 4 or more of the identified risk factors

DOMAIN 7: Barriers to Housing/Risk of Continued Homelessness

Please
Check Only
One Box in
this Section

- ☐ Has none of the identified risk factors
- ☐ Has 1 of the identified risk factors
- ☐ Has 2 of the identified risk factors
- ☐ Has 3 of the identified risk factors
- ☐ Has 4 or more of the identified risk factors

DOMAIN 8: Other Factors Determined By the Community That Are Based on Severity of Needs

Please
Check Only
One Box in
this Section

- ☐ Has none of the identified risk factors
- ☐ Has 1 of the identified risk factors
- ☐ Has 2 of the identified risk factors
- ☐ Has 3 of the identified risk factors
- ☐ Has 4 or more of the identified risk factors

OH-503 Columbus and Franklin County Continuum of Care

1C-7 PHA Homeless Preference



COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

October 12, 2021

Michelle Heritage
Community Shelter Board
355 E. Campus View Blvd Suite 250
Columbus, OH 43235

Dear Michelle Heritage:

The Columbus Metropolitan Housing Authority (CMHA) is a committed partner in the Columbus and Franklin County Continuum of Care and the work to end homelessness in our community. The local goal is to open one new permanent supportive housing project every year and so far, with the support of the Housing Choice Voucher (HCV) program, this goal has been met.

CMHA prioritizes homeless individuals and families for housing in the HCV program. The admission preference for homeless population is included in CMHA's Housing Choice Voucher Administrative Plan.

CMHA has 3,139 project-based vouchers (PBV) allocated to permanent supportive housing (PSH) projects across Columbus and Franklin County. When clients complete program goals and no longer need the breadth of supportive services they had under PSH, CMHA issues a free-standing voucher to the client so they can find a new affordable housing solution. The PSH development is then able to provide another homeless individual or family with access to stable housing.

CMHA is committed to utilizing project-based vouchers for new permanent supportive housing programs based on available HCV capacity. The Housing Opportunity Through Modernization Act of 2016 increased the PBV cap and ensures an increase in the number of PBV vouchers available for use in housing the homeless population.

Thank you,

Justin C. Davis
Vice President
Housing Choice Voucher



COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

2. CMHA ADMISSION PREFERENCES

CMHA has established the following Local Admission Preferences that will be used to select applicants to be placed on a Wait List and be issued a Housing Choice Voucher:

- A. Under 30% of Area Median Income (HUD 75% Program requirement)
- B. Family Composition Preference
 - 1. Families with 2 or more persons
 - 2. Families that include a person with disabilities.
 - 3. A household headed by a disabled or elderly person (62 years or older)
 - 4. Single persons who are age 62 or older, displaced, homeless or is a person with disabilities.
- C. Families residing in or who have been hired to work in the eight county Columbus Metropolitan Area (Franklin, Union, Delaware, Madison, Pickaway, Licking, Union and Fairfield).
- D. An active-duty military or veteran's preference pursuant to the Ohio Revised Code
- E. Families not receiving any permanent rental assistance. Rental assistance is defined as any type of federal, state, or local housing rental assistance payment that is currently received by the family. Examples include, but are not necessarily limited to, HOPWA, HOME, Section 202 rental assistance, Shelter Plus Care, Ohio Department of Alcohol and Drug Addiction Services and/or Mental Health rental assistance, Housing Choice Voucher Project- Based, or Public Housing Programs. Rental Assistance does not include any type of rental assistance that is categorized as temporary or transitional in nature.
- F. Referrals from social service and housing organizations providing supportive services to participants in CMHA's Project-Based Voucher Program.
- G. Referrals from local supportive service organizations that have agreements with CMHA to provide supportive services to homeless, displaced and/or disabled persons and families and other at-risk populations, including referrals from Columbus Community Shelter Board agencies and the Franklin County ADAMH Board.

3. ASSIGNMENT OF ADMISSION PREFERENCE POINTS

As Preliminary Applications are submitted and placed in the Lottery Pool, Admission



COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

Preference Points will be assigned without verification on a provisional basis.

OH-503 Columbus and Franklin County Continuum of Care

1C-7 PHA Moving On Preference



COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

October 12, 2021

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Community Shelter Board
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Thank you,

Justin C. Davis
Vice President
Housing Choice Voucher



2. CMHA ADMISSION PREFERENCES

CMHA has established the following Local Admission Preferences that will be used to select applicants to be placed on a Wait List and be issued a Housing Choice Voucher:

- A. Under 30% of Area Median Income (HUD 75% Program requirement)
- B. Family Composition Preference
 - 1. Families with 2 or more persons
 - 2. Families that include a person with disabilities.
 - 3. A household headed by a disabled or elderly person (62 years or older)
 - 4. Single persons who are age 62 or older, displaced, homeless or is a person with disabilities.
- C. Families residing in or who have been hired to work in the eight county Columbus Metropolitan Area (Franklin, Union, Delaware, Madison, Pickaway, Licking, Union and Fairfield).
- D. An active-duty military or veteran's preference pursuant to the Ohio Revised Code
- E. Families not receiving any permanent rental assistance. Rental assistance is defined as any type of federal, state, or local housing rental assistance payment that is currently received by the family. Examples include, but are not necessarily limited to, HOPWA, HOME, Section 202 rental assistance, Shelter Plus Care, Ohio Department of Alcohol and Drug Addiction Services and/or Mental Health rental assistance, Housing Choice Voucher Project- Based, or Public Housing Programs. Rental Assistance does not include any type of rental assistance that is categorized as temporary or transitional in nature.
- F. Referrals from social service and housing organizations providing supportive services to participants in CMHA's Project-Based Voucher Program.
- G. Referrals from local supportive service organizations that have agreements with CMHA to provide supportive services to homeless, displaced and/or disabled persons and families and other at-risk populations, including referrals from Columbus Community Shelter Board agencies and the Franklin County ADAMH Board.

3. ASSIGNMENT OF ADMISSION PREFERENCE POINTS

As Preliminary Applications are submitted and placed in the Lottery Pool, Admission



COLUMBUS METROPOLITAN HOUSING AUTHORITY
COMMUNITY. COMMITMENT. COLLABORATION.

Preference Points will be assigned without verification on a provisional basis.

OH-503 Columbus and Franklin County Continuum of Care

1E-1 Local Competition Announcement

From: [Hannah King Boyles](#)
To: [mprice@chninc.org](#); [jsharma@chninc.org](#); [andreawilson@equitashealth.com](#); [courtneyelrod@equitashealth.com](#); [Tinap@Homefull.org](#); [trudye@homefull.org](#); [theresan@homefull.org](#); [emilyh@homefull.org](#); [bferzerrice@homelessfamiliesfoundation.org](#); [cyoung@homelessfamiliesfoundation.org](#); [cgary@homelessfamiliesfoundation.org](#); [mhumbertwashington@homelessfamiliesfoundation.org](#); [amurphy@huck-house.org](#); [lleclerc@huck-house.org](#); [kcrockett@huck-house.org](#); [rpickut@maryhaven.com](#); [TKeating@maryhaven.com](#); [jguley@maryhaven.com](#); [cbain@nationalchurchresidences.org](#); [mzimmerman@nationalchurchresidences.org](#); [wspinner@nationalchurchresidences.org](#); [brittani.perdue@use.salvationarmy.org](#); [Susan.Reamsnyder@voago.org](#); [betsy.mcgraw@voaohin.org](#); [afrankl@ymcacolumbus.org](#); [deandree.nekoranec@ymcacolumbus.org](#); [sdarby@ymcacolumbus.org](#); [jarell.potts@ymcacolumbus.org](#); [jpetereson@ywcacolumbus.org](#); [vhenthorn@ywcacolumbus.org](#); [ajacott@ywcacolumbus.org](#)
Cc: [Heather Notter](#); [Lianna Barbu](#); [Cathy Ellerbrock](#); [Tom Lather](#)
Subject: FY21 CoC Competition is Open
Date: Wednesday, August 25, 2021 9:08:00 AM
Attachments: [image001.jpg](#)
[FY21 CoC Application Schedule.pdf](#)
[2021 HIC.pdf](#)
[FY21 CoC Prioritization Options.pdf](#)
[FY21 CoC Project Application Guidance_renewal \(non-YHDP\).pdf](#)
[FY21 CoC Project Application Guidance_new.pdf](#)
[FY 2021 OH-503 GIW posted on HUDEXchange 7.29.21.xlsx](#)

Good morning,

HUD has opened the annual CoC competition. The NOFO is available [here](#). Please read it.

The full application is due to HUD on November 16. Our CoC's Application Schedule is attached. Here are the significant dates that we have to meet to conform with NOFO rules:

- **September 30:** Your draft applications are due to CSB by 5:00 PM. Each applicant must email a PDF export of their draft project application(s) to me. We will work together on edits.
- **October 14:** Final applications are due by 5:00 PM. Each applicant must submit the final project application(s) via e-snaps, once CSB approves the draft.

Review this guidance carefully:

- After you read the NOFO, read the attached CSB-issued guides (there are different ones for non-YHDP renewal projects, YHDP renewal projects, and new projects). We are waiting on some additional information before completing our guidance for YHDP renewal projects. We will send that out as soon as possible.
- CSB's guides will link you to HUD's Detailed Instructions and Navigational Guides. It's important that you read these, too. They include specific instructions on how to create your project(s) in e-snaps.
 - ****For renewal projects, use the import option** as directed in the HUD guides.
 - When you create your project(s), use the project name listed in the attached Grant Inventory Worksheet (GIW). Change the year from 2019 to 2021. You will also use the GIW to complete the application budgets.
 - The attached Housing Inventory Chart (HIC) will also help you respond to application questions.
- The HUD guides also provide insight into exactly what HUD is looking for on each

question. CSB's guides provide consistent responses across the CoC and guidance on specific questions. **They will make the application process easier for you.**

- If you are new to e-snaps, there are additional guides and resources available [here](#).
- Per the NOFO, we are also attaching our CoC's Review, Score, and Ranking Procedures ("Prioritization Options"). This document describes the project-level review and ranking process that is used by the CoC to determine how CoC Program project applications submitted to the CoC are reviewed, scored, and ranked for the Consolidated Application that CSB will submit.
- HUD has made bonus funding available for new PSH and RRH projects that serve survivors of domestic violence. If your agency is interested in pursuing funding for a new DV project, please let me know as soon as possible.

Please let me know what questions you have. I'm looking forward to working with you to secure \$19+ million for our system this year!

Thank you,

Hannah

Hannah King Boyles, MPAL

(she/her/hers)

Grants Administrator

Community Shelter Board logo



Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, OH 43235
614-715-2552
www.csb.org

Columbus & Franklin County, OH

Columbus & Franklin County Ohio

Continuum of Care

Meetings

HUD Application

Members

Board Members

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HUD APPLICATION

HUD Continuum of Care Application

FY 2021 Notice of Funding Opportunity

The U.S. Department of Housing and Urban Development (HUD) has released the FY 2021 Continuum of Care (CoC) Program Competition Notice of Funding Opportunity. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, Indian Tribes or tribally designated housing entities, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness. The goal of the Youth Homelessness Demonstration Program is to support the development and implementation of a coordinated community approach to preventing and ending youth homelessness and sharing that experience with and mobilizing communities around the country toward the same end. The population to be served by the demonstration program is youth experiencing homelessness, including unaccompanied and pregnant or parenting youth.

CoCs are required to designate a Collaborative Applicant to submit a consolidated CoC application for funding for the community as a whole, and the Community Shelter Board (CSB) is Columbus and Franklin County's collaborative applicant. Please contact CSB Grants Administrator Hannah King Boyles (hkingboyles@csb.org) if you have a new, eligible program that you would like to discuss for this year's CoC application.

2021

Additional application information will be posted here when available.

[2021 Continuum of Care Review, Score, and Ranking Procedures](#)

[2021 Continuum of Care Application Schedule](#)

[Continuum of Care Reallocation Policy](#)

2020

The 2020 Continuum of Care competition was replaced with a non-competitive renewal process, per the 2021 Consolidated Appropriations Act.

2019 +

2018 +

78°F Sunny

9:07 AM
8/25/2021

Columbus & Franklin County Continuum of Care 2021 HUD Application Schedule

Activity	Timing	Detail
2021 HUD NOFA Released	8/18/21	Announced via HUD listserv & posted on HUD Exchange
HUD Application schedule and guidance released	8/25/21	CSB establishes project review & application schedule; releases to applicants via email
Application available in e-snaps	8/19/21	All applications must be completed in e-snaps using guidance provided by CSB
Draft Project Applications (new and renewal) due to CSB	9/30/21	<u>All</u> applications due to CSB by 5pm via email
CSB review	9/30/21 – 10/14/21	CSB reviews draft applications and works with applicants to finalize
Final Project Applications due	10/14/21	Final corrected applications due to CSB via e-snaps
CoC Board Meeting Packet	10/18/21	Disseminate meeting packet to CoC Board
CoC Board Meeting	10/25/21	Consider CoC Consolidated Application and project prioritization
Notify CoC Applicants	10/26/21	Notify CoC Applicants of project prioritization
Post to CoC Website	10/26/21	Post project prioritization to CoC website
CoC Meeting Packet	10/28/21	Disseminate meeting packet to CoC
CoC Meeting	11/4/21	Consider CoC Consolidated Application and project prioritization
Submit Application	11/12/21	CSB submits consolidated application electronically via e-snaps
Application due	11/16/21	

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Reallocation	PSH/RRH	Expansion
CHN 2021 Parsons ...	2021-10-13 16:01:...	PH	Community Shelter...	\$74,847	1 Year	--	PH Bonus	PSH	Yes
NCR 2021 Berwyn East	2021-10-07 15:06:...	PH	Community Shelter...	\$338,633	1 Year	--	PH Bonus	PSH	
CHN 2021 Touchsto. ..	2021-10-15 11:17:...	PH	Community Shelter...	\$500,000	3 Years	--	PH Bonus	PSH	

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

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

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

☒

The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.

☒

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

☐

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
CSB 2021 HMIS/CS P	2021-09-20 14:48:...	1 Year	Community Shelter...	\$164,070	--		HMIS		
YMCA 2021 DV RRH ...	2021-10-12 16:22:...	1 Year	Community Shelter...	\$1,467,226	--	RRH	PH		
Equitas Health 20...	2021-10-08 10:12:...	1 Year	Community Shelter...	\$910,455	--	PSH	PH		

YMCA 2021 Isaiah ...	2021-10- 12 16:23:...	1 Year	Commun ity Shelter...	\$2,071,0 75	--	PSH	PH		
NCR 2021 Common S ...	2021-09- 22 17:27:...	1 Year	Commun ity Shelter...	\$172,376	--	PSH	PH		
NCR 2021 Common S ...	2021-09- 22 17:26:...	1 Year	Commun ity Shelter...	\$172,375	--	PSH	PH		
YMCA 2021 S+C SRA	2021-10- 12 16:24:...	1 Year	Commun ity Shelter...	\$237,170	--	PSH	PH		
NCR 2021 Common S ...	2021-09- 22 17:28:...	1 Year	Commun ity Shelter...	\$172,375	--	PSH	PH		
CHN 2021 Southpoi ...	2021-10- 13 16:04:...	1 Year	Commun ity Shelter...	\$213,546	--	PSH	PH		
CHN 2021 Safe Haven	2021-10- 13 16:03:...	1 Year	Commun ity Shelter...	\$188,951	--	PSH	PH		
CHN 2021 Wilson A...	2021-10- 13 16:07:...	1 Year	Commun ity Shelter...	\$66,279	--	PSH	PH		
CHN 2021 Terrace ...	2021-10- 13 16:05:...	1 Year	Commun ity Shelter...	\$135,549	--	PSH	PH		
Homefull 2021 Lea...	2021-10- 14 12:34:...	1 Year	Commun ity Shelter...	\$1,421,2 96	--	PSH	PH		
Homefull 2021 SRA	2021-10- 14 12:35:...	1 Year	Commun ity Shelter...	\$2,128,5 89	--	PSH	PH		
Hucklebe rry House...	2021-10- 07 09:23:...	1 Year	Commun ity Shelter...	\$232,135	--		TH		
CHN 2021 East Fif...	2021-10- 13 15:56:...	1 Year	Commun ity Shelter...	\$232,914	--	PSH	PH		
CHN 2021 Family H...	2021-10- 13 15:57:...	1 Year	Commun ity Shelter...	\$13,310	--	PSH	PH		
Homefull 2021 TRA	2021-10- 14 12:36:...	1 Year	Commun ity Shelter...	\$1,943,3 72	--	PSH	PH		

CHN 2021 Briggsda ...	2021-10-13 15:54:...	1 Year	Communit ity Shelter...	\$130,654	--	PSH	PH	Survivor	
CHN 2021 Briggsda ...	2021-10-13 15:55:...	1 Year	Communit ity Shelter...	\$54,951	--	PSH	PH	Individua l	
CHN 2021 Parsons ...	2021-10-13 16:00:...	1 Year	Communit ity Shelter...	\$256,811	--	PSH	PH		Expansion
Homefull 2021 TRA...	2021-10-14 12:39:...	1 Year	Communit ity Shelter...	\$871,351	--	PSH	PH		
CHN 2021 Inglewoo ...	2021-10-13 15:58:...	1 Year	Communit ity Shelter...	\$60,247	--	PSH	PH		
YWCA 2021 WINGS I	2021-10-12 10:14:...	1 Year	Communit ity Shelter...	\$257,848	--	PSH	PH		
CHN 2021 Marsh Br...	2021-10-13 15:59:...	1 Year	Communit ity Shelter...	\$254,000	--	PSH	PH		
TSA 2021 Job2Hou sing	2021-10-14 11:55:...	1 Year	Communit ity Shelter...	\$326,585	--	RRH	PH		
Maryhav en 2021 Su...	2021-10-05 12:58:...	1 Year	Communit ity Shelter...	\$282,396	--	PSH	PH		
VOA 2021 Van Bure...	2021-10-08 09:24:...	1 Year	Communit ity Shelter...	\$64,200	--	PSH	PH		
VOA 2021 Permane n...	2021-10-08 09:21:...	1 Year	Communit ity Shelter...	\$570,633	--	PSH	PH		

Continuum of Care (CoC) UFA Costs Project Listing

Instructions:

Prior to starting the CoC UFA Costs Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide, available on HUD's website.

To upload the UFA Costs project application submitted to this Project Listing, click the ""Update List"" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the UFA Costs Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one UFA Costs project application can be submitted and only by the Collaborative Applicant designated by HUD as UFA (UFA designation was determined during the FY 2021 CoC Registration process) and must match the Collaborative Applicant information on the CoC Applicant Profile.

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
CSB 2021 UFA	2021-09-20 14:50:...	1 Year	Community Shelter...	\$548,088	

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
CSB 2021 CoC Plan...	2021-09-20 14:46:...	1 Year	Community Shelter...	\$548,088	

Continuum of Care (CoC) YHDP Replacement Project Listing

Instructions:

Prior to starting the YHDP Replacement Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP replacement project applications submitted to this Project Listing, click the ""Update List"" button. This process may take a few minutes based upon the number of YHDP replacement projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the YHDP Replacement Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

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

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?
YHDP CHN-NCR 2021...	2021-10-14 08:47:...	Community Shelter...	\$346,341	PH	1 Year	
YHDP 2021 CARR Team	2021-10-14 08:45:...	Community Shelter...	\$224,000	SSO	1 Year	
YHDP HFF 2021 TAY...	2021-10-14 15:16:...	Community Shelter...	\$1,693,933	Joint TH & PH-RRH	1 Year	
YHDP HFF 2021 TAY...	2021-10-14 15:17:...	Community Shelter...	\$932,587	PH	1 Year	

OH-503 Columbus and Franklin County Continuum of Care

1E-2 Project Review and Selection Process

Columbus and Franklin County Continuum of Care (OH-503) 2021 CoC Review, Score, and Ranking Procedures

Date CoC Competition Opened:	8/18/21
Date e-snaps Opened:	8/19/21
Date CoC Application due to HUD:	11/16/21
Columbus/Franklin County Annual Renewal Demand (ARD):	\$18,269,600

I. 2019 HUD Funding Available

Tier 1	\$18,269,600 (includes \$2,984,578 for YHDP projects that do not need to be ranked)
Tier 2 (including Bonus Funding)	\$913,480
Bonus Funding	\$913,480
DV Bonus Funding	\$1,228,514
CoC Planning Funding	\$548,088
UFA Funding	\$548,088

II. Priority Guideline

The following **Priority Guideline** will be used, while also applying the scoring process detailed below:

Tier 1:

1. New or reallocated projects renewing for the first time and YHDP projects
2. Renewal PSH, RRH, and TH for youth (non-YHDP)
3. New PSH through reallocation or bonus for 100% CH
4. New RRH through reallocation or bonus
5. SSO for CPOA (non-YHDP)
6. Renewal HMIS

Tier 2:

1. Renewal PSH, RRH, and TH for youth (non-YHDP)
2. New PSH through reallocation or bonus for 100% CH
3. New RRH through reallocation or bonus
4. SSO for CPOA (non-YHDP)

III. Columbus and Franklin County CoC Scoring Process

Each of the projects renewing CoC funding will be awarded a score using the scoring process below:

Renewal projects	Points Available	Description
Program Evaluation ranking		HUD emphasizes performance of funded programs. The latest program evaluation available (FY2021) evaluates each project based on its performance for the period 7/1/2020 – 12/31/2020. Program Evaluation rankings are determined by measuring outputs and outcomes inclusive of Households Served, Successful Housing Outcomes based on destination at exit, Housing Stability, Occupancy, Recidivism, Change in Income and annual Program Review and Certification to confirm compliance with HUD and local regulations. Participant Eligibility for permanent supportive housing is ensured and enforced via the Unified Supportive Housing System and, therefore, is not incorporated into the Program Evaluation. The Program Performance Measurement and Program Performance Standards sections of this document detail the performance ranking. For the Joint TH/RRH projects, the average of the separate project scores will be used for the combined project scoring.
High (meets 75% or more of measured outcomes and outputs)	9	
Medium (meets at least 50% but less than 75% of measured outcomes and outputs)	5	
Low/Not rated (meets less than 50% of measured outcomes and outputs)	1	
Usage of HUD grant funds		HUD emphasizes effective utilization of funds. Programs are scored based on the total grant amount and the amount that was drawn down from HUD for the most recent closed grant cycle (6/30/2021).
100% funds used	10	
80-99% funds used	8	
60-79% funds used	5	
40-59% funds used	2	
0-39% funds used	0	
Maximum possible points	19	
Minimum possible points	1	

IV. Columbus and Franklin County CoC Program Evaluation Elements

Each of the projects renewing their CoC funding will have their performance evaluated considering the metrics below, distinct based on the project type. Some youth-specific measures are still being benchmarked.

Supportive Housing

PSH – Permanent Supportive Housing; TH = Transitional Housing;

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and program capacity.
Access to resources/services to move to and stabilize housing	Housing Stability	At least standard below or greater if prior year(s) achievement was greater <ul style="list-style-type: none"> At least 12 months for PSH (goal to be set not to exceed 24 months, actual attainment may be greater than goal) Up to 4 months for TH
	Housing Affordability at Exit (%) (PSH only)	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. (Monitored only.)
Basic needs met in a non-congregate environment	Successful housing outcomes (%)	At least 90% successful housing outcomes for PSH and 77% successful housing outcomes for TH.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	Successful housing exits (%) (PSH only)	At least 50% of exits are successful housing outcomes.
Not re-enter the emergency shelter system	Exit to Homelessness (%)	<10% of those who exit housing will return to homelessness within 180 days of exit.
Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated annually and presented to the CoC.
	Cost per unit	Cost per unit will be consistent with budget. Evaluated annually and presented to the CoC.
	Program Occupancy Rate (%)	Full occupancy (>95%).

Ends	Measurement	Annual Metrics
	Turnover Rate (%) (PSH only)	Set based on prior year(s) attainment, an annual 20% turnover rate is desirable. (Monitored only.)
	Pass program certification	Provide access to resources and services to end homelessness.
CoC or HUD Standards	Negative Reason for leaving (%)	Less than 20% leave for non-compliance or disagreement with rules
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%)	At least 30% of adults will increase income from other sources than employment from entry to exit or end of reporting period.
	Increase in income from employment, from entry to exit or end of reporting period (%)	At least 15% of adults will have increased employment income from entry to exit or end of reporting period.

Rapid Re-housing Program

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	New households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	Average length of participation	Not to exceed standard below: <ul style="list-style-type: none"> • 125 days for short-term family programs • 110 days for the single adult RRH programs • 180 days for medium-term programs
Access to resources/services to move to and stabilize housing	Usage of CSB Direct Client assistance (\$)	Average DCA amount will be consistent with prior performance and/or program design.
	Usage of CSB Direct Client Assistance (%)	% of households that receive CSB DCA will be consistent with prior performance and/or program design.
	Average length of shelter stay	Average stay in Emergency Shelter not to exceed: <ul style="list-style-type: none"> • 34 days for families • 35 days for single adults (calculated from the date of program entry to shelter exit).

Ends	Measurement	Annual Metrics
	Housing Affordability at Exit (%) (Family programs only)	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. (Monitored only).
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%) (J2H and DV only)	At least 30% of adults will increase income from other sources than employment from entry to exit or end of reporting period.
	Increase in income from employment, from entry to exit or end of reporting period (%) (J2H and DV only)	At least 15% of adults will have increased employment income from entry to exit or end of reporting period.
Basic needs met in a non-congregate environment	Successful housing outcome (%)	At least 75% successful housing outcomes for families and 55% for single adults exiting the RRH programs.
	Successful housing outcome (#)	Calculated based on the Successful housing outcomes % measurement.
Not re-enter the emergency shelter system	Recidivism (%)	<10% of those who obtain housing will return to homelessness within 180 days of program exit.
Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated annually and presented to the CoC.
	Pass program certification	Provide resources and services to end homelessness.

YOUTH: Emergency Shelter – Coordinated Access and Rapid Resolution

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year attainment and funds available.
	New households served (#)	Set based on prior year attainment and funds available.
	Average length of participation	Not to exceed 90 days
Access to resources to address immediate housing need	Successful outcome (%)	At least 75% successful housing/shelter outcomes.

	Successful outcome (#)	Calculated based on the Successful outcomes % measurement.
	Average time to TAY program referrals	The average time to a successful referral not to exceed XX days.
Not re-enter the emergency shelter system	Recidivism (%)	<10% of those who obtain housing will return to homelessness within 180 days of exit.
Efficient and effective use of a pool of community resources	Pass program certification	Provide access to and coordination with community resources and services to prevent homelessness.
	Cost per household	Cost per youth will be consistent with budget. Evaluated annually and presented to the CoC.

YOUTH: Supportive Housing

PSH – Permanent Supportive Housing; TH = Transitional Housing;

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and program capacity.
Access to resources/services to move to and stabilize housing	Housing Stability	At least standard below or greater if prior year(s) achievement was greater <ul style="list-style-type: none"> At least 12 months for PSH (goal to be set not to exceed 24 months, actual attainment may be greater than goal) Up to 10 months for TH
	Housing Affordability at Exit (%) (PSH only)	At least 50% of successful youth have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. (Monitored only.)
	Usage of CSB Direct Client assistance (\$) (TH only)	Average DCA amount will be consistent with prior performance and/or program design.
	Usage of CSB Direct Client Assistance (%) (TH only)	% of youth that receive CSB DCA will be consistent with prior performance and/or program design.
Basic needs met in a non-congregate environment	Successful housing outcomes (%)	At least 90% successful housing outcomes for PSH and 80% successful housing outcomes for TH.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.

Ends	Measurement	Annual Metrics
	Successful housing exits (%) (PSH only)	At least 50% of exits are successful housing outcomes.
Not re-enter the emergency shelter system	Exit to Homelessness (%)	<10% of those who exit housing will return to homelessness within 180 days of exit.
Efficient and effective use of a pool of community resources	Cost per household	Cost per youth will be consistent with budget. Evaluated annually and presented to the CoC.
	Cost per unit	Cost per unit will be consistent with budget. Evaluated annually and presented to the CoC.
	Average Engagement Time (TH only)	For TH, the engagement time from shelter or CARR Team not to exceed XX days.
	Program Occupancy Rate (%)	Full occupancy (>95%) for PSH and 95% for TH.
	Turnover Rate (%) (PSH only)	Set based on prior year(s) attainment, an annual 20% turnover rate is desirable. (Monitored only.)
	Pass program certification	Provide access to resources and services to end homelessness.
CoC or HUD Standards	Negative Reason for leaving (%)	Less than 20% leave for non-compliance or disagreement with rules
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%)	At least 30% of youth adults will increase income from other sources than employment from entry to exit or end of reporting period.
	Increase in income from employment, from entry to exit or end of reporting period (%)	At least 15% of youth adults will have increased employment income from entry to exit or end of reporting period.
	Income growth	At least 30% of youth adults increase their income from entry to exit or end of reporting period. (Monitored only)
	Improved physical health status	At least 25% of youth self-report improved physical health from entry to exit or end of reporting period.
	Improved substance use status	At least 50% of youth self-report decreased substance use from entry to exit or end of reporting period.
	Improved mental health status	At least 35% of youth self-report improved mental health from entry to

Ends	Measurement	Annual Metrics
		exit or end of reporting period.
	Education goal met	At least 50% of youth self-report meeting their education goal from entry to exit or end of reporting period.
	Employment goal met	At least 50% of youth self-report meeting their employment goal from entry to exit or end of reporting period.

YOUTH: Rapid Re-housing Program

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	New households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	Average length of participation	180 days for all youth participants
Access to resources/services to move to and stabilize housing	Usage of CSB Direct Client assistance (\$)	Average DCA amount will be consistent with prior performance and/or program design.
	Usage of CSB Direct Client Assistance (%)	% of youth that receive CSB DCA will be consistent with prior performance and/or program design.
	Average length of shelter stay	Average stay in Emergency Shelter not to exceed 35 days (calculated from the date of program entry to shelter exit).
	Average Engagement Time	The engagement time from shelter or CARR Team not to exceed XX days.
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%) (J2H only)	At least 30% of youth adults will increase income from other sources than employment from entry to exit or end of reporting period.
	Increase in income from employment, from entry to exit or end of reporting period (%) (J2H only)	At least 15% of youth adults will have increased employment income from entry to exit or end of reporting period.
	Income growth	At least 30% of youth increase their income from entry to exit or end of reporting period. (Monitored only)
Basic needs met in a non-congregate	Successful housing outcome (%)	At least 55% successful housing outcomes for youth exiting the RRH

Ends	Measurement	Annual Metrics
environment		program.
	Successful housing outcome (#)	Calculated based on the Successful housing outcomes % measurement.
Not re-enter the emergency shelter system	Recidivism (%)	<10% of those who obtain housing will return to homelessness within 180 days of program exit.
Efficient and effective use of a pool of community resources	Cost per household	Cost per youth will be consistent with budget. Evaluated annually and presented to the CoC.
	Pass program certification	Provide resources and services to end homelessness.
CoC or HUD Standards	Improved physical health status	At least 15% of youth self-report improved physical health from entry to exit or end of reporting period.
	Improved substance use status	At least 30% of youth self-report decreased substance use from entry to exit or end of reporting period.
	Improved mental health status	At least 15% of youth self-report improved mental health from entry to exit or end of reporting period.
	Education goal met	At least 50% of youth self-report meeting their education goal from entry to exit or end of reporting period.
	Employment goal met	At least 55% of youth self-report meeting their employment goal from entry to exit or end of reporting period.

V. Columbus and Franklin County CoC Ranking process

The CoC Board and CoC will review a number of ranking options each year, detailed below. The CoC Board will analyze each option and discuss which option fits better for the CoC with each CoC application cycle. The CoC will review the option proposed by the CoC Board and will give final approval.

Below are listed the general ranking guidelines.

- < Under Tier 1 ranking, first time renewal projects (new or reallocated) and YHDP projects will be ranked first.
- < Projects will be ranked in descending order, based on the accumulated total points and ranking options.
- < If two or more projects receive the same number of points, the ranking will be randomized by project.
- < Under Tier 1 ranking, the HMIS project will be ranked last.
- < The Priority Guideline, any HUD prioritization criteria and, all else equal, the funding impact on the entire CoC will govern the ranking positions in any options considered.

Special Projects

- < Projects serving families and youth

Option 1 (descending score based, renewals prioritized)

- < List all renewal projects (including first time renewal, YHDP, and HMIS projects as detailed above) in the order of their scoring for Tier 1, up to Tier 1 amount or closest amount.
- < If there is a tie for the last ranked, renewal, non-special project in Tier 1, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall CoC level funding amount (less funding is risked) will be moved to the first ranking(s) in Tier 2.
- < All other projects are listed in Tier 2, in the order of the Priority Guidelines and their score.
- < List reallocation projects in Tier 2 (unless gap permits Tier 1).

Option 2 (descending score based, reallocation in Tier 1)

- < List all renewal projects (including first time renewal, YHDP, and HMIS projects as detailed above) in the order of their scoring for Tier 1, up to Tier 1 amount or closest amount less the amount allocated for the next bullet.
- < Capture any reallocation project(s) in Tier 1, after the renewal projects.
- < If there is a tie for the last ranked, renewal, non-special project in Tier 1, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall, CoC level funding amount (less funding is risked) will be moved to the first ranking(s) in Tier 2.
- < All other projects are listed in Tier II, in the order of the Priority Guidelines and their score.

Option 3 (descending performance based, prioritize any reallocations)

- < List all renewal projects in the order of their performance (HIGH, MEDIUM, LOW) and Priority Guidelines, (including first time renewal, YHDP, and HMIS projects as detailed above) in Tier 1, up to Tier 1 amount or closest amount less the amount allocated for the next bullet.
- < Capture the reallocation project(s) in Tier 1, after the renewal projects.
- < If there is a tie for the last ranked, renewal, non-special project in Tier 1, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall, CoC level funding amount (less funding is risked) will be moved to the first ranking(s) in Tier 2.

- < Projects rated as “LOW” performers based on the FY2021 Program Evaluation are listed in Tier 2 in the order of Priority Guidelines (renewal).
- < If the amount is not sufficient to meet the minimum amount of Tier 2 amount needed for Tier 2 ranking, renewal projects rated as “MEDIUM” will be listed in descending order of their score. If there is a tie for the last ranked, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall, CoC level funding amount (less funding is risked) will be moved last.

Option 4 (descending score based, new project in Tier 1)

- < List all renewal projects (including first time renewal, YHDP, and HMIS projects as detailed above) in the order of their scoring for Tier 1, up to Tier 1 amount or closest amount less the amount allocated for the next bullet.
- < Capture one new project in Tier 1, after the renewal projects.
- < If there is a tie for the last ranked, renewal, non-special project in Tier 1, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall, CoC level funding amount (less funding is risked) will be moved to the first ranking(s) in Tier 2.
- < All other projects are listed in Tier II, in the order of the Priority Guidelines and their score.

Option 5 (spread the cuts across all programs) – WILL NOT BE USED FOR 2021

- < List all renewal projects (include first time renewal, YHDP, and HMIS projects as detailed above) in the order of their scoring.
- < List reallocation project(s) in Tier 1, after all renewal projects.
- < Apply the HUD published funding decrease (amount at risk in Tier 2) to all renewal and reallocation projects, by decreasing funding across the board, by a calculated percentage.

Option 6 (spread the cuts across all programs that scored low) – WILL NOT BE USED FOR 2021

- < List all renewal projects (include first time renewals and HMIS project as detailed above) in the order of their scoring for Tier 1, up to Tier 1 amount or closest amount.
- < List reallocation project(s) in Tier 1, after all renewal projects.
- < Apply the HUD published funding decrease (amount at risk in Tier 2) to all renewal projects that scored below a certain level (10 points), by decreasing funding across these projects, by a calculated percentage.

VI. Program Performance Measurement

Program performance outcome goals are compared with actual performance to determine consistency with CSB, CoC, or HUD standards. For outcome definitions and methodologies, please see the Appendix of the Annual Program Evaluation or the Program Methodology document posted on www.csb.org.

Each performance goal is assessed as achieved (Yes), not achieved (No), or not applicable (N/A). *Achieved Goal* is defined as 90% or better of a numerical goal or within 5 percentage points of a percentage goal, except where a lesser or greater value than this variance also indicates an achieved goal (e.g. Average Length of Stay goal was met if actual achievement is 105% or less of goal). HUD performance goals do not allow for this variance, they are fixed goals. *Not Applicable* is assigned when a performance goal was not assigned; the reason for this is explained in the footnote for the respective program.

Each program is assigned a performance rating¹ of High, Medium, or Low as determined by overall program achievement of performance outcomes for the evaluation period. Ratings are based on the following:

<i>Rating</i>	<i>Achievement of Program Outcome Measure ²</i>
<i>High</i>	<i>achieve at least 75% of the measured outcomes and at least one of the successful housing outcomes (either number or percentage outcome)</i>
<i>Medium</i>	<i>achieve at least 50% but less than 75% of the measured outcomes</i>
<i>Low</i>	<i>achieve less than 50% of the measured outcomes</i>

All programs rated as “Low” performers are considered enhanced-risk. Programs of concern may be considered enhanced-risk. Enhanced-risk programs and/or those experiencing long-standing and serious program issues and/or systemic agency concerns enter into a Quality Improvement (QI) Plan with CSB. The QI Plan is tailored to the partner agency and focused on the steps required to become compliant and/or improve performance. The QI Plan process is based on one-on-one dialogues between CSB and the partner agency and considers agency plans and progress on addressing program issues. Partner agencies with enhanced-risk programs will enter into a conditional contract with CSB for the remainder of the current fiscal year. Specific conditions will be determined by the areas of concern leading to the non-compliant status.

If the partner agency and/or CSB find that the QI Plan process is not working, either may refer the concerns or issues to the CoC Board. The partner agency will be given an opportunity to present its case to the CoC Board, at the CoC Board’s request.

If the partner agency is not in agreement with the CoC Board’s decision, the partner agency can appeal to the CoC. The CoC will review the CoC Board’s decision and make the final determination on partner agency appeals. The CoC will be the final decision maker regarding any programs that should be removed from HUD funding based on the CoC Board recommendation.

¹ In some instances, the program was too new to evaluate; therefore, a performance rating was not assigned.

² If serious and persistent program non-performance issues existed prior to evaluation, then the program was assigned a lower rating than what its program achievement of performance outcomes would otherwise warrant.

RENEWAL/EXPANSION SCORING SHEET - PSH/TH (non-YHDP)

Organization Name: Community Housing Network

Project Name: Briggsdale

Grant Number: OH0078U5E032013

THRESHOLD REQUIREMENTS

Compliant with A (Organizational) and D (Financial) Standards	Yes
Participates in Coordinated Entry	Yes
Operates a Housing First Program	Yes
Submitted a complete and accurate project application	Yes

ELIGIBLE FOR RATING

PERFORMANCE EVALUATION OUTCOMES

Ends	Measurement	Annual Metrics	Semi-annual Goal	Semi-annual Actual	Achieved?
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and program capacity.	27	25	Yes
Access to resources/services to move to and stabilize housing	Housing Stability	At least standard below or greater if prior year(s) achievement was greater <ul style="list-style-type: none"> At least 12 months for PSH (goal to be set not to exceed 24 months, actual attainment may be greater) Up to 4 months for TH 	24	25	Yes
	Housing Affordability at Exit (%) (PSH only)	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. (Monitored only.)	50	N/A	N/A
Basic needs met in a non-congregate environment	Successful housing outcomes (%)	At least 90% successful housing outcomes for PSH and 77% successful housing outcomes for TH.	90	100	Yes
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.	24	25	Yes
	Successful housing exits (%) (PSH only)	At least 50% of exits are successful housing outcomes.	50	N/A	N/A
Not re-enter the emergency shelter system	Exit to Homelessness (%)	<10% of those who exit housing will return to homelessness within 180 days of exit.	<10	0	Yes
Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated annually and presented to the CoC.	consistent	consistent	Yes
	Cost per unit	Cost per unit will be consistent with budget. Evaluated annually and presented to the CoC.	consistent	consistent	Yes
	Program Occupancy Rate (%)	Full occupancy (>95%).	95	100	Yes
	Turnover Rate (%) (PSH only)	Set based on prior year(s) attainment, an annual 20% turnover rate is desirable.	10	0	N/A
	Pass program certification	Provide access to resources and services to end homelessness.	Pass certification	Compliant with Conditions	Yes
CoC or HUD Standards	Negative Reason for leaving (%)	Less than 20% leave for non-compliance or disagreement with rules.	20	N/A	N/A
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%)	At least 30% of adults will increase income from other sources than employment from entry to exit or end of reporting period.	30	57	Yes
	Increase in income from employment, from entry to exit or end of reporting period (%)	At least 15% of adults will have increased employment income from entry to exit or end of reporting period.	15	4	No

Number of goals achieved:	10
% of goals achieved:	91%
Rating:	High
Score:	9

out of 9

USAGE OF HUD GRANT FUNDS

Most recent closed HUD Grant Amount	\$	200,375
Amount Expended	\$	214,555

% of HUD Grant Amount Spent	107%
Score:	10

out of 10

TOTAL SCORE

19 out of 19

#	Project Name	Grant Number	Total ARA	Cumulative	%	Most recent closed HUD Grant Amount	Amount Expended Per CSB Records	Balance	% of HUD Grant Amount Spent	Usage Points	FY2021 Program Evaluation Rating	Evaluation Points	Total Points Usage Points + Evaluation Points	Project Ranking
-	YHDP CHN-NCR Youth PSH	OH0633U5E032001	\$346,341	\$346,341	2%	\$637,482.00	\$594,650.36	\$42,831.64	93.3%	8	N/A	N/A	N/A	-
-	YHDP Huckleberry House TAY CARR	OH0632U5E032001	\$224,000	\$570,341	3%	\$468,810.47	\$468,810.47	\$0.00	100.0%	10	N/A	N/A	N/A	-
-	YHDP HFF RRH	OH0634U5E032001	\$932,587	\$1,502,928	8%	\$1,712,123.53	\$1,131,798.03	\$580,325.50	66.1%	5	Medium	5	10	-
-	YHDP HFF Transition to Home	OH0635U5E032001	\$1,693,933	\$3,196,861	17%	\$3,255,530.00	\$994,594.86	\$2,260,935.14	30.6%	0	Medium-High	7	7	-
1	Homefull TRA EHV/Mainstream	OH0076U5E032013	\$871,351	\$4,068,212	22%									1
2	CHN Marsh Brook	OH0630U5E032002	\$254,000	\$4,322,212	24%	\$209,998.97	\$205,352.61	\$4,646.36	97.8%	8	N/A	N/A	N/A	2
3	CHN Parsons	OH0093U5E031811	\$256,811	\$4,579,023	25%	\$309,844.23	\$309,827.68	\$16.55	100.0%	10	N/A	N/A	N/A	3
4	Homefull Leasing	OH0312U5E031807	\$1,421,296	\$6,000,319	33%	\$1,368,838.00	\$1,342,765.26	\$26,072.74	98.1%	8	N/A	N/A	N/A	4
5	Homefull SRA	OH0083U5E031811	\$2,128,589	\$8,128,908	44%	\$1,617,667.10	\$1,606,591.36	\$11,075.74	99.3%	8	N/A	N/A	N/A	5
6	Homefull TRA	OH0084U5E031811	\$1,943,372	\$10,072,280	55%	\$2,355,045.47	\$2,341,703.99	\$13,341.48	99.4%	10	N/A	N/A	N/A	6
7	CHN Briggsdale	OH0078U5E032013	\$130,654	\$10,202,934	56%	\$214,554.63	\$214,554.63	\$0.00	100.0%	10	High	9	19	7
8	CHN Family Homes	OH0082U5E031811	\$13,310	\$10,216,244	56%	\$17,870.99	\$17,870.98	\$0.01	100.0%	10	High	9	19	8
9	CHN Safe Haven	OH0097U5E031811	\$188,951	\$10,405,195	57%	\$176,473.49	\$176,472.78	\$0.71	100.0%	10	High	9	19	9
10	CHN Southpoint	OH0281U5E031810	\$213,546	\$10,618,741	58%	\$437,184.10	\$437,184.10	\$0.00	100.0%	10	High	9	19	10
11	CHN Terrace	OH0092U5E031811	\$135,549	\$10,754,290	59%	\$200,198.28	\$200,188.18	\$10.10	100.0%	10	High	9	19	11
12	Equitas TRA	OH0080U5E031811	\$910,455	\$11,664,745	64%	\$687,092.88	\$687,092.88	\$0.00	100.0%	10	High	9	19	12
13	Huckleberry House TLP	OH0099U5E031811	\$232,135	\$11,896,880	65%	\$275,849.00	\$275,849.00	\$0.00	100.0%	10	High	9	19	13
14	Maryhaven Chantry	OH0090U5E031811	\$282,396	\$12,179,276	67%	\$282,396.00	\$282,396.00	\$0.00	100.0%	10	High	9	19	14
15	NCR Grant	OH0085U5E031811	\$172,376	\$12,351,652	68%	\$195,709.69	\$195,709.69	\$0.00	100.0%	10	High	9	19	15
16	VOA Family PSH	OH0094U5E031811	\$570,633	\$12,922,285	71%	\$540,652.90	\$540,652.90	\$0.00	100.0%	10	High	9	19	16
17	VOA Van Buren Village	OH0470U5E031802	\$64,200	\$12,986,485	71%	\$75,398.37	\$75,398.37	\$0.00	100.0%	10	High	9	19	17
18	YWCA WINGS	OH0102U5E031811	\$257,848	\$13,244,333	72%	\$590,200.15	\$590,200.15	\$0.00	100.0%	10	High	9	19	18
19	CHN Inglewood	OH0410U5E031806	\$60,247	\$13,304,580	73%	\$161,559.02	\$161,546.54	\$12.48	100.0%	10	High	9	19	19
20	YMCA Isaiah	OH0075U5E031808	\$2,071,075	\$15,375,655	84%	\$2,083,343.34	\$2,060,247.24	\$23,096.10	98.9%	8	High	9	17	20
21	CHN Briggsdale II	OH0537U5E031802	\$54,951	\$15,430,606	84%	\$390,278.59	\$361,597.29	\$28,681.30	92.7%	8	High	9	17	21
22	CHN Wilson	OH0101U5E031811	\$66,279	\$15,496,885	85%	\$33,395.78	\$27,936.01	\$5,459.77	83.7%	8	High	9	17	22
23	NCR Buckingham	OH0394U5E031808	\$172,375	\$15,669,260	86%	\$202,884.02	\$202,884.02	\$0.00	100.0%	10	Medium	5	15	23
24	NCR Third	OH0372U5E031807	\$172,375	\$15,841,635	87%	\$190,819.50	\$190,819.50	\$0.00	100.0%	10	Medium	5	15	24
25	CHN East Fifth	OH0088U5E031811	\$232,914	\$16,074,549	88%	\$264,700.92	\$264,124.14	\$576.78	99.8%	10	Medium	5	15	25
26	YMCA DV RRH	OH0617U5E031800	\$1,467,226	\$17,541,775	96%	\$632,851.26	\$403,983.81	\$228,867.45	63.8%	5	High	9	14	26
27	YMCA SRA	OH0445U5E031806	\$237,170	\$17,778,945	97%	\$186,413.32	\$184,642.32	\$1,771.00	99.0%	8	Medium	5	13	27
28	TSA RRH J2H	OH0074U5E031807	\$326,585	\$18,105,530	99%	\$221,017.00	\$202,449.18	\$18,567.82	91.6%	8	Medium	5	13	28
29	CSB HMIS/CSP	OH0087U5E031811	\$164,070	\$18,269,600	100%	\$380,000.00	\$380,000.00	\$0.00	100.0%	N/A	N/A	N/A	N/A	29
NEW	CHN Parsons Place		\$74,847											30
NEW	CHN Touchstone Field Place II		\$500,000											31
NEW	N^^ Berwyn East Place		\$338,633											32
	CoC Planning	OH0673U5E032000	\$548,088			\$395,384.00	\$395,384	\$0						-
	CoC UFA	OH0674U5E032000	\$548,088			\$395,384.00	\$395,384	\$0						-

Option 1	ARD	\$18,269,600		FY21	\$21,166,951.00	\$17,920,662.33	\$3,246,288.67
(descending score based, renewals prioritized)	Tier 1	\$18,269,600					
< List all renewal projects in the order of their scoring	Tier 2	\$913,480					
< List projects that don't fit in Tier 1 in Tier 2	Bonus	\$913,480					
	DV Bonus	\$1,228,514					
	CoC Plan and UFA	\$1,096,176					

#	Project Name		Households Served	New Households Served	Housing Stability	Average Length of Shelter Stay	Average Length of Participation	Successful Housing Outcomes (#)	Successful Housing Outcomes (%)	Successful Housing Outcomes (Hr.)
-	YHDP CHN-NCR Youth PSH									
-	YHDP Huckleberry House TAY CARR									
-	YHDP HFF RRH	Achieved	Achieved	N/A	Achieved	Achieved	Achieved	Not Achieved	N/A	
-	YHDP HFF Transition to Home	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	N/A	
1	Homefull TRA EHV/Mainstream									
2	CHN Marsh Brook									
3	CHN Parsons									
4	Homefull Leasing									
5	Homefull SRA									
6	Homefull TRA									
7	CHN Briggsdale	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	N/A	
8	CHN Family Homes	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Not Achieved	
9	CHN Safe Haven	Not achieved	N/A	Achieved	N/A	N/A	Not Achieved	Achieved	N/A	
10	CHN Southpoint	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
11	CHN Terrace	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
12	Equitas TRA	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
13	Huckleberry House TLP	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	N/A	
14	Maryhaven Chantry	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
15	NCR Grant	Not Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	N/A	
16	VOA Family PSH	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
17	VOA Van Buren Village	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
18	YWCA WINGS	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
19	CHN Inglewood	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Not Achieved	
20	YMCA Isaiah	Achieved	N/A	Not Achieved	N/A	N/A	Achieved	Achieved	Achieved	
21	CHN Briggsdale II	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Not Achieved	
22	CHN Wilson	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	N/A	
23	NCR Buckingham	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Not Achieved	
24	NCR Third	Not Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
25	CHN East Fifth	Achieved	N/A	Achieved	N/A	N/A	Not Achieved	Achieved	Not Achieved	
26	YMCA DV RRH	Achieved	Achieved	N/A	Achieved	Achieved	Achieved	Achieved	N/A	
27	YMCA SRA	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
28	TSA RRH J2H	Not Achieved	Not Achieved	N/A	Not Achieved	Not Achieved	Achieved	Achieved	N/A	
29	CSB HMIS/CSP									
NEW	CHN Parsons Place									
NEW	CHN Touchstone Field Place II									
NEW	N^^ Berwyn East Place									
	CoC Planning									
	CoC UFA									

Option 1

(descending score based, renewals prioritized)

- < List all renewal projects in the order of their scoring
- < List projects that don't fit in Tier 1 in Tier 2

#	Project Name	Leaving Exits	Housing Affordability at Exit	Exits to Homelessness / Recidivism	Program Occupancy Rate	Pass Program Certification	Negative Reason for Leaving	Increase in cash income (other than employment) from entry to exit or end of reporting period	Increase in income from employment, from entry to exit or end of reporting period
-	YHDP CHN-NCR Youth PSH								
-	YHDP Huckleberry House TAY CARR								
-	YHDP HFF RRH	N/A	Achieved	N/A	N/A	N/A	Not Achieved	Achieved	
-	YHDP HFF Transition to Home	N/A	N/A	Not Achieved	N/A	Achieved	Not Achieved	Not Achieved	
1	Homefull TRA EHV/Mainstream								
2	CHN Marsh Brook								
3	CHN Parsons								
4	Homefull Leasing								
5	Homefull SRA								
6	Homefull TRA								
7	CHN Briggsdale	N/A	Achieved	Achieved	Achieved	N/A	Achieved	Not Achieved	
8	CHN Family Homes	N/A	Achieved	Achieved	Achieved	Achieved	Not Achieved	Achieved	
9	CHN Safe Haven	N/A	Achieved	Achieved	Achieved	N/A	Achieved	Achieved	
10	CHN Southpoint	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	
11	CHN Terrace	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
12	Equitas TRA	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
13	Huckleberry House TLP	N/A	Achieved	Not Achieved	Achieved	Achieved	Not Achieved	Achieved	
14	Maryhaven Chantry	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
15	NCR Grant	N/A	Achieved	Achieved	Achieved	N/A	Achieved	Achieved	
16	VOA Family PSH	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	
17	VOA Van Buren Village	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
18	YWCA WINGS	N/A	Achieved	Achieved	Achieved	Not Achieved	Achieved	Achieved	
19	CHN Inglewood	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
20	YMCA Isaiah	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
21	CHN Briggsdale II	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
22	CHN Wilson	N/A	Achieved	Achieved	Achieved	N/A	Achieved	Not Achieved	
23	NCR Buckingham	N/A	Achieved	Achieved	Achieved	Not Achieved	Achieved	Not Achieved	
24	NCR Third	N/A	Achieved	Achieved	Achieved	Not Achieved	Achieved	Not Achieved	
25	CHN East Fifth	N/A	Achieved	Not Achieved	Achieved	Not Achieved	Achieved	Not Achieved	
26	YMCA DV RRH	N/A	Achieved	N/A	Achieved	N/A	Not Achieved	Achieved	
27	YMCA SRA	N/A	Achieved	Achieved	Not Achieved	Achieved	Not Achieved	Not Achieved	
28	TSA RRH J2H	N/A	Achieved	N/A	Achieved	N/A	Not Achieved	Achieved	
29	CSB HMIS/CSP								
NEW	CHN Parsons Place								
NEW	CHN Touchstone Field Place II								
NEW	N^^ Berwyn East Place								
	CoC Planning								
	CoC UFA								

Option 1

(descending score based, renewals prioritized)

- < List all renewal projects in the order of their scoring
- < List projects that don't fit in Tier 1 in Tier 2

OH-503 Columbus and Franklin County Continuum of Care

1E-5 Public Posting – Projects Rejected-Reduced

No projects submitted to the CoC were rejected or reduced in the 2021 competition.

OH-503 Columbus and Franklin County Continuum of Care

1E-5a Public Posting – Projects Accepted

From: [Heather Notter](#)
To: [Alex Murphy](#); [Amanda Frankl](#); [Amber Jacott](#); [Andrea Wilson](#); [Andrew Roth](#); [Bart Henning](#); [Beth Fetzer-Rice](#); [Brittani Perdue](#); [Christina Alutto](#); [Colleen Bain](#); [Constance Duncan](#); [Courtney Elrod](#); [Crystal Gary](#); [De Andree Nekoranec](#); [Emily Hawes](#); [Jarell Potts](#); [Jennifer Gulley](#); [Joan Russinovich](#); [Judy Peterson](#); [Kala Brean](#); [Karin Sabey](#); [Katie Elsass \(kelsass@chninc.org\)](#); [Katie Lane](#); [Kelly Browning](#); [Kyra Crockett Hodge \(kcrockett@huck-house.org\)](#); [LaRaun Clayton](#); [Lynda Leclerc](#); [Marsha Zimmerman](#); [Mary Price](#); [Matthew Sexton](#); [Melissa Humbert-Washington](#); [Nichole Goodman](#); [Nick Winslow](#); [Nolan, Theresa](#); [Ryan Pickut](#); [Sue Darby](#); [Susan Reamsnyder](#); [Terri Davis](#); [Tiana Purvis](#); [Trudy Elder](#); [Valerie Henthorn](#); [Wilhelmina Spinner](#)
Cc: [Lianna Barbu](#)
Subject: Project Rankings for the FY21 CoC Application
Date: Monday, October 25, 2021 3:38:00 PM
Attachments: [FY21 CoC Prioritization Options.pdf](#)
[5b Scoring and Ranking Option 1.pdf](#)

Good afternoon,

Thank you for submitting Project Applications for the FY21 CoC competition. The CoC Board met on October 25, 2021 to review the FY21 CoC Application and rank Project Applications according to the attached 2021 CoC Review, Score, and Ranking Procedures.

Please see attached for the CoC Board's recommendations for the ranked position of the project applications. The CoC Board accepted all projects. No projects were rejected or reduced. No renewal projects were placed in Tier 2. Replacement YHDP, CoC planning, and UFA projects were accepted and not ranked, per HUD's guidance.

The full CoC will meet on November 4 to review and approve the full CoC application.

The ranking will also be posted on the CoC website here:

<http://www.columbusfranklincountycoc.org/hud-application/>. Please let us know if you have any questions.

Thank you,
Heather

Heather Notter

Grants & Compliance Director



Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, OH 43235
614-715-2542
www.csb.org

#	Project Name	Grant Number	Total ARA	Cumulative	%	Most recent closed HUD Grant Amount	Amount Expended Per CSB Records	Balance	% of HUD Grant Amount Spent	Usage Points	FY2021 Program Evaluation Rating	Evaluation Points	Total Points Usage Points + Evaluation Points	Project Ranking
-	YHDP CHN-NCR Youth PSH	OH0633U5E032001	\$346,341	\$346,341	2%	\$637,482.00	\$594,650.36	\$42,831.64	93.3%	8	N/A	N/A	N/A	-
-	YHDP Huckleberry House TAY CARR	OH0632U5E032001	\$224,000	\$570,341	3%	\$468,810.47	\$468,810.47	\$0.00	100.0%	10	N/A	N/A	N/A	-
-	YHDP HFF RRH	OH0634U5E032001	\$932,587	\$1,502,928	8%	\$1,712,123.53	\$1,131,798.03	\$580,325.50	66.1%	5	Medium	5	10	-
-	YHDP HFF Transition to Home	OH0635U5E032001	\$1,693,933	\$3,196,861	17%	\$3,255,530.00	\$994,594.86	\$2,260,935.14	30.6%	0	Medium-High	7	7	-
1	Homefull TRA EHV/Mainstream	OH0076U5E032013	\$871,351	\$4,068,212	22%									1
2	CHN Marsh Brook	OH0630U5E032002	\$254,000	\$4,322,212	24%	\$209,998.97	\$205,352.61	\$4,646.36	97.8%	8	N/A	N/A	N/A	2
3	CHN Parsons	OH0093U5E031811	\$256,811	\$4,579,023	25%	\$309,844.23	\$309,827.68	\$16.55	100.0%	10	N/A	N/A	N/A	3
4	Homefull Leasing	OH0312U5E031807	\$1,421,296	\$6,000,319	33%	\$1,368,838.00	\$1,342,765.26	\$26,072.74	98.1%	8	N/A	N/A	N/A	4
5	Homefull SRA	OH0083U5E031811	\$2,128,589	\$8,128,908	44%	\$1,617,667.10	\$1,606,591.36	\$11,075.74	99.3%	8	N/A	N/A	N/A	5
6	Homefull TRA	OH0084U5E031811	\$1,943,372	\$10,072,280	55%	\$2,355,045.47	\$2,341,703.99	\$13,341.48	99.4%	10	N/A	N/A	N/A	6
7	CHN Briggsdale	OH0078U5E032013	\$130,654	\$10,202,934	56%	\$214,554.63	\$214,554.63	\$0.00	100.0%	10	High	9	19	7
8	CHN Family Homes	OH0082U5E031811	\$13,310	\$10,216,244	56%	\$17,870.99	\$17,870.98	\$0.01	100.0%	10	High	9	19	8
9	CHN Safe Haven	OH0097U5E031811	\$188,951	\$10,405,195	57%	\$176,473.49	\$176,472.78	\$0.71	100.0%	10	High	9	19	9
10	CHN Southpoint	OH0281U5E031810	\$213,546	\$10,618,741	58%	\$437,184.10	\$437,184.10	\$0.00	100.0%	10	High	9	19	10
11	CHN Terrace	OH0092U5E031811	\$135,549	\$10,754,290	59%	\$200,198.28	\$200,188.18	\$10.10	100.0%	10	High	9	19	11
12	Equitas TRA	OH0080U5E031811	\$910,455	\$11,664,745	64%	\$687,092.88	\$687,092.88	\$0.00	100.0%	10	High	9	19	12
13	Huckleberry House TLP	OH0099U5E031811	\$232,135	\$11,896,880	65%	\$275,849.00	\$275,849.00	\$0.00	100.0%	10	High	9	19	13
14	Maryhaven Chantry	OH0090U5E031811	\$282,396	\$12,179,276	67%	\$282,396.00	\$282,396.00	\$0.00	100.0%	10	High	9	19	14
15	NCR Grant	OH0085U5E031811	\$172,376	\$12,351,652	68%	\$195,709.69	\$195,709.69	\$0.00	100.0%	10	High	9	19	15
16	VOA Family PSH	OH0094U5E031811	\$570,633	\$12,922,285	71%	\$540,652.90	\$540,652.90	\$0.00	100.0%	10	High	9	19	16
17	VOA Van Buren Village	OH0470U5E031802	\$64,200	\$12,986,485	71%	\$75,398.37	\$75,398.37	\$0.00	100.0%	10	High	9	19	17
18	YWCA WINGS	OH0102U5E031811	\$257,848	\$13,244,333	72%	\$590,200.15	\$590,200.15	\$0.00	100.0%	10	High	9	19	18
19	CHN Inglewood	OH0410U5E031806	\$60,247	\$13,304,580	73%	\$161,559.02	\$161,546.54	\$12.48	100.0%	10	High	9	19	19
20	YMCA Isaiah	OH0075U5E031808	\$2,071,075	\$15,375,655	84%	\$2,083,343.34	\$2,060,247.24	\$23,096.10	98.9%	8	High	9	17	20
21	CHN Briggsdale II	OH0537U5E031802	\$54,951	\$15,430,606	84%	\$390,278.59	\$361,597.29	\$28,681.30	92.7%	8	High	9	17	21
22	CHN Wilson	OH0101U5E031811	\$66,279	\$15,496,885	85%	\$33,395.78	\$27,936.01	\$5,459.77	83.7%	8	High	9	17	22
23	NCR Buckingham	OH0394U5E031808	\$172,375	\$15,669,260	86%	\$202,884.02	\$202,884.02	\$0.00	100.0%	10	Medium	5	15	23
24	NCR Third	OH0372U5E031807	\$172,375	\$15,841,635	87%	\$190,819.50	\$190,819.50	\$0.00	100.0%	10	Medium	5	15	24
25	CHN East Fifth	OH0088U5E031811	\$232,914	\$16,074,549	88%	\$264,700.92	\$264,124.14	\$576.78	99.8%	10	Medium	5	15	25
26	YMCA DV RRH	OH0617U5E031800	\$1,467,226	\$17,541,775	96%	\$632,851.26	\$403,983.81	\$228,867.45	63.8%	5	High	9	14	26
27	YMCA SRA	OH0445U5E031806	\$237,170	\$17,778,945	97%	\$186,413.32	\$184,642.32	\$1,771.00	99.0%	8	Medium	5	13	27
28	TSA RRH J2H	OH0074U5E031807	\$326,585	\$18,105,530	99%	\$221,017.00	\$202,449.18	\$18,567.82	91.6%	8	Medium	5	13	28
29	CSB HMIS/CSP	OH0087U5E031811	\$164,070	\$18,269,600	100%	\$380,000.00	\$380,000.00	\$0.00	100.0%	N/A	N/A	N/A	N/A	29
NEW	CHN Parsons Place		\$74,847											30
NEW	CHN Touchstone Field Place II		\$500,000											31
NEW	N^^ Berwyn East Place		\$338,633											32
	CoC Planning	OH0673U5E032000	\$548,088			\$395,384.00	\$395,384	\$0						-
	CoC UFA	OH0674U5E032000	\$548,088			\$395,384.00	\$395,384	\$0						-

Option 1	ARD	\$18,269,600		FY21	\$21,166,951.00	\$17,920,662.33	\$3,246,288.67
(descending score based, renewals prioritized)	Tier 1	\$18,269,600					
< List all renewal projects in the order of their scoring	Tier 2	\$913,480					
< List projects that don't fit in Tier 1 in Tier 2	Bonus	\$913,480					
	DV Bonus	\$1,228,514					
	CoC Plan and UFA	\$1,096,176					

#	Project Name		Households Served	New Households Served	Housing Stability	Average Length of Shelter Stay	Average Length of Participation	Successful Housing Outcomes (#)	Successful Housing Outcomes (%)	Successful Housing Outcomes (Hr.)
-	YHDP CHN-NCR Youth PSH									
-	YHDP Huckleberry House TAY CARR									
-	YHDP HFF RRH	Achieved	Achieved	N/A	Achieved	Achieved	Achieved	Not Achieved	N/A	
-	YHDP HFF Transition to Home	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	N/A	
1	Homefull TRA EHV/Mainstream									
2	CHN Marsh Brook									
3	CHN Parsons									
4	Homefull Leasing									
5	Homefull SRA									
6	Homefull TRA									
7	CHN Briggsdale	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	N/A	
8	CHN Family Homes	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Not Achieved	
9	CHN Safe Haven	Not achieved	N/A	Achieved	N/A	N/A	Not Achieved	Achieved	N/A	
10	CHN Southpoint	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
11	CHN Terrace	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
12	Equitas TRA	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
13	Huckleberry House TLP	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	N/A	
14	Maryhaven Chantry	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
15	NCR Grant	Not Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	N/A	
16	VOA Family PSH	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
17	VOA Van Buren Village	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
18	YWCA WINGS	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
19	CHN Inglewood	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Not Achieved	
20	YMCA Isaiah	Achieved	N/A	Not Achieved	N/A	N/A	Achieved	Achieved	Achieved	
21	CHN Briggsdale II	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Not Achieved	
22	CHN Wilson	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	N/A	
23	NCR Buckingham	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Not Achieved	
24	NCR Third	Not Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
25	CHN East Fifth	Achieved	N/A	Achieved	N/A	N/A	Not Achieved	Achieved	Not Achieved	
26	YMCA DV RRH	Achieved	Achieved	N/A	Achieved	Achieved	Achieved	Achieved	N/A	
27	YMCA SRA	Achieved	N/A	Achieved	N/A	N/A	Achieved	Achieved	Achieved	
28	TSA RRH J2H	Not Achieved	Not Achieved	N/A	Not Achieved	Not Achieved	Achieved	Achieved	N/A	
29	CSB HMIS/CSP									
NEW	CHN Parsons Place									
NEW	CHN Touchstone Field Place II									
NEW	N^^ Berwyn East Place									
	CoC Planning									
	CoC UFA									

Option 1

(descending score based, renewals prioritized)

- < List all renewal projects in the order of their scoring
- < List projects that don't fit in Tier 1 in Tier 2

#	Project Name	Leaving Exits	Housing Affordability at Exit	Exits to Homelessness / Recidivism	Program Occupancy Rate	Pass Program Certification	Negative Reason for Leaving	Increase in cash income (other than employment) from entry to exit or end of reporting period	Increase in income from employment, from entry to exit or end of reporting period
-	YHDP CHN-NCR Youth PSH								
-	YHDP Huckleberry House TAY CARR								
-	YHDP HFF RRH	N/A	Achieved	N/A	N/A	N/A	Not Achieved	Achieved	
-	YHDP HFF Transition to Home	N/A	N/A	Not Achieved	N/A	Achieved	Not Achieved	Not Achieved	
1	Homefull TRA EHV/Mainstream								
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3	CHN Parsons								
4	Homefull Leasing								
5	Homefull SRA								
6	Homefull TRA								
7	CHN Briggsdale	N/A	Achieved	Achieved	Achieved	N/A	Achieved	Not Achieved	
8	CHN Family Homes	N/A	Achieved	Achieved	Achieved	Achieved	Not Achieved	Achieved	
9	CHN Safe Haven	N/A	Achieved	Achieved	Achieved	N/A	Achieved	Achieved	
10	CHN Southpoint	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	
11	CHN Terrace	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
12	Equitas TRA	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
13	Huckleberry House TLP	N/A	Achieved	Not Achieved	Achieved	Achieved	Not Achieved	Achieved	
14	Maryhaven Chantry	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
15	NCR Grant	N/A	Achieved	Achieved	Achieved	N/A	Achieved	Achieved	
16	VOA Family PSH	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	
17	VOA Van Buren Village	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
18	YWCA WINGS	N/A	Achieved	Achieved	Achieved	Not Achieved	Achieved	Achieved	
19	CHN Inglewood	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
20	YMCA Isaiah	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
21	CHN Briggsdale II	N/A	Achieved	Achieved	Achieved	Achieved	Achieved	Not Achieved	
22	CHN Wilson	N/A	Achieved	Achieved	Achieved	N/A	Achieved	Not Achieved	
23	NCR Buckingham	N/A	Achieved	Achieved	Achieved	Not Achieved	Achieved	Not Achieved	
24	NCR Third	N/A	Achieved	Achieved	Achieved	Not Achieved	Achieved	Not Achieved	
25	CHN East Fifth	N/A	Achieved	Not Achieved	Achieved	Not Achieved	Achieved	Not Achieved	
26	YMCA DV RRH	N/A	Achieved	N/A	Achieved	N/A	Not Achieved	Achieved	
27	YMCA SRA	N/A	Achieved	Achieved	Not Achieved	Achieved	Not Achieved	Not Achieved	
28	TSA RRH J2H	N/A	Achieved	N/A	Achieved	N/A	Not Achieved	Achieved	
29	CSB HMIS/CSP								
NEW	CHN Parsons Place								
NEW	CHN Touchstone Field Place II								
NEW	N^^ Berwyn East Place								
	CoC Planning								
	CoC UFA								

Option 1

(descending score based, renewals prioritized)

- < List all renewal projects in the order of their scoring
- < List projects that don't fit in Tier 1 in Tier 2

OH-503 Columbus and Franklin County Continuum of Care

3A-1a Housing Leveraging Commitments

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

**SECTION 8 PROJECT-BASED VOUCHER PROGRAM
HOUSING ASSISTANCE PAYMENTS CONTRACT**

NEW CONSTRUCTION OR REHABILITATION

PART 1 OF HAP CONTRACT

Public reporting burden for this collection of information is estimated to average 2 hours. This includes the time for collecting, reviewing and reporting the data. The information is being collected as required by 24 CFR 983.202, which requires the PHA to enter into a HAP contract with the owner to provide housing assistance payments for eligible families. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

Privacy Act Statement. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in accordance with applicable law.

1. CONTRACT INFORMATION

a. Parties

This housing assistance payments (HAP) contract is entered into between:

Columbus Metropolitan Housing Authority (PHA) and
Parsons Place, LLC. (owner).

b. Contents of contract

The HAP contract consists of Part 1, Part 2, and the contract exhibits listed in paragraph c.

c. Contract exhibits

The HAP contract includes the following exhibits:

EXHIBIT A: TOTAL NUMBER OF UNITS IN PROJECT COVERED BY

THIS HAP CONTRACT; INITIAL RENT TO OWNER; AND DESCRIPTION OF THE CONTRACT UNITS. (See 24 CFR 983.203 for required items.) If this is a multi-stage project, this exhibit must include a description of the units in each completed phase.

EXHIBIT B: SERVICES, MAINTENANCE AND EQUIPMENT TO BE PROVIDED BY THE OWNER WITHOUT CHARGES IN ADDITION TO RENT TO OWNER

EXHIBIT C: UTILITIES AVAILABLE IN THE CONTRACT UNITS, INCLUDING A LISTING OF UTILITY SERVICES TO BE PAID BY THE OWNER (WITHOUT CHARGES IN ADDITION TO RENT TO OWNER) AND UTILITIES TO BE PAID BY THE TENANTS

EXHIBIT D: FEATURES PROVIDED TO COMPLY WITH PROGRAM ACCESSIBILITY FEATURES OF SECTION 504 OF THE REHABILITATION ACT OF 1973

ADDITIONAL EXHIBITS

d. **Single-Stage and Multi-Stage Contracts (place a check mark in front of the applicable project description).**

☒ **Single-Stage Project**

This is a single-stage project. For all contract units, the effective date of the HAP contract is: 11/01/2020 .

☐ **Multi-Stage Project**

This is a multi-stage project. The units in each completed stage are designated in Exhibit A.

The PHA enters the effective date for each stage after completion and PHA acceptance of all units in that stage. The PHA enters the effective date for each stage in the "Execution of HAP contract for contract units completed and accepted in stages" (starting on page 10).

The annual anniversary date of the HAP contract for all contract units in this multi-stage project is the anniversary of the effective date of the HAP

contract for the contract units included in the first stage. The expiration date of the HAP contract for all of the contract units completed in stages must be concurrent with the end of the HAP contract term for the units included in the first stage (see 24 CFR 983.206(c)).

e. Term of the HAP contract

1. Beginning of term

The PHA may not enter into a HAP contract for any contract unit until the PHA (or an independent entity, as applicable) has determined that the unit meets PBV inspection requirements. The term of the HAP contract for any unit begins on the effective date of the HAP contract.

2. Length of initial term

- a. Subject to paragraph 2.b, the initial term of the HAP contract for any contract units is: 15-Years (October 31, 2035).
- b. The initial term of the HAP contract for any unit may not be less than one year, nor more than twenty years.

3. Extension of term

The PHA and owner may agree to enter into an extension of the HAP contract at the time of initial HAP contract execution, or any time prior to expiration of the contract. Any extension, including the term of such extension, must be in accordance with HUD requirements. A PHA must determine that any extension is appropriate to achieve long-term affordability of the housing or expand housing opportunities.

4. Requirement for sufficient appropriated funding

- a. The length of the initial term and any extension term shall be subject to availability, as determined by HUD, or by the PHA in accordance with HUD requirements, of sufficient appropriated funding (budget authority), as provided in appropriations acts and in the PHA's annual contributions contract (ACC) with HUD, to make full payment of housing assistance payments due to the owner for any contract year in accordance with the HAP contract.

- b. The availability of sufficient funding must be determined by HUD or by the PHA in accordance with HUD requirements. If it is determined that there may not be sufficient funding to continue housing assistance payments for all contract units and for the full term of the HAP contract, the PHA has the right to terminate the HAP contract by notice to the owner for all or any of the contract units. Such action by the PHA shall be implemented in accordance with HUD requirements.

f. Occupancy and payment

1. Payment for occupied unit

During the term of the HAP contract, the PHA shall make housing assistance payments to the owner for the months during which a contract unit is leased to and occupied by an eligible family. If an assisted family moves out of a contract unit, the owner may keep the housing assistance payment for the calendar month when the family moves out (“move-out month”). However, the owner may not keep the payment if the PHA determines that the vacancy is the owner’s fault.

2. Vacancy payment This paragraph is not applicable

THE PHA HAS DISCRETION WHETHER TO INCLUDE THE VACANCY PAYMENT PROVISION (PARAGRAPH e.2), OR TO STRIKE THIS PROVISION FROM THE HAP CONTRACT FORM.

- a. If an assisted family moves out of a contract unit, the PHA may provide vacancy payments to the owner for a PHA-determined vacancy period extending from the beginning of the first calendar month after the move-out month for a period not exceeding two full months following the move-out month.
- b. The vacancy payment to the owner for each month of the maximum two-month period will be determined by the PHA, and cannot exceed the monthly rent to owner under the assisted lease, minus any portion of the rental payment received by the owner (including amounts available from the tenant’s security deposit). Any vacancy payment may cover only the period the unit remains vacant.

- c. The PHA may make vacancy payments to the owner only if:
 - 1. The owner gives the PHA prompt, written notice certifying that the family has vacated the unit and the date when the family moved out (to the best of the owner's knowledge and belief);
 - 2. The owner certifies that the vacancy is not the fault of the owner and that the unit was vacant during the period for which payment is claimed;
 - 3. The owner certifies that it has taken every reasonable action to minimize the likelihood and length of vacancy; and
 - 4. The owner provides any additional information required and requested by the PHA to verify that the owner is entitled to the vacancy payment.
- d. The PHA must take every reasonable action to minimize the likelihood and length of vacancy.
- e. The owner may refer families to the PHA and recommend selection of such families from the PHA waiting list for occupancy of vacant units.
- f. The owner must submit a request for vacancy payments in the form and manner required by the PHA and must provide any information or substantiation required by the PHA to determine the amount of any vacancy payments.

3. PHA is not responsible for family damage or debt to owner

Except as provided in this paragraph e (Occupancy and Payment), the PHA will not make any other payment to the owner under the HAP contract. The PHA will not make any payment to the owner for any damages to the unit, or for any other amounts owed by a family under the family's lease.

g. Income-mixing requirement

- 1. Except as provided in paragraphs f.2 through f.5 below, the PHA will not

make housing assistance payments under the HAP contract for more than the greater of 25 units or 25 percent of the total number of dwelling units (assisted or unassisted) in any project. The term “project” means a single building, multiple contiguous buildings, or multiple buildings on contiguous parcels of land assisted under this HAP contract.

2. The limitation in paragraph f.1 does not apply to single-family buildings.
3. In referring eligible families to the owner for admission to the number of contract units in any project exceeding the 25 unit or 25 percent limitation under paragraph f.1, the PHA shall give preference to elderly families or to families eligible for supportive services, for the number of contract units designated for occupancy by such families. The owner shall rent the designated number of contract units to such families referred by the PHA from the PHA waiting list.
4. Up to the greater of 25 units or 40 percent of units (instead of the greater of 25 units or 25 percent of units) in a project may be project-based if the project is located in a census tract with a poverty rate of 20 percent or less.
5. Units that were previously subject to certain federal rent restrictions or receiving another type of long-term housing subsidy provided by HUD do not count toward the income-mixing requirement if, in the five years prior to issuance of the Request for Proposal or notice of owner selection (for projects selected based on a prior competition or without competition), the unit received one of the forms of HUD assistance or was under a federal rent restriction as described in f.6 and f.7, below.
6. The following specifies the number of contract units (if any) that received one of the following forms of HUD assistance (enter the number of contract units in front of the applicable form of assistance):
 - 0 Public Housing or Operating Funds;
 - 0 Project-Based Rental Assistance (including Mod Rehab and Mod Rehab Single-Room Occupancy);
 - 0 Housing for the Elderly (Section 202 or the Housing Act of 1959);
 - 36 Housing for Persons with Disabilities (Section 811 of the Cranston-Gonzalez Affordable Housing Act);

- ☐ Rent Supplement Program;
- ☐ Rental Assistance Program;
- ☐ Flexible Subsidy Program.

The following total number of contract units received a form of HUD assistance listed above: 36. If all of the units in the project received such assistance, you may skip sections g.7 and g.8, below.

7. The following specifies the number of contract units (if any) that were under any of the following federal rent restrictions (enter the number of contract units in front of the applicable type of federal rent restriction):

- ☐ Section 236;
- ☐ Section 221(d)(3) or (d)(4) BMIR (below-market interest rate);
- ☐ Housing for the Elderly (Section 202 or the Housing Act of 1959);
- ☐ Housing for Persons with Disabilities (Section 811 of the Cranston-Gonzalez Affordable Housing Act);
- ☐ Flexible Subsidy Program.

The following total number of contract units were subject to a federal rent restriction listed above: 0. If all of the units in the project were subject to a federal rent restriction, you may skip section g.8, below.

8. The following specifies the number of contract units (if any) designated for occupancy by elderly families or by families eligible for supportive services:

- a. Place a check mark here ☐ if any contract units are designated for occupancy by elderly families; The following number of contract units shall be rented to elderly families:

_____.


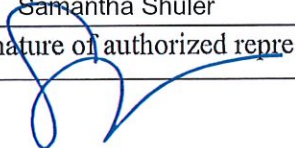
- b. Place a check mark here ☐ if any contract units are designated for occupancy by families eligible for supportive services. The

following number of contract units shall be rented to families
eligible for supportive services:

_____.

9. The PHA and owner must comply with all HUD requirements regarding income mixing.

EXECUTION OF HAP CONTRACT FOR SINGLE-STAGE PROJECT

PUBLIC HOUSING AGENCY (PHA)	
Name of PHA (Print)	
Columbus Metropolitan Housing Authority	
By: Scott Scharlach	
Signature of authorized representative	
	
Name and official title (Print)	
COO	
Date November 11, 2020	
OWNER	
Name of Owner (Print)	
Parsons Place, LLC.	
By: Samantha Shuler	
Signature of authorized representative	
	
Name and official title (Print)	
CEO	
Date November 11, 2020	



COLUMBUS METROPOLITAN HOUSING AUTHORITY
COMMUNITY. COMMITMENT. COLLABORATION.

January 21, 2021

Ms. Samantha Shuler
Chief Executive Officer
Community Housing Network, Inc.
1680 Watermark Blvd
Columbus, Ohio 43215

Re: Proposed Touchstone Field Place II Apartments

Dear Ms. Shuler:

On behalf of Columbus Metropolitan Housing Authority (CMHA), I am confirming my agency's commitment to supporting Community Housing Network's (CHN) with the purpose of developing the proposed Touchstone Field Place II apartment project.

Touchstone Field Place II will provide forty-four (44) one-bedroom units of permanent supportive housing prioritized for individuals who meet the HUD's definition of literal homelessness. Touchstone Field Place will be located at 2565 Lockbourne Road, in the Marion-Franklin neighborhood of Columbus. The project will add 44 new apartments to the community's permanent supportive housing portfolio and with Touchstone Field Place I will create a total of 100 permanent supportive housing units at this location.

CHN intends to apply for funding the construction of the Touchstone Field Place II's fifty units from multiple funding agencies, including OHFA (HDAP Bond Gap Financing, 9% tax credits, HDL), Franklin County Magnet Funds (award received), HUD Continuum of Care, ADAMH Board of Franklin County, and the Federal Home Loan Bank of Cincinnati (AHP). In addition to the above funders, CHN has requested 44 project-based Housing Choice Vouchers. CMHA conditionally commits this rent subsidy.

The following table outlines the approved rents for the units:

Unit Type	# Units	Gross Rent	Utility Allowance	Net Rent	Subsidy Program
One-Bedroom/One-Bath	44	\$827	\$0	\$827	Housing Choice Vouchers

As you know, the above rents are at Fair Market Rents.

CMHA will need to conduct a rent comp study using HUD 92273 Rent Comparability Form for Touchstone Field Place II to demonstrate that the above proposed rents by CMHA will be acceptable based on 24 CFR 983.301 Determining Rent to Owner (b)(1-3). Further, the proposed rents must allow

the project to be financially sound and fit within our rent limits. The initial rents will be finalized at the HAP Contract stage once construction is complete.

It is anticipated that if CHN is successful in securing the above funding commitments, CHN will begin construction of the proposed project in the spring of 2022. Initial occupancy will begin in the summer or early fall of 2023.

CMHA is committed to providing Project-based Section 8 Housing Choice Vouchers to CHN for the proposed Touchstone Field Place II project, subject to the approval of CMHA's Board and all federal regulatory requirements being met. This rent subsidy will be for all 44 units at the property and will limit what a resident pays in rent to 30% of their household income. There will be a 20-year Housing Assistance Payment contract once the property is constructed that will be subject to annual appropriations. Please be aware that CMHA will use any available Mainstream Housing Choice Vouchers in its portfolio first for this commitment. Should no Mainstream Vouchers be available, CMHA will provide Housing Choice Vouchers to fulfill this commitment.

CMHA is aware that this letter will be used by CHN to demonstrate both funding and rental subsidy commitment to funders, including the OHFA, Franklin County, City of Columbus, Columbus/Franklin County Continuum of Care, Federal Home Loan Bank and ADAMH Board of Franklin County, so that Touchstone Field Place II can be considered for funding by these and other agencies.

CMHA wishes to make clear that this commitment is conditioned on the following:

1. CHN, CSB, ADAMH Board, and CMHA continue to partner on requests to HUD for Mainstream Housing Choice Vouchers;
2. CMHA having availability of Housing Choice Vouchers for Project Basing, including Mainstream Housing Choice Vouchers, to fulfill this commitment;
3. HUD approves the site's Environmental Part 58 Review and a Subsidy Layering Review; and,
4. CMHA's Board approves the partnership, funding and subsidy allocation to CHN.

CMHA is very confident that the above conditions can be met on this project.

If CHN or potential funders have any questions regarding this letter, please contact me directly at 614-421-6410.

Sincerely,



Scott Scharlach
Chief Operating Officer



**COLUMBUS METROPOLITAN
HOUSING AUTHORITY**
COMMUNITY. COMMITMENT. COLLABORATION.

800 East 11th Avenue
Columbus, Ohio 43211
P: 614-421-6000
cmhanet.com

September 20, 2021

Amy J. Rosenthal
National Church Residences
2245 North Bank Drive
Columbus, Ohio 43220


Re: Berwyn East Place Project Based Vouchers

Dear Mrs. Rosenthal,

I am writing in my position as the Chief Operating Officer of the Columbus Metropolitan Housing Authority (CMHA) to express CMHA's strong support and commitment for the proposed Berwyn East Place, an 88-unit senior, service enriched housing community located at 3341 East Livingston Avenue, Columbus, Ohio.

CMHA understands that National Church Residences' Berwyn East Place has an opportunity to receive 4% low-income housing tax credits as well as American Rescue Plan funds as a Service Enriched Housing, Permanent Supportive Housing development. Berwyn East Place will provide needed age-restricted, service enriched housing targeting low-income seniors. At least 50% of the units will target an extremely low-income senior population with advanced geriatric conditions by means of a disability and vulnerability. CMHA understands this unique target population has a demonstrated need for supportive housing and rental subsidy due to their higher rates of emergency and institutional care utilization, vulnerability to early onset of chronic geriatric conditions, and premature mortality.

CMHA intends to issue a Request For Proposals (RFP) for Project Based Section 8 Vouchers in early January 2022. The RFP will preference Permanent Supportive Housing projects, such as this one, that serve an extremely low-income senior population with advanced geriatric conditions, some of whom are either homeless or at risk of homelessness. Based on the National Church Residences proposal, we believe that the Berwyn East Place will be eligible to respond to the RFP. Provided that all the required documentation is provided, based on our knowledge of the project, we believe that Berwyn East Place will have a very strong chance to qualify for an award of Project Based Section 8 Vouchers.



If, as CMHA anticipates, National Church Residences submits an application for Berwyn East Place and it wins an award, CMHA will commit Project Based Section 8 Housing Choice Vouchers (HCV) to the project. The HCV will subsidize resident's rents by paying the difference between 30% of the resident's income and the actual rent. Based upon National Church Residence's proposal, we hereby confirm that Berwyn East Place will be eligible for an award of at least forty-four (44) HCV. Prior to awarding Housing Choice Vouchers, Berwyn East Place must be accepted and approved by the Rebuilding Lives Funder Collaborative (RLFC), the governing body for the Columbus and Franklin County Continuum of Care, as well has approved by CMHA's board.

CMHA intends to publish the RFP in January 2022 and make a selection from the respondents by March 2022.

Thank you for this opportunity to express our support and commitment for Berwyn East Place. We strongly feel that this is an important project for our community. If you have any questions, please do not hesitate to call 614-421-6215.

Sincerely,



Scott Scharlach
Chief Operating Officer

OH-503 Columbus and Franklin County Continuum of Care

3A-2a Healthcare Formal Agreements



October 7, 2021

Ms. Lianna Barbu
365 E. Campus View
Columbus, OH 43235

RE: Provision of Healthcare Services
Berwyn East Place
3341 East Livingston Ave., Columbus, OH 43227

Dear Ms. Barbu,

Please accept this letter as confirmation that National Church Residences' Permanent Supportive Housing Services will provide integrated primary and behavioral health care services tailored to residents of the Berwyn East Place affordable housing community, including *(but not limited to)*: primary and episodic medical care; home health services; education and wellness services; Covid-19 testing and vaccines (as available); behavioral health counseling/case management services; peer support and recovery services; and other prevention services as indicated for the population.

The value of direct primary/medical health care services to be provided for the 36 Berwyn East Place project participants is estimated at \$135,190 from 7/1/2022 – 6/3-/2023, and is based on current healthcare wages and clinical reimbursement rates established by CMS.

In addition to the services identified above, National Church Residences' Senior Services will supplement the already robust service offerings from N^^ Permanent Supportive Housing Services to the community, and managed care providers United HealthCare and Molina, have also committed to participate and contribute to the project, once funded. With support from these organizations, Berwyn East Place will be uniquely positioned to provide comprehensive healthcare services to program participants tailored to each resident's individual needs.

Should you have any questions regarding this commitment, please feel free to contact me at (614) 716-0886.

Sincerely,

Colleen M. Bain, M.Ed., L.S.W.
Vice President
National Church Residences