

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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	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 CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	No	No	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Faith-based Organizations	Yes	Yes	Yes
35.	Veterans Organizations	Yes	Yes	Yes

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

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 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/June 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 adopted in 2022 a Diversity Equity Inclusion (DEI) Plan that sets the long-term goal for the composition of the CoC to be consistent with the composition of the people served by the homelessness system across a range of characteristics, including race, ethnicity, gender, age, LGBTQ+ identity, socio-economic status, disability, and lived experience in the homelessness system and other systems of care. The CoC will pursue this goal with diligence and meet incremental markers of success. In 2023, the 1st report on the DEI Plan showed that the new members recruited are 67% Black/African American; 78% female; and 11% transgender. The CoC composition progressed towards being reflective of the Franklin County population, the 1st goal of the DEI Plan. Franklin County population is made up of 51% women, 23% Black/African Americans and the CoC membership identifies as 60% women, and 24% Black/African Americans, respectively. CoC members of other ethnicities and as well as people with disabilities are the current focused objectives. Ensuring cultural humility in recruitment, learning agility while aligning with organizations that work and represent underserved populations are the benchmarks.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1) Our CoC’s strategic and youth plans are updated via public convenings and workgroups that incorporate ideas from partners involved in preventing and ending homelessness. The 2022 update of A Place to Call Home, our strategic framework that articulates our community’s vision for making sure everyone has a place to call home, includes goals tailored to all populations. Goals are aligned with broader community work. Community Shelter Board, the UFA, facilitated system discussions and partner and community listening sessions where almost 150 individuals provided input. Since then, the CoC has expanded community outreach, further engaging with hospitals, government, grassroots entities, people with lived experience, and volunteers serving unsheltered adults. The Citizens Advisory Council, individuals with lived experience, meet monthly to advise the CoC, participate in feedback sessions, attend system trainings and evaluate new partner projects. Goals for the youth plan are updated with participation from the Youth Action Board (YAB). 2. During sessions to gather community input, CSB presented the current state of homelessness and programming and strategies in place, to create a baseline understanding and to facilitate development of new ideas. The presentations allowed for targeted discussions of goals and attendees were able to provide input and come up with new ideas and strategies to improve the system of care. The CoC used neighborhood meetings as a forum for presenting new information. 3) Feedback from sessions was summarized in overarching goals, and strategies for each goal. Participants rated the strategies and those that received a high rating were included in the plan. Additional participant suggestions were incorporated into the plan that were deemed to have the highest impact toward preventing and ending homelessness. The plan includes outcomes and outputs to measure the progress of our work. The final plan was presented to the CoC for approval and will be revisited annually with the intent of updating the strategies to align with the current socio-economic environment. The current youth update highlights the voice of the YAB. In presenting to local neighborhood groups on new PSH, feedback was incorporated into planning. Meetings with volunteers led to a strong outcome in a non-congregated pilot for unsheltered people. Meetings with hospitals have resulted in algorithms for client discharge planning.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1) Community Shelter Board (CSB), the UFA, solicits proposals for new projects for consideration by the CoC annually. CSB sends the opportunity via email to a wide array of organizations, encouraging further distribution, including organizations that have not previously received CoC funding, and posts the call for proposals on the CoC website. The notification includes instructions for the applications and a deadline. The CoC advertises all NOFOs, along with schedules and instructions, through emails to a wide variety of constituents and asks them for a broad further distribution of the funding opportunities, and on the CoC website. 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. In the 2022 CoC competition we were awarded a Coordinated Entry project for an organization that has not previously received CoC Program funding. 2) The CoC emails and posts on the website instructions for submitting Concept Papers. Staff provide technical assistance to any applicant that requests additional support. Applications must be emailed to CSB. 3) 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, percent of units dedicated to the homeless population, provision of supportive services, expected funding sources including housing subsidies and supportive services match funds, commitment to housing first, approach to equity, involvement of persons with lived experience 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 and meet compliance standards, responses included in the application and capacity to administer federal funds. The CoC scores and prioritizes Concept Papers. The final determination regarding the projects to be included in the competition occurs during the application process, based on available CoC Bonus funding. 4) 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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.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 the 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 LGBTQ+ 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 V.B.1.b.	

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

(limit 2,500 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 allocations to Community Shelter Board (CSB), the UFA. The City, County, and CSB propose ESG 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. The performance reports are reviewed during the CoC Board and CoC meetings. These evaluations include program-level reporting of all ESG-funded projects. CSB also provides the City, County and State with the required annual performance reporting using HMIS data and monthly, quarterly and annual financial reporting on use of funds. 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 on current state, gap in inventory and service provision and projected need. CSB conducts a PIT debrief as an ongoing quality and improvement practice. 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. Information is provided on current state of homelessness, gap in inventory and service provision and projected need. For the City and the County, CSB updates the respective sections of the Consolidated Plan.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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 sexual orientation and gender identity:

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 questions or requesting technical assistance to resolve noncompliance by service providers.	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC collaborates with Columbus State Community College (CSCC) to assist youth experiencing or at risk of homelessness in continuing educational opportunities. Success-Bridge helps students at risk of dropping out of school due to housing instability with homelessness prevention resources. CSCC Success Bridge has a formal agreement with CSB and data and outcomes are tracked in HMIS. CSCC has a voting representative on the CoC. The CoC collaborates with local high schools and GED providers on educational opportunities for youth.

Columbus City Schools Project Connect (the community’s largest LEA) is connected to the CoC’s family system operations workgroup to link with emergency shelter partners regarding services and resources. Columbus City Schools actively participates on the CoC Youth Committee and youth case conferences when there are youth to refer to the programs. The CoC’s Youth System Manager participates in LEA workgroups and forums. 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 shelters. Project Connect is also part of the CoC’s Homelessness Prevention Network (HPN) and is trained in housing problem-solving and refers at-risk families to the CoC for additional supports. Columbus City Schools Project Connect has a formal MOU for the HPN. Part of the onboarding to the HPN, Project Connect and CSB created a smooth process so that referrals would meet the needs of the clients and families experiencing housing instability. Expansion of service providers in the HPN this year will provide new referral pathways for families experiencing housing instability while their children are attending Columbus City Schools. Project Connect has a voting representative on the CoC.

In addition to Project Connect, through CSB, the CoC has representation on the strategic advisory council of Future Ready Five (FR5) and participates in these meetings. FR5 is an initiative to prepare kindergartners to pass the kindergarten readiness exam. Coordination with FR5 includes collaboration with shelters for book access for children. FR5 partners will also be connected to HPN efforts this year part of the HPN expansion.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
NOFO Section V.B.1.d.		

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 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, the UFA, on behalf of the CoC, monitors all programs annually for evidence that program staff proactively ensure that program participants' rights are not violated regarding public education, including contact with the local Homeless Education Liaison. The relevant excerpt from the P&P manual is: "Education: Programs serving children must ensure that children and youth have access to public education and that their rights are protected in accordance with federal and state requirements. Collaboration opportunities with Columbus City Schools' Project Connect staff are available." The relevant monitoring standard language is: "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, as amended, Title VII, Subtitle B; 42 U.S.C. 11431. Heads of households are advised of their rights as they relate to the public education system."

Each program must demonstrate consistent implementation of processes for advising heads of households of their rights upon entry into any homelessness program through policies and procedures and actual client files. 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. It is our system's policy that when 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. Decisions on shelter placement consider the school of origin and the services that Project Connect will provide. 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-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.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–Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	No
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1) Each year the CoC system-wide policies are reviewed and updated to ensure changes throughout the year regarding collaboration with VSPs or services to survivors of domestic violence, dating violence, sexual assault and stalking are reflected in policies. This year we are implementing a new DV Coordinated Entry (CE) with our HUD award. Community Shelter Board, the UFA, is working with the Center for Family Safety and Healing, the DV CE provider (DV CE) and a VSP, on having policies and procedures reflecting the most trauma-informed language and approach to be used by Netcare, the Homeless Hotline operator, in the non-DV CE process when an individual is calling the hotline and identifies as currently fleeing or at risk for any of the traumas noted above. The DV CE is a member of ODVN (Ohio Domestic Violence Network-the state DV coalition), with a seat on their board, and consistently participates in their trainings and meetings. They are aligned with their standards for trauma informed care and DV practice standards and consult with ODVN on local needs. Netcare utilizes this language when they conduct a safety conversation and provide a warm hand-off to CHOICES domestic violence shelter. Netcare is provided referral criteria for CHOICES for appropriate pathways for the client. 2) The DV CE routinely provides trauma informed care training in the community. They have the role of training system partner staff to ensure the most comprehensive and trauma-informed implementation of safety conversations with survivors. A DV training suite has been put together for system staff by the DV CE that addresses all aspects of family violence, including child abuse and neglect, teen dating abuse, domestic violence and elder abuse, available on-demand on CSB's website. The DV Coordination Workgroup launched last year by CSB, bringing together VSPs, the CE providers and the RRH DV provider is working on: 1. coordination of care and updates for all partners regarding shelter access, transitional housing/rapid rehousing/PSH referrals and intake processes; 2. System process mapping and housing pathways; 3. Training expansion on trauma informed care and DV best practices in sync with the ODVN standard. There is also an emphasis on teamwork and meeting the needs of victims and survivors. In addition, the DV CE is meeting weekly with CHOICES to align safety services with DV sheltering.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses 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 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 2,500 characters)

1) The Center for Family Safety and Healing, the DV Coordinated Entry (CE) provider and a victim service provider (VSP), developed and made available in June 2023 a domestic violence training suite for system staff that addresses best practices in recognizing and responding to family violence, including child abuse and neglect, teen dating abuse, domestic violence and elder abuse, available on-demand on CSB's website. This is a CE specific and comprehensive system-wide training on trauma-informed engagement with victims and survivors of DV. 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 and emergency transfer plans. Staff receive 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 enter the information into HMIS anonymously to protect the survivor's privacy. CSB monitors projects annually to ensure training plans are up-to-date and look for evidence of use and prioritization of emergency transfer plans. DV program outcomes indicate program participants receive effective and informed services.

2) 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, using the training suite developed by the DV CE provider. CE staff receive 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. CSB staff monitors success and effectiveness of CE via mock calls quarterly to test application of training materials and best actions for survivors to ensure support provided is trauma-informed. CSB, VSP and CE providers meet regularly to discuss coordination of referrals, planning, roles and responsibilities and best approaches to provide appropriate interventions to DV survivors. DV CE Provider and CHOICES meet weekly. Training is emphasized for DV RRH with DV CE Provider.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1) Individuals are screened for experiences of DV, dating violence, sexual assault, and stalking when they access the Coordinated Point of Access (CPOA) and/or engage with street outreach. Community Shelter Board (CSB), the UFA, partnered with the new Coordinated Entry (CE) DV provider, the Center for Family Safety and Healing to develop new trauma-informed safety language and staff training. Households fleeing DV situations are referred to CHOICES, our local DV shelter, immediately through a warm transfer. The DV System Coordination Group focuses on planning and processes to ensure client safety and to streamline the process to connect clients to the DV RRH program through the most efficient pathway possible, recognizing that timeliness is connected to safety. The CE DV provider works with the CPOA to ensure clients referred to emergency shelter are linked to CE DV provider to develop safety plans. People who have experienced DV are prioritized for the specialized CoC-funded DV RRH operated by YMCA. The Unified Supportive Housing System (USHS), which manages PSH eligibility and referrals in our CoC, works with PSH providers on emergency transfers when necessary. Programs notify USHS when a priority transfer is required because of violence or a threat of violence and USHS quickly identifies alternative, safe housing. Every housing program in our system, including PSH, TH and RRH, is required to have an emergency transfer plan and the CoC monitors all programs annually to ensure that this plan is implemented consistently and there is evidence that participants are informed of availability of emergency transfers. 2) The CE DV, CHOICES and TH programs do not utilize HMIS as the data system due to confidentiality measures; likewise, all locations are undisclosed. If a DV survivor is entering a non-VSP program, they can request that their information be anonymized to protect privacy. The wide array of DV resources in our CoC ensures that the system maximizes client choice and assistance best meets the needs of each 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, based on need and preference. The DV Coordination Workgroup identifies additional processes to best connect clients to appropriate services and is mindful of areas where client consent is essential and when releases of information must be in place for provider-to-provider data sharing.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
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NOFO Section V.B.1.e.

Describe in the field below:

1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) CHOICES and Huckleberry House, the only shelter and transitional housing providers, respectively, for victims of domestic violence collect data outside HMIS to preserve survivors' security and safety. CHOICES and Huckleberry House provide 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.

2) The CoC also collects via HMIS data on persons experiencing homelessness who report having experienced domestic violence, dating violence, sexual assault, and stalking. The aggregated data received from CHOICES and Huckleberry House and the Community Shelter Board, the UFA and HMIS Lead, collected data via HMIS are used in reports presented to the CoC. The CoC also 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, Huckleberry House and HMIS, and the youth needs assessment to assess the community needs and gaps related to domestic violence, dating violence, sexual assault, and stalking. Data is used to analyze the efficacy of existing services and continuously improve programs serving this population. With the implementation this year of our new Coordinated Entry (CE) for domestic violence, the Center for Family Safety and Healing (CFSH), the new provider, will be able to provide additional, richer aggregated data on the specialized needs of domestic violence, dating violence, sexual assault, and stalking victims, through the in-depth assessments they are conducting as a CE provider. Using their experience as a VSP, the CE DV provider CFSH, the other DV providers and system housing providers will be able to learn about the current unmet needs of this population and tailor current housing and service needs. For example, we know that it is imperative to decrease the time to housing for this population and support timely, rapid re-housing that aligns with safety, security and disrupting the power-control cycle. For this reason, we are applying for an additional Joint Th/RRH project to increase the system's capacity to address the rehousing needs of this population.

** **

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1) Every housing program in our system – including Permanent Supportive Housing, Transitional Housing, Rapid Rehousing, and Prevention programs – is required to have an emergency transfer plan and the CoC, through CSB’s annual Program Review and Certification process monitors all programs annually to ensure that this plan is implemented consistently and that each participant is informed about the availability of and their right to request an emergency transfer at entry into each housing program. All programs are required to provide a VAWA notice and information about the emergency transfer process to program participants at their entry in each program. The VAWA notice is included as a lease addendum for all the assisted units in the community – including units supported with CoC, ESG, HOPWA and HOME funding. Evidence that the notice and information was provided to each participant is required to be included in the file. If, during the annual monitoring, CSB determines that the project did not follow the required process, the provider is asked to implement a quality improvement plan to remedy the non-compliance. 2) participants in need of an emergency transfer must reach out to their case manager as soon as they determine the need to move because of a domestic violence, dating violence, sexual assault or stalking situation, threat of violence or a perceived threat to their safety. The case manager, along with their program supervisor, implements the emergency transfer procedure. This process is guided through a trauma-informed, client-centered approach, requesting the minimum information necessary from the participant involved. 3) For PSH, 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. Programs notify USHS when a priority transfer is required because of violence or the threat of violence or perceived threat and USHS quickly identifies alternative, safe housing. Transfers can be internal within a PSH project if a vacancy is available and participant is amenable to an internal move or external, to a different PSH project. For an external transfer the participant becomes the 1st priority for housing and will be referred to the first vacancy system-wide. For Prevention, RRH and TH, the program staff, working with the participant, identify alternative safe housing and expeditiously work to move the participant.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC’s geographic area; and
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1) 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. With the implementation this year of our new DV Coordinated Entry (CE), coordination will further improve, as well as the safety component while accessing these programs. Community Shelter Board (CSB), the UFA, promotes homelessness prevention resources to victim service providers (VSPs) through a direct referral process so clients can most easily be connected to these resources. CSB has worked to incorporate VSPs into the resources and supports provided by the Homelessness Prevention Network (HPN) and CHOICES, the local DV shelter, has presented to HPN partners. The DV CE Provider will have a full-time prevention specialist in the HPN. CHOICES has full access to the homeless system's housing options. Street outreach providers refer unsheltered adults to the RRH DV program. A streamlined DV RRH referral process is in place for clients residing at CHOICES or clients temporarily living in hotels that are linked with VSPs, CHOICES or the Center for Family Safety and Healing (CE DV). During this past year, CSB worked with the YMCA DV RRH program to improve RRH access for eligible clients residing in the system's non-DV emergency shelters. The DV RRH Provider has housing locators to increase the housing options available for survivors. VSP staff attended Severity of Service Needs (SSN) Assessor trainings this year, this assessment used to determine eligibility and prioritization for permanent supportive housing (PSH). VSP staff refer clients to the Unified Supportive Housing System (USHS), the CoCs coordinated system for managing prioritization and referrals to PSH. They also complete and submit requests for Direct Client Assistance (DCA) to CSB, the program providing financial assistance for security deposit and rent, to house participants experiencing homelessness in market rate housing. 2) The monthly DV System Coordination Group provides opportunities for all partners to proactively assess and identify systemic barriers that prohibit provision of safe housing and appropriate services for victims and survivors and improve collaboration, share resources, updates and information and identify the best services pathway for this population. The CE DV addition will further enhance this work as housing is streamlined.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

1) So far, we have not involved DV survivors with a range of lived expertise in the development of our CoC policies and programs. With the implementation in this new grant year of our new coordinated entry program for DV survivors it is the right time to do so. We will ask our partner in the implementation of the coordinated entry project, the Center for Family Safety and Healing (CFSH) to take the lead in identifying the right avenues to receive continuous input and feedback on the current CoC programs. Through CFSH we will invite DV survivors to join the Citizens Advisory Council, a group of homeless and formerly homeless individuals that meet monthly and are an integral part of the Continuum of Care governing body. An established and potent community change agent, the Citizens Advisory Council provides direct input into the development of the CoC's policies and programs. 2) DV survivors have access to all the CoC-wide programs in the system and the dedicated RRH DV program is tailored to the unique needs of the DV population, with longer lengths of participation and protocols to ensure safety of the household from the onset of their participation. In case any housed DV survivor in the system requests and emergency transfer, the household will become the first priority for rehousing.

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

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ 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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
NOFO Section V.B.1.f.		

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1) Community Shelter Board (CSB), the UFA, updates the system-wide anti-discrimination policy on behalf of the CoC, using stakeholder feedback from the Citizens Advisory Council (CAC) and Youth Action Board (YAB), the two groups comprised of persons with lived experience of homelessness, surveys conducted by direct service providers and through partner dialogue in ongoing system operation workgroups that include LGBTQ+ and youth serving organizations to ensure the policy is comprehensive in meeting the needs of LGBTQ+ individuals and trauma-informed. 2) CSB provides support to partners in developing anti-discrimination policies through technical assistance during start-up of new projects as well as ongoing monitoring of programs during the annual Program Review & Certification (PR&C) process. There is a specific focus on the Youth Homelessness Demonstration Pilot projects to ensure that transition age youth are free from discrimination in all programs. Because it is vital that all individuals and families access and receive services free from discrimination, CSB takes seriously any caller concern received and all caller concerns alleging any type of discrimination are followed up on and investigated. CSB problem-solves with the client as well as the provider to ensure that no discrimination was involved in the concern. 3) Annual monitoring of anti-discrimination policies at the project level are conducted through the PR&C process as well as through investigations and resolutions of any type of caller concerns received by CSB that allege discrimination. Data reports regarding service restrictions by race and gender are compiled to review potential discriminatory practices within programs. Mock calls with the homeless hotline provider are conducted quarterly to ensure equal access to the system. Evaluation of CoC-wide anti-discrimination policies occurs through discussion at system workgroups. 4) Non-compliance noted during the PR&C process at the project-level results in the provider being required to implement a quality improvement process and an immediate plan for correction of the concern. Disparities or concerns of discrimination noted in data reports regarding service restrictions are addressed immediately with the provider. Concerns noted in the mock calls are addressed with the provider and additional trainings are implemented. System workgroups are utilized as a mechanism to address system-wide concerns with anti-discrimination practices.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 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	9%	Yes-HCV	Yes
Fairfield Metropolitan Housing Authority	0%	No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.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 2,500 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 over 1,000 project-based vouchers allocated to PSH projects across the CoC. CMHA dedicated all the EHV's to the CoC, creating a new PSH program dedicated to the chronic homeless population. CMHA and the CoC worked together to apply for mainstream vouchers and the latest round of FUP vouchers. CMHA closely collaborates with PSH projects to administer units in accordance with CoC and local standards and to develop new PSH projects. CMHA is a committed partner, ensuring that all new site-based PSH projects have access to HCV subsidies to successfully operate. 2) The CoC has not worked with the Fairfield Metropolitan Housing Authority – the CoC covers Columbus and Franklin County, Fairfield County is outside the geographic area of coverage of the CoC and covered by the Ohio Balance of State CoC.

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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
	elderly 55+	Yes

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream, FUP

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active 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

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.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 2023 CoC Program Competition.	34
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 2023 CoC Program Competition that have adopted the Housing First approach.	34
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1) CSB, the UFA, monitors programs annually using a Program Review and Certification (PR&C) process that includes review of policies, procedures, client files, discussion with program staff and site visits to ensure they adhere to a Housing First model, work to prevent literal homelessness and place people experiencing homelessness in housing without preconditions on housing assistance. Quick resolution of housing crises is the central priority. CSB reviews policies and program participant files at least annually for evidence of these efforts. 2) The CoC prioritizes safe, stable housing as the primary solution to homelessness. Programs must 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) and evidence of these interventions must be in the client files. During the annual monitoring visit, programs must present evidence of the use of a standardized assessment tool to identify housing options and service needs without preconditions. Other factors and indicators reviewed for which evidence is required are: 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 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; once housed, programs stabilize participants by connecting them with community-based services that 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; in the event a program participant is involuntarily terminated, a pre-termination hearing is made available to them and the opportunity to appeal the decision. 3) All renewal projects are evaluated for compliance with Housing First outside of the CoC competition – results of the annual monitoring under our PR&C process, including Housing First compliance, are embedded in the scoring for each project. New projects are required to commit to using Housing First principles part of the application process.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.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 2,500 characters)

1) The CoC’s outreach team engages unsheltered people in the locations they reside and frequent, like soup kitchens. The cross-agency, multi-disciplinary team collaborates with PATH, VA Outreach, Street Medicine, the YHDP funded CE, and other entities providing street outreach for coverage, engagement, assessment, housing search and placement. The outreach team is 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 center relays information provided by citizens about unsheltered individuals to the outreach team. Procedures are in place system-wide to standardize outreach activities and improve coverage and engagement of unsheltered individuals across the region. 2) The CoC’s street outreach covers 100% of the geographic area. 3) Outreach Specialists conduct outreach daily. Specialists repeat engagement attempts with individuals at least monthly with the goal of placement in housing or emergency shelter. The Outreach team works with the coordinated point of access to link people to resources and shelter. 4) The outreach team seeks new locations where people experiencing homelessness congregate and identify new encampments and people who do not otherwise request assistance. Street outreach links with community volunteers and activists to engage clients who may be resistant initially to services. A recent pilot was successful in housing 10 out of 13 residents of one encampment. The outreach team works with Street Medicine to identify the most vulnerable, engage and link them with services. Communication with other systems (health care, faith-based, social service providers, community programs and law enforcement) identify people who need help but are unlikely to seek assistance. Interventions are provided regardless of race, color, national origin, religion, sex/sexual orientation and gender identity, age, familiar status or disability. Specialists can access translators for people who speak languages other than English or sign language interpreters and have training on how to communicate with those with cognitive and physical disabilities. Community Shelter Board, the UFA, monitors for compliance with accessibility requirements and if non-compliance is determined, the provider is asked to for immediate correction, inclusive of additional staff training.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC’s geographic area:

	Your CoC’s Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	370	545

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 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 are trained and capable of helping program participants enroll in and utilize mainstream benefits. CSB reviews resources, best practices, and other assistance information during weekly system operations workgroup meetings with partner agencies and through email communications as updates become available. CSB works with organizations that provide mainstream benefits to present information on their programs during system meetings and educate project staff about how to best collaborate with healthcare organizations. A newsletter is also emailed out to a large distribution list. CSB works with the Social Security Administration to provide at least annually a training on their Vulnerable Populations Initiative. 2) The Homeless Hotline, part of our CPOA, screens callers for health insurance to assess coverage gaps and MCO utilization by those referred to emergency shelter programs. We are working with MCOs on partnerships to increase collaboration between our systems. CSB is collaborating with the local Alcohol, Drug, and Mental Health Board (ADAMH) and MCOs to best leverage Medicaid benefits on behalf of homeless program participants for substance abuse and mental health treatment. Majority of PSH providers sub-grant for the provision of supportive services with agencies that are part of the ADAMH system. These agencies are Medicaid billing agencies and Medicaid use is maximized. Up to 30% of supportive service funds used in PSH matriculate from Medicaid. CSB works closely with Veterans Administration to ensure that Veterans have access to health care resources. CSB convenes a monthly meeting with hospitals to best coordinate ER discharges and linkage to care. 3) In the most recent strategic plan update, multiple partners identified as a significant goal the further use of SOAR throughout the system to assist clients in accessing benefits. CSB is promoting expanded opportunities for use of SOAR in the youth, single adults, veterans, and family systems. Since last year, a couple more projects have added SOAR certified staff.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

Usage of non-congregate shelter is prioritized for families. When the two family shelters are full, we use hotels to accommodate families. Throughout this past year, an average of 25 hotel units were used nightly to accommodate families. Strategically transitioning all family sheltering into non-congregate, hotel-based sheltering within the next 12 months aligns with our commitment that no family is left unsheltered at any point in time and it is our first step in achieving our bold goal of ending family homelessness in our CoC. In the colder months, additional overflow capacity is added to existing shelters by using hotels as non-congregated facilities, ensuring everyone who wants and needs shelter receives it. Reporting sex offenders cannot be sheltered in regular shelters because of proximity issues and in the colder months sex offenders are also sheltered in hotels, in a non-congregate environment. The new USICH guidance on working with those experiencing unsheltered homelessness, and an increase in encampments around our community prompted considerations for a new approach for offering immediate options for the unsheltered population. Some unsheltered individuals do not access emergency shelters because of their congregate nature. The CoC conducted a series of meetings utilizing the USICH 7 Principles in Addressing Community Encampments and linked this with a non-congregate shelter approach. In the pilot, we secured hotel rooms as non-congregate, temporary accommodations for 13 inhabitants of an encampment as we worked through permanent housing placement for these individuals. Street outreach engaged all 13 residents and supported them through the CE. This pilot allowed us to assess implementation on a small scale of provision of immediate non-congregate, low-barrier, trauma-informed shelter. This hotel pilot is a collaboration between CSB, the City of Columbus, and other key community stakeholders. The pilot is complete and 10 out of 13 participants moved into permanent housing. There will be an after-action analysis to determine key elements of the pilot that will be critical in the next 12 months as we shift to a non-congregated focus for this population. Seasonal warming center efforts will be ramped up again this winter and may provide additional piloting of smaller to non-congregate options for specific community members experiencing homelessness. The CoC recognizes that these options are trauma-informed and help with better focus on housing.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
NOFO Section V.B.1.o.		
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:		
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1) CSB, on behalf of the CoC, has strengthened relationships with public health, FQHCs, hospitals, clinics and medical experts which will improve our response to future public health emergencies. CSB and subrecipients updated and expanded infectious disease policies and procedures as learned from COVID-19. These policies, adapted for use in congregate facilities, were reviewed by Columbus Public Health. CSB and subrecipients adopted new approaches and technologies for communication that will work in future crises, including quick setup of a planning and response team that includes public health agencies, learning collaboratives, tele-health options, and web resources. CSB is the HMIS Lead and developed procedures for tracking health screening and vaccination status that can be replicated. CSB also developed centralized methods for distributing food and personal protective equipment (PPE) and other essentials, replicable in other situations. An infectious disease testing and response flow was established during COVID but is adaptable for the future. This response was praised by EMS, Fire and the Health Department. 2) CSB is engaged with Columbus Public Health and Franklin County Public Health around discussions these agencies have on preventing infectious disease outbreaks. CSB developed CDC- and HUD-aligned protocols for emergency shelters and housing programs to limit close contact between participants and staff in case of an outbreak. These protocols were reviewed by the local public health agencies who participated in the CoC’s planning processes and are replicable for future outbreaks. These protocols include masking, symptom and temperature screening, and pathways for testing, tracing, and treatment. To decrease the spread of infectious disease in congregate settings, CSB developed the expertise to quickly secure and open additional non-congregate facilities, some of which serve as spaces for isolation and quarantine (SIQ) for those who are or may be ill. Individuals who need a SIQ referral would be routed through the CPOA to decrease the spread in the system. CSB developed relationships with local FQHCs that can provide medical care in these facilities, as advised by public health. The local public health agencies are part of our planning team and provide essential guidance on preventing and limiting the spread of an outbreak and updating our infectious disease toolkit for communications for providers and community in case of an outbreak.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1) At the onset of COVID19, the CoC, in collaboration with Columbus Public Health (CPH) and Franklin County Public Health (FCPH), started a COVID-19 Prevention and Response Group, a learning collaborative for providers, identifying public health best practices, areas of strength and areas needing guidance. Guidance on safety measures was shared during 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 offered providers topics like COVID Prevention and Response, Safe Engagement, Screening at the Front Door, Overdose in the Time of COVID, Delta Variant, and Return to School. Shelter partners met to discuss trends, best practices, resources and planning for the COVID response. Information from CPH and FCPH continues to be disseminated to system providers during system operation workgroups. As the centralized isolation strategy ended, CPH was used for planning, guidance and approval. Planning is in place for any future needs. 2) Based on experience gained from operating three years under COVID19 protocols, CSB developed the know-how to facilitate communication between public health and system providers, including street outreach, emergency shelters and housing providers to prevent and limit infectious disease outbreaks. Setting up a planning and response team to include CPH and FCPH is the first step whenever there is information about a potential outbreak to put in place protocols for prevention. Using guidance from CPH and FCPH, homeless service providers would receive updated communication toolkits to prevent an outbreak that would include hand-washing stations for unsheltered individuals, masking, symptom and temperature screening, and pathways for testing, tracing, and treatment. CPH and FCPH approved HMIS infectious disease screening questions for the Homeless Hotline and street outreach would be used immediately for the system’s front door. CPH and FCPH would participate in system-wide virtual calls with system providers to answer questions and provide prevention information. These protocols would prevent an outbreak. To limit an outbreak, CSB would open non-congregate facilities for social distancing, isolation and quarantine, with support from CPH, FCPH and FQHCs. Street Outreach would link with public health and Street Medicine to engage unsheltered individuals on safety, screening, and treatment.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1) The coordinated entry system covers 100% of CoC geographic area using a widely-advertised local phone number (homeless hotline) with access to a live person 24/7/365 and a systemwide assessment system tailored to each program type and used as a person progresses through the various programs within the CoC. 2) For shelter access, the homeless hotline conducts an assessment with all callers that determines the shelter needs for an individual or family. This assessment is conducted while the person is on the call and responses are tracked in HMIS. If the household has no other safe accommodations for the night, a shelter bed is assigned based on available capacity. In shelter, the CoC uses a Housing Assistance Screening Tool (HAST) to assess the housing needs and eligibility for each household. The HAST is embedded in the HMIS for all programs. The Street Outreach team engages people at known camp locations and seeks new locations where people experiencing homelessness congregate and complete a HAST for all those that are willing to engage, when the HAST is the most appropriate next step. For others that are unsheltered but do not wish to access shelter and identify housing as a goal, the outreach worker completes the severity of service needs assessment (SSNA), if PSH is the goal that the outreach worker and participant identify. Dependent on the needs of each household, referrals are made to rapid rehousing (RRH), permanent supportive housing (PSH) or specialized interventions for transition age youth, veterans and pregnant women. The referrals are made through the HMIS system. For PSH a severity of service needs assessment (SSNA) is completed to assess the vulnerability of each person in the PSH pool for prioritization purposes. This assessment is also embedded in the HMIS. 3) After the homeless hotline assessment is completed, each person is offered the opportunity to respond to a confidential survey that is automated through the phone system. The survey responses are routinely analyzed by the hotline staff to assess needed improvements. The HAST and SSNA were developed in collaboration with the providers operating RRH and PSH projects and the assessments are reviewed regularly in the system level operation workgroups for single adults, families and housing programs. The DV CE provider is reviewing the HAST language to ensure it is trauma-informed. The Citizens Advisory Council and YAB will participate in feedback sessions on the CE assessment process.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1) Street Outreach collaborates with the City, County, businesses and other systems of care (health care, faith-based, social service, law enforcement) to locate unsheltered 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 use word of mouth and places where unsheltered people congregate to identify those less likely to engage. 2) Standardized screening tools prioritize people in a housing crisis. CPOA and Outreach prioritize for shelter only those with no safe alternative housing. The HAST assessment is used to identify the highest priority households for RRH. 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 prioritizes chronically homeless households, then long-term homeless households with severe service needs using the SSNA assessment tool. 3) Assessments are completed within the first 5 days of the person’s homeless episode. Providers are required to make immediate referrals to RRH or specialized programs. For RRH, clients look for their own apartment with assistance from the case manager. For PSH, a monthly “hotlist” is used to find clients likely eligible for PSH based on length of homelessness and disability and requests are sent to the project that actively serves a person on the hotlist for PSH eligibility assessment. The goal is to reduce the time it takes for the person to be referred to or enrolled in the right housing program for their needs. The housing case manager works with the household to determine the appropriate housing environment, consistent with their preferences. Multiple housing options are presented to a PSH client. 4) To reduce the burden on people using the coordinated entry, HMIS includes all the assessments used. Responses to the same questions autoflow system-wide and if the person returns to the system after an exit, the most recent responses show in HMIS. The case manager confirms the validity of the previous responses vs asking the same question again. CoC providers use the HMIS as a document repository to eliminate burdensome documentation collection processes.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1) The Homeless Hotline, the local phone number people need to call to access emergency shelter is a widely advertised phone number in the community. The "Street Card", a resource directory put together by the Columbus Coalition for the Homeless, the local homeless advocacy organization, has the Homeless Hotline phone number as the main resource advertised on the card. CSB's website as the COC lead, includes a wealth of information about all the housing and services available in the CoC's geographic area with links to all the partners' websites that further detail the availability of housing and services. At each program site computer stations are available for the use of program participants and case managers are working with program participants to explore the available next step housing and services opportunities system-wide that best fits their needs. The street outreach provider visits unsheltered individuals and discusses with them opportunities for engagement system-wide, providing options for either shelter or housing. Each housing and service provider has on-site printed marketing materials. CSB, representing the CoC, speaks at neighborhood meetings to promote all services. 2) Each homeless system partner must have a written document outlining clients' rights posted in a visible and accessible location, read and otherwise made known to clients upon admission, with accommodation for literacy and language barriers. All clients receive a copy of the clients' rights document upon intake including instructions for grievances and appeals and identifies the agency clients' rights officer. CSB monitors annually each provider and verifies that the clients' rights posting is available in a visible location and looks for evidence in the clients' file that the client received the client rights document. 3) CSB acts as the ombudsman for the homelessness system and receives complaints from individuals throughout the homelessness system. The assigned CSB staff records the complaint, gathers the backup documentation as needed, investigates and ensures proper steps are taken to guarantee client rights were not violated or remedies are in place, and establishes if there are conditions or actions that impede fair housing choice. CSB has access to legal counsel to provide support as needed. CSB would report any violations to the City of Columbus and Franklin County, the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/11/2023

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1) CSB, the UFA, issues quarterly performance reports using HMIS data on all systems and programs within the CoC. Specialized dashboards are created to look at the breadth of programming across the system for various subpopulations served – single adults, families, veterans, pregnant women and transition age youth. These dashboards, besides performance metrics, report on the demographic characteristics of the population served, including race, ethnicity and gender at entry into various program types across the system. These dashboards also look at demographic characteristics at exit from the system, to assess any disparities in outcomes. We specifically look at race and gender to analyze these disparities and contrast the race and gender of households that entered a program type vs. the race and gender of those that successfully exit the respective program type. Shelter restrictions collected in HMIS are analyzed quarterly to make sure restrictions are limited and unbiased. We analyze the shelter restrictions based on gender, race and ethnicity and we contrast restrictions with the demographics of the sheltered population to make sure there are no disparities in access.

Monthly we issue a “hotlist” report using HMIS data of those individuals that have over 100 days of homelessness. This list is used to proactively invite potentially eligible households for PSH eligibility assessment. We analyze the hotlist based on the gender, race and ethnicity of those on the list and contrast demographics with the demographics of the sheltered population to make sure there are no disparities in access.

2) Similar to nationwide numbers, the rate of Black/African Americans served system-wide is substantially disproportionate compared to the CoC’s population. For several assessments of the hotlist we noticed an overrepresentation of men compared to the homeless population. No other notable disparities in access or outcomes were noticed within the system. We are excited that CSB was accepted to be part of the HMIS Advanced Users Group with the “Measuring Equity in Outcomes” project. While we are analyzing racial disparities in outcomes quarterly, we are looking for a more defined approach. On the surface, our numbers do not show racial disparities in outcomes, however, we are concerned there is a bigger picture. And we know that it would be useful to establish a framework for measuring equity in outcomes.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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.	Yes
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

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

For several monthly hotlist reports, Community Shelter Board (CSB), the UFA, noticed an overrepresentation of men compared to the general homeless population. The Hotlist identifies individuals and families with the longest histories of homelessness (over 100 days) with a self-declared disability, as this is the cohort most likely to qualify for permanent supportive housing (PSH). Our goal is to proactively reach out to assess their chronicity and eligibility for PSH with the intent to reduce time to housing. In acknowledgment of this disparity, CSB worked with a partner to create a team specifically to focus on housing chronic homeless individuals. This team housed 18 chronically homeless adults since December 2022 and there are 16 more in the housing process. The Homeless Prevention Network focused on new opportunities for homelessness prevention in communities disproportionately experiencing housing instability and worked to overlap prevention and support in zip codes that have higher incidents of and racial disparities in infant mortality. CSB and the City of Columbus created homelessness prevention programs for expectant mothers and prioritized housing resources for them.

Our Guiding Principles include ensuring equity in outcomes. 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". 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. CSB, on behalf of 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. CSB, representing the CoC, was selected to participate in a NAEH mini-lab on CE and equity and will use learnings to further advance equity in the system.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
	1. the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC uses.	

(limit 2,500 characters)

System-wide we look at demographics of those that access homelessness prevention, emergency shelter, street outreach, transitional housing, rapid rehousing and permanent supportive housing programs. We look at the same demographics for those that achieve a successful housing outcome. Reports are issued and disparities are analyzed quarterly. We consider a disparate impact on outcomes if we have more than a 5-percentage point variance on a specific demographic. For example, a recent report shows that 94% of head of households of families accessing rapid rehousing are women. At exit from rapid rehousing programs, the rate of women headed family households compared to all the family households achieving a successful housing outcome was 96%. In this example a disparate impact on outcomes was not identified. If the outcome would have been an 80% rate of women headed families and a 20% rate of men headed families achieving a successful housing outcome, we would say we have a disparate impact, as women headed families achieve less successful outcomes compared to the men headed family households. In this analysis we consider implications of a small data sample. We have outcomes in some program types that are less than 10. For example, we have very limited transitional housing with low capacity and turnover. We are careful about making assumptions and decisions based on a very small sample size. If a disparate impact on outcomes is determined, CSB’s program team would present and address the findings at a system operations workgroup meeting with all involved providers. Next steps would be system level trainings for all staff, more in depth analysis of data to determine if a specific program or intervention is causing the disparity and going outside our system, if necessary, for example, addressing housing disparities with landlords. In the case of shelter restrictions analyzed quarterly and the monthly “hotlist” report, disparities in restrictions are determined contrasting the demographics of the population restricted or on the hotlist, respectively, vs the general sheltered population, using the 5-percentage point variance model as acceptable. 2) We exclusively use HMIS data for this work through our quarterly and monthly reports. We download the raw data from our HMIS and manipulate the data in the reporting formats for each of the above-mentioned reports.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC highly values the talents and wisdom of people with lived experience of homelessness (PWLE) and works to provide opportunities to utilize this experience and grow the opportunities for PWLE to have voice within the homeless crisis response system. Community Shelter Board (CSB), the UFA, convenes the Citizen’s Advisory Council (CAC) and Youth Action Board (YAB), groups comprised of PWLE. CSB has been active in recruiting and growing the YAB at both PSH and TH sites and further embedding youth voice into programming. YAB members are involved in peer-to-peer recruiting through activities such as speaking at statewide conferences and local events. This past year, the CAC developed a logo, updated their recruitment flyer and members are active in ongoing outreach and expansion. The CAC looks for community activities to be involved in and members participate in new provider and program selections, in the CoC Supplemental NOFO workgroup, new application scoring and ranking, review of the CoC Plan, and housing problem solving training. There are partners within the CoC who are actively looking for PWLE for their board memberships, and CSB staff is working with members on updating their resumes and writing bios. CSB is also engaging street outreach and community volunteers to get input and involvement from adults experiencing unsheltered homelessness. As CSB utilizes the USICH 7 Principles of Addressing Community Encampments, there is focus on the principle of engaging with encampment residents on solutions. A recently completed pilot to house unsheltered individuals and winter warming center planning are two new opportunities to engage people with lived experience of homelessness. Additionally, a major relocation effort this year with a large apartment building provides the opportunity to engage the voices of those who experience housing instability and displacement. CSB is securing a large-scale board and leadership training that will be advertised system-wide through targeted outreach at program sites as a recruitment tool for PWLE to engage in leadership roles and decision-making processes and also as an expansion tool for the CAC. The board training will be tailored to PWLE and led by expert trainers from the Ohio Association of Nonprofit Organizations. CAC and YAB members are all compensated for their time in meetings, planning, event participation and decision making as part of the CoC.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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 in the decisionmaking processes related to addressing homelessness.	19	5
2.	Participate on CoC committees, subcommittees, or workgroups.	19	5
3.	Included in the development or revision of your CoC’s local competition rating factors.	3	1

4. Included in the development or revision of your CoC's coordinated entry process.	3	1
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1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.r.	
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Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

Some partners have employment programs that provide workforce development initiatives for PWLE who are currently active in emergency shelter or PSH programs. A PSH provider offers referral and employment opportunities in an intra-agency cleaning program that provides workforce development training and next-step placement. Another provider offers workforce development training and daily employment opportunities for clients in shelter or PSH and has a full-time position for which a PWLE has been hired. Another provider that also has behavioral healthcare services has a prominent peer support program that is successful in employing PWLE as well as engaging clients in treatment and ongoing housing stabilization. The largest shelter program in the CoC provides daily and ongoing options for clients in the program to volunteer, get engaged in professional development opportunities, build out their resume and focus on employment opportunities. The shelter hired PWLE into their program after moving into stable housing. During COVID-19, there were PWLE employed as Trusted Messengers regarding COVID-19 vaccine engagement. Mount Carmel, the street outreach provider employs PWLE of homelessness and recovery from addiction in their outreach and Street Medicine programs and they serve as peer-to-peer mentors for clients that are experiencing homelessness. They provide housing stabilization services and are an ongoing source of support for clients transitioning into housing. A street outreach worker who is a PWLE of homelessness and former PSH resident works in a full-time capacity and is stationed at a downtown drop-in center throughout the week. Multiple partners in the CoC work with Community Health Workers (CHWs) in their programs and often the CHWs have lived experience of housing instability or homelessness. Their experience provides peer-to-peer engagements while also providing CHWs with professional development opportunities. A new Community Information Exchange is forming a Resident Experience Council and will employ PWLE to design a community platform to make it easier for social services organizations to help people in need of assistance. Youth Action Board members spoke on a panel at a statewide conference and CAC members attended housing problem solving training and are working on HPS certification. The goal is for them to provide peer-to-peer support and to be paid for this work. A large-scale board participation training is being planned for PWLE.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.r.	
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Describe in the field below:

1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1) The CoC gathers feedback from people experiencing homelessness and people who have received assistance through CoC or ESG programs in a variety of methods. Each provider is required to conduct a survey of program participants and to provide the survey results to Community Shelter Board (CSB), the UFA. Focus groups and one-on-one interviews are conducted with participants to hear feedback programs. Focus groups were conducted on street outreach services, youth and pregnancy-specific programs, and individuals and families that have received prevention resources and services. CoC providers regularly host town-hall style meetings in shelter and PSH locations to obtain client feedback and perspectives. 2) There are no differences in how the CoC gathers feedback from people who received assistance through a CoC or ESG program. 3) Providers are expected to analyze and address the suggestions and concerns that clients raise in the surveys. CSB's Programs and Planning Department (PPD) reviews surveys and follows up with providers as needed or appropriate. Based on focus group feedback, the PPD staff will follow-up with providers to inquire into concerns or challenges that are noted in the focus group. This has often led to determining a barrier or challenge that a program participant faced that can be addressed or eliminated for future participants. All programs have processes in place to empower clients to explore their concerns and Client Rights Officers are present to provide clients with an alternative beyond a traditional grievance process. When providers receive feedback or concerns at a town hall meeting, these are often addressed in the moment or shelter leadership will follow-up on the challenge and determine the appropriate step forward. Often, it is determined that there are accommodations that can be made to support a client in accessing or receiving the services that are needed or most appropriate. CSB serves as the system's ombudsmen and receives calls or emails with concerns from clients and takes very seriously the role of investigation and follow-up on these concerns. CSB partners with the provider in addressing the challenges of people with lived experience of homelessness (PWLE). A recently completed pilot for people experiencing unsheltered homelessness and winter warming center efforts are two initiatives based on client feedback. The goal is to have accessible CE, services and housing options based on suggestions and feedback from PWLE.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1.	reforming zoning and land use policies to permit more housing development; and
	2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1) The City of Columbus issued in June 2022 a new Housing Strategy which will tackle Columbus' housing shortage to ensure housing affordability for current and future residents, with the goals to double the number of units built over the next 15 years, make residential construction easier, diversity housing types and developers, support renters, prevent evictions and current affordable housing stock, fund new affordable housing, have inclusive housing policies and a regional approach. The strategy is supported with a \$200 M affordable housing bond package. Community Shelter Board (CSB), the UFA, is the founder and board member of the Affordable Housing Alliance of Central Ohio. The members of the Alliance are organizations and companies that have as a principal mission or function to develop, improve, provide, or fund affordable housing for low-income households in central Ohio. The Alliance provided feedback in the development of this strategy on how to increase the supply of affordable housing and zoning reform. Comments have been submitted to the City of Columbus with specific suggestions on changes to zoning and land use to reduce barriers to development. We also met with the City of Columbus consultant leading the zoning reform work to provide specific information on barriers to affordable housing development that are in the current zoning policies. The Housing Strategy includes work to update the zoning code, overhaul the review and permitting processes, enable small scale developments, implement inclusive housing policies, acquire and preserve naturally occurring affordable housing and expand housing stability and displacement prevention programs. 2) We met with City of Columbus Department of Development staff to discuss practices and policies called a Green Tape Approach to approval of affordable housing development which would remove regulatory barriers and speed up approval processes. We worked with the City of Columbus on the conversion of hotels to permanent supportive housing and reducing regulatory barriers on licensing and permitting. We have submitted comments to the Ohio Housing Finance Agency to assure language was present in the Qualified Allocation Plan to safeguard the ability to prioritize permanent supportive housing for tax credit purposes. With our partner the Coalition on Housing and Homelessness in Ohio, we have discussed regulatory barriers to housing developments with the Ohio Department of Development.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	07/10/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	07/10/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. 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.	Provided points for projects that addressed specific severe barriers to housing and services.	No

5.	Used data from comparable databases to score projects submitted by victim service providers.	No
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	No

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	20
2.	How many renewal projects did your CoC submit?	30
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	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 2,500 characters)

1) Data on clients served is collected using the HMIS and performance measurements are calculated by Community Shelter Board (CSB), the UFA and HMIS Lead, using this data. The collection of standardized performance measurements and expected achievements differ by program type and population served. Annual compliance with CoC standards is determined by CSB for each project during the Program Review and Certification process. Over 100 standards are assessed for compliance and a rating is determined at the conclusion of the monitoring. The performance measures and the compliance status are combined into one performance rating for each project. Utilization of CoC funds is collected through the invoices each subgrantee submits to CSB, summarized in a worksheet showing the allocated funds, invoiced funds and any leftover funds. 2) For PSH, the Unified Supportive Housing System (USHS) that manages access to PSH system-wide, tracks all individuals from the point of referral to PSH to the point of housing. All tracking is done through HMIS, with the ability to drill down and calculate step by step average times to housing. For RRH, an HMIS based custom report calculates the “average shelter stay” after engagement that tracks the time to housing for those enrolled. 3) 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. Since all programs in the system adhere to these prioritization and assessment guidelines, there is no possibility to differentiate the projects’ scoring based on vulnerability criteria. All projects are required to serve only those with the most severe service needs. 4) The CoC prioritizes projects based on objective, performance-based criteria because all projects provide housing and services to the hardest to serve populations. Projects that most effectively serve vulnerable and severe service need populations receive higher performance ratings, which improves the programs scoring and ranking. All projects included in the CoC application adhere to the same project-type based, system-wide standardized prioritization and assessment requirements.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(limit 2,500 characters)

1) All the rating factors used to review project applications are objective criteria based on program performance, complying with standards and utilization of CoC funds. No changes were made to the rating factors based on input received from persons of different races because of the objectivity of the factors used in scoring. The performance measures for each project type and the associated outcomes, which make up most of the projects' performance scoring, are assessed annually and feedback is being sought from each provider. 2) 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 (CAC) and Youth Action Board. The CoC Board and the CoC review and approve the projects ranking, both renewal and new projects. The CAC individually reviewed and ranked all new projects submitted for consideration to the CoC. The CAC membership has majority representation from the Black/African American racial group. 3) All CoC projects prioritize the most vulnerable populations and the race and ethnicity of participants in CoC funded projects mirrors the race and ethnicity of people experiencing homelessness. All CoC funded projects are PH-PSH type projects except projects that serve special populations. All the PSH projects serve hard to serve, vulnerable, severe service needs population and all the referrals to PSH are managed in a consolidated manner by the Unified Supportive Housing System that always prioritizes for referral the most highly vulnerable person from the USHS pool. There is no distinction in the vulnerability of the population served by PSH projects. The CoC assesses and reports on any racial disparities across all programs quarterly. Data shows that a disproportionately high percentage of African Americans utilize the homeless crisis response system. This analysis also shows that by prioritizing the most vulnerable with the longest time homeless, we are serving a commensurate number of those disproportionately affected by racism and although there are disparities in who becomes homeless, our data does not reflect disparities in outcomes in our homelessness programs. All projects promote racial equity where individuals and families of different races are over-represented. The non-PSH projects are DV and YHDP projects that have their own CE project with the role to eliminate barriers to access.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1) Per the CoC’s written process, reallocation can occur when a subrecipient 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. 2) The CoC did identify a low performing project through the above process. The Job2Housing rapid rehousing project was identified as a low performing project. The Salvation Army approached CSB with the request to find another provider to take over the project. Because of CSB’s status as a UFA, we did not have to wait for the reallocation process and the local competition, a provider stepped up willing to immediately take over the project with no disruption to the families served. The new provider will apply for the project during this process without a formal reallocation needed. 3) The CoC did not reallocate any projects through the local competition this year, 4) There was no need to use the formal reallocation process, the change in providers occurred outside the competition.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

	1E-5a. Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	
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You must enter a date in question 1E-5a.

	1E-5b. Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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	1E-5c. Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	
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You must enter a date in question 1E-5c.

	1E-5d. Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	
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You must enter a date in question 1E-5d.

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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 V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/13/2023
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1) Though 6/30/2023 there were no CoC funded DV victim service providers (VSP) in our community, thus the HUD-published HMIS Data Standards did not apply to them. CSB, the HMIS Lead, consulted with the local VSPs about a comparable database use. Providers operating emergency shelter and transitional housing projects 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. As of 7/1/2023, we do have a CoC funded VSP that is implementing a DV Coordinated Entry (CE) project. CSB is closely working with the DV CE provider to implement the HMIS comparable database. Since the award announcement CSB and the DV CE provider met every other week to discuss HMIS data collection, data quality and reporting requirements. DV CE staff started to attend the HMIS Administrator meetings, they received training, received the necessary documentation that applies for data collection and reporting for a CE project and HMIS policies and procedures they need to follow. At the current time the HMIS comparable database is setup and ready for testing by CSB staff. Prior to the "go live" date, CSB staff will make sure that the comparable database is an HMIS compliant database.

2) The CoC funded DV housing and Service providers in the CoC are using a HUD-compliant comparable database compliant with the 2022 HMIS Data Standards; the non-HUD funded VSPs in the CoC are using a non-HUD-compliant database. 3) our CoC's HMIS is compliant with the 2022 HMIS Data Standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,148	120	1,028	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	173	47	126	100.00%
4. Rapid Re-Housing (RRH) beds	545	0	545	100.00%
5. Permanent Supportive Housing (PSH) beds	3,486	0	3,442	98.74%
6. Other Permanent Housing (OPH) beds	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 V.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 2,500 characters)

n/a

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/24/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/13/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1) Our local youth outreach organization (Huckleberry House) and local youth drop-in center (Huckleberry House YOP Shop) participated in planning meetings for the 2023 PIT Count. They helped recruit youth volunteers, identify and map locations where youth stay as counting sites, strategies to engage youth who are least likely to want to be counted and creative ways to outreach like use of food trucks and counting during non-traditional hours. Youth were engaged in planning a major event on the PIT Count day with Huck House and Youth Action Board (YAB) members providing insight and feedback on youth activities. 2) It has become vital to our work to implement different outreach efforts as the landscape has changed since the pandemic. We had intentional strategies to choose counting locations where youth experiencing homelessness might gather on the day of the PIT Count and they were informed by youth experience. Youth helped identify and map locations where youth stay and work to create “come be counted” locations for youth who would likely not be engaged during the early morning or school counts. Star House, a drop-in center for youth experiencing homelessness, was identified as a location critical to have representation during the PIT count. A specific youth count was conducted at a local library in the evening, and youth and youth couples were engaged at local drop-in centers such as The Open Shelter, the Columbus Coalition for the Homeless Daytime Warming Center and at two other temporary warming centers. Columbus City Schools Project Connect – a program that helps families experiencing homelessness keep children in their home school – administered surveys to any literally homeless youth identified in school on the day of the count. The event at Huck House during PIT Count day was designed around youth interest and feedback: in addition to the PIT survey, there was music, food, haircuts, harm reduction info and other resources. Because transportation is another youth-identified barrier, a bus was used by Huck House to transport youth to the event from a nearby drop-in center. This event, driven by youth interest and implemented for PIT, made the local news. 3) We had an intentional focus to engage youth volunteers through Huckleberry House and Star House youth providers to administer PIT surveys during the count. YAB members were also extended offers to volunteer in the annual PIT Count.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC’s PIT count results; or
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(limit 2,500 characters)

1) There were no changes made to the sheltered PIT count methodology or data quality. 2) In 2022, we worked to standardize quality assurance protocols for all street outreach providers and volunteers to improve identification of those who are unsheltered, including those who meet chronic homeless criteria. Street outreach programs included in the HMIS were asked to do a quality assurance process on their active clients prior to the PIT count to make sure only active, engaged clients were on their rosters. As a change in methodology, street outreach providers were asked that within 3 days of the PIT count to confirm through phone calls and visits the unsheltered status of each person opened in each HMIS street outreach program and only those that were confirmed as unsheltered on the night of the count were included in the count. In 2023 there were no other changes made in methodology or data quality compared to the 2022 unsheltered count. 3) There were no changes made in 2023. 4) Not applicable

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

In the field below:

1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC’s strategies to address 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

(limit 2,500 characters)

1) The CoC conducts an annual evaluation of self-reported factors contributing to homelessness to inform and target prevention efforts for persons at risk of 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 barriers clients face and risk factors most common and pervasive. The workgroup is now tracking trends. The CoC determined higher rents and lack of deeply 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) Reducing the number of first-time homeless is a prioritized goal in the CoC's strategic plan. Prevention resources are prioritized for the most vulnerable populations in our community. Families at risk of becoming homeless that 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. 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 developed the Homelessness Prevention Network (HPN) that formalizes collaborations with social service agencies that serve as access points and/or homelessness prevention service providers. CSB trains and certifies HPN partners in housing stabilization and housing problem solving. HPN partners provide prioritized access to services for households at highest risk for homelessness as determined by a standardized risk typology and screening protocol. Access points are dispersed in the community and intervene to prevent a household from becoming homeless. These community-based access points identify and assist households before they need to call the homeless hotline. If households require additional help, access points refer them to homeless prevention service providers for case management and financial assistance for housing stabilization. With support from the City of Columbus and ERA \$s, the HPN is being expanded significantly for the next 2 years to provide added homelessness prevention supports in the community which will expand access points. 3) CSB is responsible for this strategy.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
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2.	describe 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 2,500 characters)

1) Reducing length of time homeless is a key goal in the CoC's strategic plan. Shelters screen for referral to RRH programs. We work to decrease referral time to RRH by reducing the times between shelter entry and screening and screening and RRH referral and expedite engagement after RRH referral with a Housing First focus. We prioritize for RRH families with children, pregnant women, Veterans, youth, people with disabilities, those fleeing domestic violence and long homeless time. We determine whether it is most appropriate to provide support through RRH or PSH. A new team was created to focus on housing chronic homeless individuals. We 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. We work to expedite processes to acquire a state ID, birth certificate and social security card using an FTE dedicated to this scope. RRH case managers help households develop housing plans, engage landlords, remove barriers and 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. We partnered with the PHA and secured 94 Mainstreams, 32 FUP vouchers and all the 304 EHV's allocated for the homeless population. Despite these efforts the average length of time homeless is increasing due to rapid population growth causing an affordable housing crisis. 2) We use HMIS for weekly "by name lists" and monthly "hotlist" reports to review households with the longest homeless time for RRH and PSH referrals. The by name list is embedded in the HMIS and RRH referrals are made through HMIS using scored pools. We use a standardized system-wide needs assessment and case conferencing to engage those with the longest homeless time. The "hotlist" is used by the Unified Supportive Housing System, who 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 "hotlist". 3) Community Shelter Board is responsible for this strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1) Increasing the rate of positive housing exits is a key goal in the CoC’s strategic plan. Shelters and RRH programs collaborate to quickly house people, link them to resources, and provide aftercare to ensure stability. We work to increase 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 long homeless time as these populations are less likely to successfully exit without tailored support. Care is taken to ensure appropriate referral to RRH or PSH as primary need. A new team was created to work with chronically homeless adults. Case managers help households develop housing plans, find landlords, remove barriers, secure housing, and promote stability through linkage to income supports and services. TH programs stabilize veteran and youth households prior to permanent placement to increase success at exit. RRH, TH, and shelter providers use financial assistance to pay security deposits and additional rent. The assistance is flexible and offered based on needs and landlord requirements. A system-wide landlord recruitment and retention initiative provides outreach, financial incentives, and risk mitigation funds, to improve access to units, expand shared living options, and identify strategic landlord partners. We actively support community efforts to increase affordable housing to enhance participants’ ability to obtain and retain stable housing. Despite all these efforts the success rate is decreasing due to the rapid growth in population causing an affordable housing crisis, coupled with a staffing shortage systemwide that decreases our ability to provide housing services based on demand

2) Housing stability for persons in permanent housing is already very high at 96%. PSH providers engage with residents frequently to identify anyone who may become precariously housed and take action to re-stabilize them. PSH residents 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.

3) C S B is responsible for this strategy.

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

In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;
2.	describe 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 2,500 characters)

1) Community Shelter Board (CSB, the UFA) tracks returns in HMIS and issues reports at program and system levels, including recidivism rates. CSB examines programs with rates outside the norm to identify factors contributing to higher or lower rates. Collaboration between emergency shelter and RRH programs via regular case conferencing and system workgroup meetings help inform the CoC of factors that impact returns to homelessness. A Housing Assistance Screening Tool identifies a household’s prior use of shelter and re-housing assistance to adjust next-step assistance. CSB is using data on frequent callers to CPOA to identify those that need a new approach to support. 2) Reducing the rate of return to homeless is a prioritized goal in the CoC’s updated strategic plan. RRH case managers help households develop housing plans and remove barriers. They provide aftercare and resources and create plans for responding to future crises, through partnerships in the community that support housing stability, with Job and Family Services, Office on Aging and peer support organizations. CSB is working on a partnership with RRH and MCOs for client connection to services. Households contact a case manager if they encounter a housing crisis, after services end, to problem-solve. For PSH, 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 childcare and parenting resources. We value client expertise and partner guidance and collaboratively develop trainings or resources to address client needs in areas such as budgeting to pay rent, navigating conflict, housekeeping and cleaning, understanding the lease, how to complete work orders or notify landlord of concerns. All RRH and PSH programs have robust eviction prevention procedures. The rate of recidivism in our community is high because we are prioritizing RRH and PSH assistance for those with the highest barriers as this is the most vulnerable population being served and most likely to lose housing. In addition, increasing rents and scarcity of affordable units are key factors contributing to the high recidivism rate. The planned expansion of our Homelessness Prevention Network for the next two years will help reduce recidivism of previously homeless households. 3) CSB oversees the strategy.

2C-5.	Increasing Employment Cash Income—CoC’s Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC’s strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment 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 2,500 characters)

1) Participants in CoC programs receive help with job searches, applications, resume writing, transportation, uniforms and professional attire. An increasing number of programs have employment specialists on site to provide more individualized support, make connections with employers and provide appropriate job coaching. Gift cards are utilized by providers to help address barriers such as childcare and transportation among other needs. Several CoC programs have successful employment and work equity programs that include training, workshops, and collaboration with employers. Partners have worked with local employers to host job fairs and the CoC has identified private employers who are willing to hire people with histories of criminal behavior, addiction and homelessness. One example is the Right Track Program that consists of classroom experience followed by a paid training position within a PSH provider’s housing facilities. Another provider has a workforce development program and has hired a PSH resident. The CoC improved integration with the Workforce Development Board of Central Ohio (WDB) through a previous employment pilot program that expedited the Ohio Means Jobs referral and acceptance process for families in shelter. 2) 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 previous pilot in family emergency shelters. The pilot created incentivized pathways to engage in workforce development. Our approach is working with the Workforce Development Board of Central Ohio and other community-based employment services such as Columbus Works and Goodwill to integrate workforce specialists, including job coaching, within our CoC programs, where not already present. We support community efforts to increase employment income for low-wage earners and reduce pay disparities. CoC 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. 3) CSB oversees this strategy.

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 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. Community Shelter Board (CSB), the UFA, convened a training for providers on SNAP, TANF and Medicaid in March 2023 to encourage greater applications for benefits for individuals in the crisis response system. CSB regularly provides trainings and disseminates to partners resources and best practices for linking participants to benefits. Case managers help participants complete applications. The Homeless Hotline (CPoA) screens callers for health insurance to help assess coverage gaps. CSB is working with the Alcohol, Drug, and Mental Health Board, MCOs and others to more effectively leverage Medicaid and other health care resources. As part of our strategic plan, we will continue to utilize the new Social Security Administration Vulnerable Populations (VP) program for clients to apply for benefits and will incorporate partner training for this program. The Social Security Administration provided an educational presentation on Social Security resources and training on the VP Program for partners. This training will be annual at a minimum. We will further expand the use of SOAR system-wide for clients to access benefits, including increasing the number of SOAR certified staff. 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. CSB will work with JFS to have an onsite presence in all shelters. 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. 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) CSB oversees this strategy.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
CHN Deer Hill Place	PH-PSH	33	Both
CHN Knoll View Place	PH-PSH	34	Both
Homefull Leasing ...	PH-RRH	32	Both
YMCA McKinley Manor	PH-PSH	31	Housing
LSS CHOICES Joint...	Joint TH-RRH	35	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? CHN Deer Hill Place
2. Enter the Unique Entity Identifier (UEI): VG6JK25MNMC7
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 33
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? CHN Knoll View Place
2. Enter the Unique Entity Identifier (UEI): VG6JK25MNMC7
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 34
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Homefull Leasing Expansion
2. Enter the Unique Entity Identifier (UEI): FF7ZQNH2S9P1

3. Select the new project type: PH-RRH

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

5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? YMCA McKinley Manor

2. Enter the Unique Entity Identifier (UEI): YLWVMBX7MNB8

3. Select the new project type: PH-PSH

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

5. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? LSS CHOICES Joint TH/RRH

2. Enter the Unique Entity Identifier (UEI): C4M1CLE2SZ96

3. Select the new project type: Joint TH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 35

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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 2,500 characters)

n/a

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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 V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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 2,500 characters)

n/a

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	1,774
2.	Enter the number of survivors your CoC is currently serving:	126
3.	Unmet Need:	1,648

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	

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

(limit 2,500 characters)

1) LSS CHOICES serves DV survivors in the local DV emergency shelter. It provided shelter and case management services to 944 DV survivors in 2022, and each of these survivors was determined to be in need of housing services. During the annual CoC Point in Time Count in the non-DV system, 13% of sheltered and unsheltered adults reported histories of DV. Applying the 13% rate to the total number of adults served in the non-DV system in 2022 (6,388 total adults), we are assessing that an additional 830 DV survivors are served in the non-DV system and need specialized DV housing services. Thus, the total need for DV housing is for 1,774 survivors. In 2022, LSS CHOICES provided Transitional Housing (TH) services to 9 DV survivors. The CoC's RRH program for DV survivors operated by YMCA served 117 households, for a total number served with housing services of 126 DV survivors. Therefore, the CoC's Unmet Need is for 1,648 survivors who need housing services. 2) The data sources used to determine the need and the number of survivors served are the LSS CHOICES Social Solutions Apricot database (an HMIS-comparable database) and the CoC's HMIS data. 3) The primary barrier is funding. The CoC is unable to meet the need because it lacks sufficient funding targeting DV survivors to expeditiously and seamlessly move survivors into housing. In addition, the number of affordable housing units in the CoC is inadequate to meet the need.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	

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

Applicant Name
LSS CHOICES for V...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	LSS CHOICES for Victims of Domestic Violence
2.	Project Name	LSS CHOICES 2023 DV Joint TH-RRH
3.	Project Rank on the Priority Listing	35
4.	Unique Entity Identifier (UEI)	C4M1CLE2SZ96
5.	Amount Requested	\$975,934
6.	Rate of Housing Placement of DV Survivors—Percentage	100%
7.	Rate of Housing Retention of DV Survivors—Percentage	89%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1) The LSS CHOICES Transitional Housing (TH) program targets immigrant families and families with four or more children, a very small sub-population of the total number of DV survivors who need housing services. In 2022, LSS CHOICES placed 9 households in its TH program and all 9 households experienced a successful exit from the TH program, a 100% success rate. Only 1 household (or 11%) returned to emergency shelter within a 90-day timeframe, for a housing retention rate of 89%. 2) These rates account for exits to safe housing destinations with friends, family members or other safe housing options. 3) The data source is the LSS CHOICES Social Solutions Apricot database, an HMIS-comparable database.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

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

(limit 2,500 characters)

1) LSS CHOICES (LSS) ensures DV survivors experiencing homelessness are immediately offered emergency shelter and safety planning. Whether clients choose on-site or off-site placement, LSS provides assistance to quickly move the client into housing. LSS operates a Transitional Housing (TH) program using scattered site housing. Using the Critical Time Intervention (CTI) model, Case Managers (CM) focus on assisting clients to access community-based services, skill building and developing a formal and informal social support system. 2) Within the first 10 days of their stay, CMs go through the Housing Assistance Screening Tool (HAST) assessment with each DV survivor. If eligible for Rapid Re-Housing (RRH), the client is referred to the CoC’s DV RRH. Because the RRH prioritizes clients by the severity of service needs, the DV survivor may not immediately receive an intake. The LSS CM coordinates provision of temporary housing for those clients and clients that need more assistance, in a TH environment, based on capacity. 3) LSS’ CMs collaborate with each client, having been trained in trauma-informed approaches, to determine which supportive services are needed and identify their wants, needs, and goals. Goals are prioritized. CM will assist clients with creating (or updating) a resume, apply for a housing voucher, if needed and search for employment. Referrals to counseling services, legal aid or other services occur as needed. 4) Established partnerships ensure that clients are connected to the services they need. With assistance from LSS 211 Central Ohio, the CM will provide referrals through I&R. LSS Food Pantries and LSS Health Center address clients basic needs including nutrition, physical health, and mental health. Legal Aid provides legal advocacy. The CM links clients to The Furniture Bank to obtain furnishings and to Goodwill for disability assistance. LSS Faith Mission offers employment assistance. 5) During their time in the TH program, LSS ensures that clients are prepared to successfully move to and maintain permanent housing through intensive case management and provision of accompanying supportive services. These services include financial management and work readiness training so that clients gain skills and confidence to establish their financial independence. Clients must achieve outcome indicators in living skills, work readiness and career-specific skills, and financial literacy as part of their exit from the program.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1) LSS CHOICES takes steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors. This process includes client-focused safety planning and appropriate privacy protocols from the initial contact and throughout provision of services, including days spent in emergency shelter and transitions to permanent housing programs. All client data is secured, and only approved personnel can access the secure database. 2) In making determinations and placements into safe housing, all information is kept confidential using Social Solutions-Apricot, a secure HMIS-comparable database designed to produce real-time data using an SSL Certificate to protect the integrity and confidentiality of all data. In addition, no information is released regarding a client's use of services without informed written consent or as required by law. Clients' participation in DV survivor programs is voluntary, not mandatory. 3) LSS CHOICES keeps client information and locations confidential. The address of the DV shelter and Transitional Housing locations is not disclosed or published. LSS CHOICES hires attorneys at Bailey Cavaleri, a local firm, to respond to subpoenas to prevent record disclosure. 4) LSS CHOICES provides mandatory quarterly staff development and annual training on safety and confidentiality policies and practices. Staff are trained to never engage in or promote activities that compromise victim safety to include practices that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, sex, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or age and/or gender of their children. 5) LSS CHOICES provides security systems and cameras that notify households and emergency responders of pending or potential harm, alarms and door stops that prevented home intrusions in a few cases. Participants are especially grateful for the training and electronic resources provided by LSS CHOICES to check for tracking devices on their vehicles and cell phones. When there are custody orders/visitations, CHOICES works with the courts to advocate on behalf of clients for safe exchanges at a police or fire station, with the schools and doctors to not release addresses or Safe at Home to get a PO Box so their address isn't public.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. NOFO Section I.B.3.I.(1)(d)	
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Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

LSS CHOICES ensures survivor safety begins with their physical safety. Safety planning commences with the first contact. A safety plan is maintained at all times and revisited and revised as client’s circumstances change. LSS CHOICES works with clients to obtain and/or install security systems/cameras, alarms, door stops to address the household’s threat level and need to feel secure. Case managers work with clients and legal advocates to secure Criminal Protective Orders and no-contact orders. When there are custody orders or visitation orders, Case Managers work with the courts to ensure safe exchanges take place at a police or fire station. Case Managers advocate with the schools and doctors’ offices to not release clients’ physical addresses and registers each survivor with Safe at Home, a system that assigns DV survivors a PO Box so their address isn’t public.

LSS CHOICES uses industry-accepted standards to adhere to the strictest ethical standards to safeguard all personal information and data collected. These include password protected computers, locked file cabinets and timely destruction of hard copy identifying information as well as respecting confidentiality in written reports. LSS sought accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF). The organization has made a commitment to maintaining a quality program structure including the ongoing evaluation of programming, verified by an independent third party. LLS went through the accreditation process with CARF in 2021 and achieved the highest commendations with a 3-year accreditation.

LSS CHOICES identifies improvements in each program component through its Total Quality Management plan (TQM). It follows established policy and procedures to document the day-to-day monitoring of program activities. Regular monitoring of established policies and procedures ensures that we are exceeding the standards set forth by CARF and other agencies in terms of data security, client confidentiality, safety, ethics and mission.

LSS CHOICES adopted the Apricot system to increase security of confidential files. Case files are maintained in two ways. Original hard copy case files, and electronic case files maintained in Social Solutions – Apricot. Case files are maintained primarily by case management staff. The Apricot system allows LSS CHOICES to ensure that files are up to date at all times with complete and accurate information.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. NOFO Section I.B.3.I.(1)(d)	
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Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) Case Managers utilize a trauma-informed, victim-centered intake assessment that focuses on the client’s wants, needs, and barriers. The client identifies what goals they want to work on, and the case management staff assist them in achieving those goals. As needed, staff go with residents to complete goal tasks, sit in meetings with them, view available housing together, and attend court hearings with them, doctor’s appointments, and meetings with other providers in the community. Trauma-informed interventions assume that people, especially women, have experienced past trauma with an understanding that the trauma is impacting people psychologically and physiologically, that clients’ behaviors may be related to trauma. Staff avoid retraumatizing the clients by not asking them to re-tell their story. 2) The program prohibits mandated use of mediation or counseling for couples as a systemic response to domestic violence; any requirement that victims report sexual assault, stalking or domestic violence or forcing victims to participate in criminal proceedings; practices that impose restrictive and/or mandatory conditions to receive services; or procedures that would penalize or impose sanctions for failure to testify against the abuser and/or the perpetrator. The program uses a transition in place model which allows the client to determine if they want to remain in the housing unit at the conclusion of the program. This provides additional choices for clients, decreases the need for a potentially traumatic move and gives control of housing options to the survivor. 3) All staff are trained in the Community Advocacy Program model, a best practice for working with DV survivors with full implementation by Case Management staff and annual evaluations to determine program fidelity. No services are contingent on the survivor’s decision for police or legal intervention. Confidential client information is not released without client consent or as required by law. 4) LSS CHOICES housing program operates using Trauma Informed Care (TIC) and is consistent with Ohio Domestic Violence Network’s Promising Practices. With the understanding of the impact of trauma on survivors and the variability of individual responses, the program is designed using a client centered, strengths based approach. Minimal rules in the TH program promote safety; they do not attempt to control participant behavior. Our commitment to evidence-based practices led to our Clinical Supervisor becoming certified as a TIC instructor by the Ohio Department of Mental Health and Addiction Services. As such, she not only provides training throughout the State, but she also regularly trains and retrains CHOICES staff on the model. 5) Culturally and linguistically appropriate advocacy for each survivor complements the program’s trauma-informed approach. LSS CHOICES incorporates cultural competency and equal access in its annual training, augmented by advocacy provided by community partners: Asian American Community Services, Ohio Hispanic Coalition, Asha Ray of Hope (South Asian community), Deaf World Against Violence Everywhere (DWAVE), Ethiopian Tewahedo Social Services, and Buckeye Regional Anti-Violence Organization (BRAVO, LGBTQ+ community). 6) LSS CHOICES offers all clients peer support groups, individual and group counseling, and Community Advocacy. In addition, Case Managers are trained to provide ongoing emotional support and crisis intervention to all clients during their frequent interactions. 7) Crisis Counselors trained in Trauma Informed Care offer support for survivor parenting, including de-escalation and short-term interventions for parents experiencing mental health crises resulting from recent traumatic experiences. Working through the lens of both trauma informed care and a strengths-based perspective, the Crisis Counselor helps parents recognize their strengths to develop coping techniques while Case Managers connect parents with parenting classes, childcare, and legal advocacy.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. NOFO Section I.B.3.I.(1)(d)	
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Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

LSS CHOICES’ program and established partnerships provide supportive services to DV survivors during the transition to permanent housing. It uses the Community Advocacy Program (CAP) model of case management services, an evidence-based model as trauma informed, strengths-based and client centered. At age 46, Client A was left abandoned in the woods by her abusive partner, severely beaten and with nothing. With no forms of identification and nowhere else to go, she found refuge at our facility. Program staff promptly conducted a client intake and needs assessment and assigned her to a Case Manager (CM). LSS CHOICES immediately co-developed with her a safety plan and met her emergency housing and basic needs. Over a short interval (less than 90 days), it helped her secure a new driver’s license and other identification and provided rapid rehousing services to secure a new apartment. Fidelity to the CAP model continues in all five components:

1. Assessment. The Case Manager gathers important information regarding the needs and goals of each participant and her/his child. The participant, not the CM, guides the direction and activities of the intervention by identifying issues that are important to her/him.
2. Implementation. The CM and the participant actively work together to generate, mobilize, and access community resources. For clients, resources often involve legal assistance, housing, employment, education, transportation, childcare, social support, and/or material goods as well as court accompaniment. For children, advocacy often focuses on participation in recreational activities, help with school and/or material goods.
3. Monitoring. The CM checks in with the participant regularly to determine whether her unmet needs have been fulfilled.
4. Secondary implementation. If the community resources were ineffective in satisfying the participant’s original needs, the CM suggest alternative strategies to generate, mobilize, or access other resources.
5. Termination. This phase occurs before the end of the intervention, when the CM focuses even more intensively on the transfer of skills and knowledge to the participant, ensuring that she/he no longer needs the advocate at the end of the intervention. It diligently records and assesses the discharge status of its clients and conducts post-discharge check-ins when possible, to evaluate program performance.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. NOFO Section I.B.3.I.(1)(e)	
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Describe in the field below examples of how the new project(s) will:

1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
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2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) The new project will prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs. Based on a Housing First approach, the Joint Transitional and Rapid Re-Housing project is designed to provide DV survivors swift access to crisis housing (TH) with no pre-conditions and a pathway from that crisis housing to rapid rehousing (RRH). LSS CHOICES will manage the TH and will subgrant with YMCA of Central Ohio to provide RRH units for survivors choosing the RRH housing option. In collaboration with their LSS CHOICES Case Manager, DV survivors will consent to the program aligned with the Housing Assessment Screening Tool (HAST) assessment to best meet their identified needs. The TH portion of the project acts as temporary or crisis housing. Survivors may choose to reside in TH or Rapid Re-Housing when units are available. There is not a requirement for them to enter the TH portion before being able to utilize RRH; however, DV survivors residing in TH will be prioritized first for RRH units. YMCA will establish a consistent and proactive coordination with LSS CHOICES Case Managers to ensure effective collaboration.

2) Through a combination of evidence-based strategies and practices, we are committed to empowering individuals and families while nurturing a culture of dignity and collaboration. Our approach will involve working closely with each individual or family to co-create personalized rehousing plans with regular feedback and communication. And instead of focusing solely on deficits or challenges, our case management and housing specialist will highlight the strengths and skills that clients bring to the table.

3) The new project will provide program participants access to information on trauma. All staff will be trained in the Community Advocacy Program model, a best practice for working with DV survivors with full implementation by Case Management staff and annual evaluations to determine program fidelity. Service provision will not be contingent on the survivor's decision for police or legal intervention. Confidential client information will not be released without client consent or as required by law.

4) The new project will emphasize program participants' strengths. Case Managers will collaborate with participants to develop individualized plans. With the understanding of the impact of trauma on survivors and the variability of individual responses, the program is designed using a client centered, strengths-based approach. Policies and protocols are designed to promote safety; they do not attempt to control participant behavior.

5) The new project will center on cultural responsiveness and inclusivity. Key elements of the project design include a diverse and multilingual project staff; continual access to translation and interpretation services, whenever needed; regular training on equal access and nondiscrimination; and established partnerships with culturally and ethnically-based community advocacy groups.

6) The new project will provide a variety of opportunities for connection for program participants to promote independent living and sustainability. These include peer support groups, individual and group counseling, and ongoing emotional support and crisis intervention to all participants.

7) The new project will offer support for survivor parenting. Crisis Counselors trained in Trauma Informed Care will offer de-escalation and short-term interventions for parents experiencing mental health crises resulting from recent traumatic experiences. Working through the lens of both trauma informed care and a strengths-based perspective, the Crisis Counselor will help parents recognize their strengths to develop coping techniques while Case Managers will connect parents with parenting classes, childcare, and legal advocacy.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

1) As the sole provider for crisis hotline, emergency shelter, and diversion services for DV survivors in Franklin County, LSS CHOICES will involve DV survivors with a range of lived expertise in its planning for the new project. We embrace the diversity of the population served to help them achieve optimal outcomes in personal safety and financial independence. In Franklin County, residents are 61% White, 24% Black, 6% Hispanic, 6% Asian, and 4% two or more races. Minority populations are over-represented within LSS CHOICES programs, according to 2022 program data. 57% of survivors are African Americans, 20% Caucasian, 4% Hispanic, 12% Multi-racial (including Bi-racial), 2% Asian and 5% African. Five percent (5%) of those served are challenged by chronic substance abuse, 1% live with HIV/AIDS, and 2% live with physical disabilities. 2) LSS CHOICES will involve DV survivors with a range of lived experience in policy and program development throughout the project's operation, by regularly soliciting their feedback through surveys, focus groups and inviting them to join the Citizens Advisory Council, a group of homeless and formerly homeless individuals that meet monthly and are an integral part of the Continuum of Care governing body. An established and potent community change agent, the Citizens Advisory Council provides direct input into the CoC's policies and programs through an equitable representation of the county's diverse homeless population.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . 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).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/01/2023
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/01/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/01/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/01/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/01/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/01/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/01/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/01/2023
1E-5a. Notification of Projects Accepted	Yes		
1E-5b. Local Competition Selection Results	Yes	Local Competition...	09/01/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HDX Competition R...	09/01/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/01/2023
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/01/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/27/2023
1B. Inclusive Structure	09/01/2023
1C. Coordination and Engagement	09/01/2023
1D. Coordination and Engagement Cont'd	09/01/2023
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/01/2023
2B. Point-in-Time (PIT) Count	09/01/2023
2C. System Performance	09/01/2023
3A. Coordination with Housing and Healthcare	09/01/2023
3B. Rehabilitation/New Construction Costs	09/01/2023
3C. Serving Homeless Under Other Federal Statutes	09/01/2023

4A. DV Bonus Project Applicants	09/01/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

PHA Homeless Preference

In response to question 1C-7, please see the portions highlighted below. Columbus Metropolitan Housing Authority utilizes a General Preference.



August 25, 2023

Shannon Isom
President & CEO
Community Shelter Board
355 E Campus View Blvd Suite 250
Columbus, OH 43235

Dear Shannon Isom:

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 3,411 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 (HOTMA) 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 Program

COLUMBUS METROPOLITAN HOUSING AUTHORITY

CHAPTER 5: ADMISSION PREFERENCES

To fulfill its mission of providing rental housing subsidies to persons and families in need of assistance, CMHA has established several Admission Preferences for the issuance of Housing Choice Vouchers. These Preferences represent CMHA's policy determinations as to which HCV and PH program applicants should receive priority in the receipt of rental housing assistance.

This chapter describes the HUD and CMHA Admission Preferences that will be used to determine local priorities in the issuance of Housing Choice Vouchers.

Applicants will also be required to meet the HUD and CMHA eligibility requirements that are described in Chapter 3. HCV Application and Wait List Policies and Procedures are described in Chapter 4.

1. HUD MANDATED TARGETING (24 CFR § 982.201(b)(2))

A. HUD requires that no less than 75% of the families admitted to CMHA's HCV programs during any calendar year be Extremely Low-Income families earning or receiving income less than 30% of the Columbus area median income as adjusted for family size. (Once admitted to the HCV program, incomes are permitted – and encouraged – to rise.) Furthermore, no family may be admitted to the HCV program if its earnings and/or total income exceed 80% of the area median income as adjusted for family size. (These limits may be found on the CMHA Website (www.cmhanet.com)). Applicants added to a Wait List whose total family income exceed the 30% limit may face a delay in receipt of a Voucher if CMHA is unable to meet the 75% test at a particular point in time; however, they will remain on the Wait List.

B. HUD, from time to time, provides Vouchers to CMHA for targeted populations (e.g., residents displaced by demolition of public housing units or for the non-elderly disabled). Issuance of these vouchers must be to the targeted population and are not subject to the wait list criteria of the HCV program. Accordingly, CMHA's local Admission Preferences are not applicable.

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 two 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, 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.

H. CMHA public housing families who elect to permanently relocate because of a Rental Assistance Demonstration (RAD) conversion at their development that requires relocation.

3. ASSIGNMENT OF ADMISSION PREFERENCE POINTS

As Preliminary Applications are submitted and placed in the Lottery Pool, Admission Preference Points will be assigned without verification on a provisional basis. At the time Full Applications are submitted, all information will be reviewed and verified and a final assignment of Admission Preference Points that govern Wait List priorities will be made.

Applicants will receive points for each Preference for which they qualify, and the points will be added to determine a ranking number. Points will be assigned as follows (indexing corresponds to the information immediately above):

A. HUD Mandated Preference - Under 30% of AMI adjusted for family size 3 Points

B. Family Composition Preference - Applicants are only entitled to points from one of these subcategories for a maximum of 11 points:

1. Families with two or more persons. 11 Points
2. Families that include a person with disabilities. 11 Points

3. Household headed by a disabled or elderly person (62 or older). 11 Points
4. Single persons who are age 62 or older, displaced, **homeless** or a person with disabilities. 11 Points

C. Metropolitan Area Resident 1 Point

D. Veteran Preference per Ohio Revised Code 1 Point

E. Families not receiving any permanent rental assistance 5 Points

F. Project-Based Voucher Program referrals 30 Points

G. Supportive Service Provider referrals 30 Points

H. RAD relocation of CMHA public housing families 30 Points

I. Non-Elderly Disabled (NED) Eligible 30 Points

J. Mainstream Eligible 30 Points

K. Family Unification Program 30 Points

L. Emergency Housing Vouchers 30 Points

M. CMHA Acquisitions and Dispositions 30 Points

N. CMHA Partnerships 30 Points

Footnotes to F through N

- Applicants receiving 30 points under admission preferences F, G, H, I, J, K, L, M and N above will not be placed in the lottery pool (see chapter 4) but will be added to the existing wait list as priority preference placements.
- Category F, project-based voucher program referrals, are CMHA contractual obligations and are limited to the number of project-based vouchers under HAP contract.
- Category G, supportive service provider referrals, are CMHA obligations based upon agreements with sponsor organizations and any limitations are subject to the discretion of the President and CEO.
- Category M, an executed Purchase and Sale agreement between CMHA and another entity is a qualifying event to determine if a property is being acquired or disposed of.
- Category N, CMHA will allocate no more than 50 vouchers for CMHA partnerships that are connected to housing homeless households or other agreed upon special populations. CMHA in conjunction with partners may develop housing initiatives

that receive a local preference. These housing initiatives are targeted for specifically named households and may be based on CMHA and partner priorities or HUD targeted funding. In addition, these housing initiatives may include a defined number of Housing Choice Vouchers that will be allocated to households meeting specific described criteria.

4. SPECIAL PROGRAM CONVERSION TO TENANT-BASED VOUCHERS

From time to time, CMHA participates in special voucher programs sponsored by HUD and various other entities. Examples include but are not limited to the Family Unification Program; the Mainstream Voucher Program; the Veterans Assistance Housing Program; and the Foster Youth Initiative program. Based on the nature of the program, the possibility exists that funding sources may end, the term of the program may expire, or a person may age out of one of the programs. To prevent participants in such HUD and other programs from becoming homeless because of the termination of such a program as described above, any such participant at risk of becoming homeless as described shall be entitled to the issuance of a tenant-based voucher, should such participant meet the income and other qualifications for the tenant-based Housing Choice Voucher program.

PHA Moving On Preference

In response to question 1C-7, please see the portions highlighted below.



August 25, 2023

Shannon Isom
President & CEO
Community Shelter Board
355 E Campus View Blvd Suite 250
Columbus, OH 43235

Dear Shannon Isom:

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 3,411 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 (HOTMA) 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 Program

COLUMBUS METROPOLITAN HOUSING AUTHORITY

CHAPTER 5: ADMISSION PREFERENCES

To fulfill its mission of providing rental housing subsidies to persons and families in need of assistance, CMHA has established several Admission Preferences for the issuance of Housing Choice Vouchers. These Preferences represent CMHA's policy determinations as to which HCV and PH program applicants should receive priority in the receipt of rental housing assistance.

This chapter describes the HUD and CMHA Admission Preferences that will be used to determine local priorities in the issuance of Housing Choice Vouchers.

Applicants will also be required to meet the HUD and CMHA eligibility requirements that are described in Chapter 3. HCV Application and Wait List Policies and Procedures are described in Chapter 4.

1. HUD MANDATED TARGETING (24 CFR § 982.201(b)(2))

A. HUD requires that no less than 75% of the families admitted to CMHA's HCV programs during any calendar year be Extremely Low-Income families earning or receiving income less than 30% of the Columbus area median income as adjusted for family size. (Once admitted to the HCV program, incomes are permitted – and encouraged – to rise.) Furthermore, no family may be admitted to the HCV program if its earnings and/or total income exceed 80% of the area median income as adjusted for family size. (These limits may be found on the CMHA Website (www.cmhanet.com)). Applicants added to a Wait List whose total family income exceed the 30% limit may face a delay in receipt of a Voucher if CMHA is unable to meet the 75% test at a particular point in time; however, they will remain on the Wait List.

B. HUD, from time to time, provides Vouchers to CMHA for targeted populations (e.g., residents displaced by demolition of public housing units or for the non-elderly disabled). Issuance of these vouchers must be to the targeted population and are not subject to the wait list criteria of the HCV program. Accordingly, CMHA's local Admission Preferences are not applicable.

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 two 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, 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.

H. CMHA public housing families who elect to permanently relocate because of a Rental Assistance Demonstration (RAD) conversion at their development that requires relocation.

3. ASSIGNMENT OF ADMISSION PREFERENCE POINTS

As Preliminary Applications are submitted and placed in the Lottery Pool, Admission Preference Points will be assigned without verification on a provisional basis. At the time Full Applications are submitted, all information will be reviewed and verified and a final assignment of Admission Preference Points that govern Wait List priorities will be made.

Applicants will receive points for each Preference for which they qualify, and the points will be added to determine a ranking number. Points will be assigned as follows (indexing corresponds to the information immediately above):

A. HUD Mandated Preference - Under 30% of AMI adjusted for family size 3 Points

B. Family Composition Preference - Applicants are only entitled to points from one of these subcategories for a maximum of 11 points:

1. Families with two or more persons. 11 Points
2. Families that include a person with disabilities. 11 Points

3. Household headed by a disabled or elderly person (62 or older). 11 Points
4. Single persons who are age 62 or older, displaced, **homeless or** a person with disabilities. 11 Points

C. Metropolitan Area Resident 1 Point

D. Veteran Preference per Ohio Revised Code 1 Point

E. Families not receiving any permanent rental assistance 5 Points

F. Project-Based Voucher Program referrals 30 Points

G. Supportive Service Provider referrals 30 Points

H. RAD relocation of CMHA public housing families 30 Points

I. Non-Elderly Disabled (NED) Eligible 30 Points

J. Mainstream Eligible 30 Points

K. Family Unification Program 30 Points

L. Emergency Housing Vouchers 30 Points

M. CMHA Acquisitions and Dispositions 30 Points

N. CMHA Partnerships 30 Points

Footnotes to F through N

- Applicants receiving 30 points under admission preferences F, G, H, I, J, K, L, M and N above will not be placed in the lottery pool (see chapter 4) but will be added to the existing wait list as priority preference placements.
- Category F, project-based voucher program referrals, are CMHA contractual obligations and are limited to the number of project-based vouchers under HAP contract.
- Category G, supportive service provider referrals, are CMHA obligations based upon agreements with sponsor organizations and any limitations are subject to the discretion of the President and CEO.
- Category M, an executed Purchase and Sale agreement between CMHA and another entity is a qualifying event to determine if a property is being acquired or disposed of.
- Category N, CMHA will allocate no more than 50 vouchers for CMHA partnerships that are connected to housing homeless households or other agreed upon special populations. CMHA in conjunction with partners may develop housing initiatives

that receive a local preference. These housing initiatives are targeted for specifically named households and may be based on CMHA and partner priorities or HUD targeted funding. In addition, these housing initiatives may include a defined number of Housing Choice Vouchers that will be allocated to households meeting specific described criteria.

4. SPECIAL PROGRAM CONVERSION TO TENANT-BASED VOUCHERS

From time to time, CMHA participates in special voucher programs sponsored by HUD and various other entities. Examples include but are not limited to the Family Unification Program; the Mainstream Voucher Program; the Veterans Assistance Housing Program; and the Foster Youth Initiative program. Based on the nature of the program, the possibility exists that funding sources may end, the term of the program may expire, or a person may age out of one of the programs. To prevent participants in such HUD and other programs from becoming homeless because of the termination of such a program as described above, any such participant at risk of becoming homeless as described shall be entitled to the issuance of a tenant-based voucher, should such participant meet the income and other qualifications for the tenant-based Housing Choice Voucher program.

Letter Signed by Working Group

In response to question 1D-11a., please see the following document.



Columbus and Franklin County, Ohio
Citizens Advisory Council

Resolution for Approval of the CoC Plan
for Serving Individuals and Families Experiencing Homelessness
with Severe Service Needs

August 28th, 2023

WHEREAS, the Citizens Advisory Council is a Community Shelter Board sponsored group with membership comprised of homeless and formerly homeless individuals; this group meets monthly and has two seats on the Continuum of Care and one seat on the Continuum of Care Board;

WHEREAS, the Citizens Advisory Council members met on August 28th, 2023, received presentations on the new permanent supportive housing (PSH) projects to be developed and provided feedback and suggestions for improvement;

WHEREAS, the Citizens Advisory Council members acknowledge that the new projects included in the Continuum of Care competition prioritize serving individuals and families experiencing homelessness with severe service needs and recommends inclusion of all projects in the Continuum of Care competition;

WHEREAS, the Citizens Advisory Council members scored the projects included in the Continuum of Care competition in the following manner:

Project	Score
CHN Dear Hill	6.5
CHN Knoll View	6.5
Homefull Hotel Expansion	6.9
YMCA McKinley Manor	6.5

WHEREAS, the Citizens Advisory Council members support the priorities of the Columbus and Franklin County Continuum of Care in serving individuals and families experiencing homelessness with severe service needs as demonstrated by having all PSH units dedicated to individuals and families meeting the chronic homeless definition and having individuals and families with a disability, with the longest history of homelessness and the most severe service needs, given first priority in all PSH projects within the system.

THEREFORE, be it resolved that the Citizens Advisory Council recommends inclusion of all the projects above in the Continuum of Care competition;

THEREFORE, be it resolved that the Citizens Advisory Council support the priorities of the Columbus and Franklin County Continuum of Care in serving individuals and families experiencing homelessness with severe service needs as shown above.

Date: August 28th, 2023 Witnessed by:

Shirley K Pullermon Sharon Hill Simpson

Leslie Reeves

Kira Jotowski

JB
[Signature]

[Signature]

A M

Housing First Evaluation

In response to question 1D-2a., please see the following document.



Housing First Screening Tool

OH-503 Columbus and Franklin County Continuum of Care

Organization

NCR Permanent Supportive Housing

Project Name

Commons at Buckingham

1. Please indicate Yes, No, or Not Applicable for the following questions *

	Yes	No	Not Applicable
Will the project quickly move participants into permanent housing?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will the project screen participants out for having too little or too much income?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Will the project screen participants out for having an active or history of substance use?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Will the project screen participants out for having a criminal record with exceptions for state-mandated restrictions?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Will the project screen participants out for having history of victimizations (e.g. domestic violence, sexual assault, childhood abuse)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

2. Please indicate Yes, No, or Not Applicable for the following questions *

	Yes	No	Not Applicable
Will the project terminate participants for failure to participate in supportive services?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Will the project terminate participants for failure to make progress on a service plan?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Will the project terminate participants for loss of income or failure to improve income?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Will the project terminate for participants for any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

3. Please describe the extent to which this project will adopt a Housing First approach, defined as housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. *

(Max 1500 characters)

This project fully embraces the evidence based practice of Housing First which includes assistance with housing without any precondition requirements such as sobriety, income thresholds. All services are voluntary and participation in service is not a condition of tenancy.

Web Posting of Local Competition Deadline

In response to question 1E-1, please see the following document(s).



HUD APPLICATION

HUD Continuum of Care Application

FY 2023 Notice of Funding Opportunity

The U.S. Department of Housing and Urban Development (HUD) has released the FY 2023 Continuum of Care (CoC) Program Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants Notice of Funding Availability. 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 Gillian Gunawan (ggunawan@csb.org) if you have a new, eligible program that you would like to discuss for this year's CoC application.

Renewal project application guidance is posted below; new project application guidance forthcoming.

Funding Opportunity for Programs Serving Survivors of Domestic Violence

In this year's CoC competition, HUD has set aside \$975,934 for our CoC for rapid re-housing projects and supportive service projects providing coordinated entry to assist survivors of domestic violence, dating violence, and stalking. **The Columbus and Franklin County CoC is accepting proposals for these funds to be included in our community's annual CoC application.**

Application Schedule

Dates	Activities
7/10/2023	CSB establishes project review & application schedule; releases to applicants via email
8/17/2023	All applications due to CSB by 5pm via e-snaps
8/17/2023 - 8/28/2023	CSB reviews applications and works with applicants to correct technical issues
8/31/2023	Final applications due to CSB via e-snaps
9/7/2023	CoC Board meeting to consider CoC Consolidated Application and project prioritization
9/11 or 9/12/2023	Notify CoC Applicants of project prioritization
9/15/2023	CoC Meeting to consider CoC Consolidated Application
9/28/2023	Application due to HUD via e-snaps

Local Competition Scoring Tool

In response to question 1E-2, please see the scoring tool OH-503 used in its local competition. The portions highlighted below demonstrate HUD's required items.

1. maximum points available and actual points awarded for each project, columns titled *Max points available = Max points available for objective criteria* and *Total Points Usage Points + Performance Points Awarded = Project Score*, highlighted below.
2. maximum points available and actual points awarded for objective criteria for project applications, columns titled *Max points available = Max points available for objective criteria* and *Total Points Usage Points + Performance Points Awarded = Project Score*, highlighted below (**all points available and actual points awarded are based on objective criteria**).
3. maximum points available and actual points awarded for system performance criteria for the project application, columns titled *Max points available for system performance and Performance Points Awarded*, highlighted below.
4. maximum points available and actual points awarded for projects that address specific severe barriers to housing and services; and data from comparable databases used to score projects submitted by victim service providers. Not included because all CoC projects provide housing and services to the hardest to serve, most vulnerable populations. All projects in the CoC adhere to system-wide standardized prioritization and assessment requirements that prioritize the most vulnerable. All projects serve people with severe barriers to housing and services. No project uses comparable databases.



Local Competition Scoring Tool

#	Project Name	Grant Number	Most recent closed HUD Grant Amount	Amount Expended Per CSB Records	Balance	% of HUD Grant Amount Spent	Usage Points Available	HUD Funding Usage Points Awarded	FY2023 Program Evaluation Rating	Max points available for system performance	Performance Points Awarded	Max points available = Max points available for objective criteria	Total Points Usage Points + Performance Points Awarded = Project Score
1	NCR Berwyn East	OH0727U5E032200	\$338,633.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2	CFSH DV SSO-CE	OH0729U5E032200	\$195,057	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	Homefull TRA Mainstream/EHV	OH0076U5E032215	\$618,297	\$607,615	\$10,682	98.3%	10	8	N/A	10	N/A	N/A	N/A
4	CHN Family Homes	OH0082U5E032215	\$15,694	\$15,694	\$0	100.0%	10	10	High	10	10	20	20
5	CHN Inglewood	OH0410U5E032210	\$138,230	\$138,230	\$0	100.0%	10	10	High	10	10	20	20
6	CHN Safe Haven	OH0097U5E032215	\$141,578	\$141,578	\$0	100.0%	10	10	High	10	10	20	20
7	CHN Wilson	OH0101U5E032215	\$23,707	\$23,707	\$0	100.0%	10	10	High	10	10	20	20
8	Equitas TRA	OH0080U5E032215	\$711,146	\$709,320	\$1,826	99.7%	10	10	High	10	10	20	20
9	Homefull Isaiah	OH0075U5E032111	\$2,146,438	\$2,139,569	\$6,869	99.7%	10	10	High	10	10	20	20
10	NCR Buckingham	OH0394U5E032212	\$234,215	\$234,215	\$0	100.0%	10	10	High	10	10	20	20
11	NCR Grant	OH0085U5E032215	\$235,951	\$235,951	\$0	100.0%	10	10	High	10	10	20	20
12	NCR Third	OH0372U5E032211	\$180,969	\$180,969	\$0	100.0%	10	10	High	10	10	20	20
13	YWCA WINGS	OH0102U5E032215	\$747,313	\$747,313	\$0	100.0%	10	10	High	10	10	20	20
14	Homefull SRA	OH0083U5E032215	\$1,240,949	\$1,231,899	\$9,050	99.3%	10	8	High	10	10	20	18
15	CHN Briggsdale	OH0078U5E032215	\$251,991	\$251,991	\$0	100.0%	10	10	Medium	10	6	20	16
16	CHN East Fifth	OH0088U5E032215	\$235,448	\$235,448	\$0	100.0%	10	10	Medium	10	6	20	16
17	CHN Marsh Brook	OH0630U5E032204	\$254,000	\$254,000	\$0	100.0%	10	10	Medium	10	6	20	16
18	CHN Parsons	OH0093U5E032215	\$273,819	\$273,819	\$0	100.0%	10	10	Medium	10	6	20	16
19	CHN Terrace	OH0092U5E032215	\$220,755	\$220,755	\$0	100.0%	10	10	Medium	10	6	20	16
20	Homefull TRA	OH0084U5E032215	\$2,526,722	\$2,513,294	\$13,428	99.5%	10	10	Medium	10	6	20	16
21	Huckleberry House TLP	OH0099U5E032215	\$274,792	\$274,034	\$758	99.7%	10	10	Medium	10	6	20	16
22	Maryhaven Chantry	OH0090U5E032215	\$197,975	\$197,975	\$0	100.0%	10	10	Medium	10	6	20	16
23	NCR Van Buren Village	OH0470U5E032206	\$66,363	\$66,123	\$240	99.6%	10	10	Medium	10	6	20	16
24	Homefull Leasing	OH0312U5E032211	\$1,762,376	\$1,751,446	\$10,930	99.4%	10	8	Medium	10	6	20	14
25	CHN Southpoint	OH0281U5E032214	\$294,030	\$221,416	\$72,614	75.3%	10	5	Medium	10	6	20	11
26	YMCA Touchstone	OH0445U5E032210	\$218,196	\$169,179	\$49,017	77.5%	10	5	Medium	10	6	20	11
27	TSA/HFF RRH J2H	OH0074U5E032211	\$60,914	\$58,685	\$2,230	96.3%	10	8	Low	10	2	20	10
28	CSB HMIS	OH0087U5E032215	\$312,830	\$312,830	\$0	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
29	YMCA DV RRH	OH0617U5E032204	\$680,102	\$592,225	\$87,877	87.1%	10	8	Low	10	2	20	10
30	VOA Family PSH*	OH0094U5E032215	\$600,633	\$600,633	\$0	100.0%	10	10	High	10	10	20	20
NEW	YMCA McKinley Manor	new										52	50.5
NEW	Homefull Leasing Expansion	new										52	49.9
NEW	CHN Deer Hill Place	new										52	48.5
NEW	CHN Knoll View Place	new										52	48.5
NEW	LSS CHOICES DV Joint TH-RRH	new										39	36

* De-ranked as last renewal project because delay in submitting project application, past local due date.

Scored Forms for One Project

In response to question 1E-2a, please see the following for OH-503's scored forms and portions highlighted below demonstrating the required items for one renewal project submitted in OH-503's local competition.



2023 RENEWAL/EXPANSION SCORING SHEET - PSH/TH (non-YHDP)

Organization Name: Community Housing Network

Project Name: Briggsdale

Grant Number: OH0078U5E032215

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
Project has reasonable costs per SHO	Yes
Project is financially feasible	Yes
Active CoC participant	Yes
Acceptable Organizational Financial Indicators	Yes

ELIGIBLE FOR RATING Yes

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.	71	67	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 <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 	24	48	Yes
	Successful housing outcomes (%)	At least 90% successful housing outcomes for PSH and 77% successful housing outcomes for TH	90	97	Yes
Basic needs met in a non-congregate environment	Successful housing outcomes (#)	Successful housing outcomes % measurement	64	64	Yes
	Successful housing exits (%)	At least 50% of exits are successful housing outcomes.	50	0	No
	(PSH only)				
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	3	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	
	Pass program certification	Provide access to resources and services to end homelessness.	Pass certification	Non-Compliant	
CoC or HUD Standards	Program Occupancy Rate (%)	Full occupancy (>95%).	95	97	Yes
	Negative Reason for leaving (%)	Less than 20% leave for non-compliance or disagreement with rules	20	50	No
	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	54	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	3	No

Count # of rated performance items in the table above that were achieved
 If >75% achieved, High rating, if 50-75% achieved, Median rating, less than 50% achieved, Low rating
 Assign rating level based on above
 Assign 10 points for High rating, 6 points for Medium rating and 2 point for Low rating

Number of goals achieved:	8
% of goals achieved:	73%
Rating:	Medium
Score:	6 out of 10

USAGE OF HUD GRANT FUNDS

Most recent closed HUD Grant Amount	\$	251,991	amount of granted funding
Amount Expended	\$	251,991	amount of draws
Calculate rate of expenditure			% of HUD Grant Amount Spent 100%
If more than 99.4%, 10 points; 80 - 99.4%, 8 points; 60-80%, 5 points; 40-60%, 2 points; <40%, 0 points			Score: 10 out of 10

TOTAL SCORE 16 out of 20

2023 RENEWAL/EXPANSION SCORING SHEET - PSH/TH (non-YHDP)

Organization Name: _____

Project Name: _____

Grant Number: _____

THRESHOLD REQUIREMENTS

Compliant with A (Organizational) and D (Financial) Standards	Yes/No
Participates in Coordinated Entry	Yes/No
Operates a Housing First Program	Yes/No
Submitted a complete and accurate project application	Yes/No
Project has reasonable costs per SHO	Yes/No
Project is financially feasible	Yes/No
Active CoC participant	Yes/No
Acceptable Organizational Financial Indicators	Yes/No

ELIGIBLE FOR RATING Yes/No

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.			
Access to resources/services to move to and stabilize housing	Housing Stability	At least standard below or greater if prior year(s) achievement was <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 			
		Successful housing outcomes (%)			
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 Congregate based on the measurement			
	Successful housing exits (%) (PSH only)	At least 50% of exits are successful housing outcomes.			
	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.			
	Pass program certification	Provide access to resources and services to end homelessness.			
CoC or HUD Standards	Program Occupancy Rate (%)	Full occupancy (>95%).			
	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.			

Count # of rated performance items in the table above that were achieved
 If >75% achieved, High rating, if 50-75% achieved, Median rating, less than 50% achieved, Low rating
 Assign rating level based on above
 Assign 10 points for High rating, 6 points for Medium rating and 2 point for Low rating

Number of goals achieved: 0
 % of goals achieved: #DIV/0!
 Rating: #DIV/0!
 Score: #DIV/0!

out of 10

USAGE OF HUD GRANT FUNDS

Most recent closed HUD Grant Amount \$ - amount of granted funding
 Amount Expended \$ - amount of draws
 Calculate rate of expenditure
 If more than 99.4%, 10 points; 80 - 99.4%, 8 points; 60-80%, 5 points; 40-60%, 2 points; <40%, 0 points

% of HUD Grant Amount Spent #DIV/0!
 Score: #DIV/0!

out of 10

TOTAL SCORE

#DIV/0! out of 20

Notification of Projects Rejected-Reduced

In response to question 1E-5, there were no projects rejected or reduced.



Final Project Scores for All Projects

In response to question 1E-5b, please see the portions below demonstrating the final project scores for all new and renewal projects OH-503 considered during its local competition. Community Shelter Board is OH-503's designated UFA and as such is the only applicant to HUD.



Final Project Scores for All Projects

Subgrantee and Project Name	Grant Number	Project Score	Project Rank	Award Amount	Project accepted/rejected
YHDP CHN Youth PSH	OH0693U5E032201	16	N/A	\$134,058	Accepted
YHDP NCR Youth PSH	OH0693U5E032201	N/A	N/A	\$212,283	Accepted
YHDP HFF RRH	OH0695U5E032201	10	N/A	\$932,587	Accepted
YHDP HFF Transition to Home	OH0694U5E032201	10	N/A	\$1,693,933	Accepted
YHDP Huckleberry House TAY CARR	OH0692U5E032201	18	N/A	\$224,000	Accepted
NCR Berwyn East	OH0727U5E032200	N/A	1	\$338,633	Accepted
CFSH DV SSO-CE	OH0729U5E032200	N/A	2	\$195,057	Accepted
Homefull TRA Mainstream/EHV	OH0076U5E032215	N/A	3	\$871,351	Accepted
CHN Family Homes	OH0082U5E032215	20	4	\$13,310	Accepted
CHN Inglewood	OH0410U5E032210	20	5	\$60,247	Accepted
CHN Safe Haven	OH0097U5E032215	20	6	\$188,951	Accepted
CHN Wilson	OH0101U5E032215	20	7	\$66,279	Accepted
Equitas TRA	OH0080U5E032215	20	8	\$910,455	Accepted
Homefull Isaiah	OH0075U5E032111	20	9	\$2,170,275	Accepted
NCR Buckingham	OH0394U5E032212	20	10	\$172,375	Accepted
NCR Grant	OH0085U5E032215	20	11	\$172,376	Accepted
NCR Third	OH0372U5E032211	20	12	\$172,375	Accepted
YWCA WINGS	OH0102U5E032215	20	13	\$257,848	Accepted
Homefull SRA	OH0083U5E032215	18	14	\$2,128,589	Accepted
CHN Briggsdale	OH0078U5E032215	16	15	\$185,605	Accepted
CHN East Fifth	OH0088U5E032215	16	16	\$232,914	Accepted
CHN Marsh Brook	OH0630U5E032204	16	17	\$254,000	Accepted
CHN Parsons	OH0093U5E032215	16	18	\$331,658	Accepted
CHN Terrace	OH0092U5E032215	16	19	\$135,549	Accepted
Homefull TRA	OH0084U5E032215	16	20	\$1,943,372	Accepted
Huckleberry House TLP	OH0099U5E032215	16	21	\$232,135	Accepted
Maryhaven Chantry	OH0090U5E032215	16	22	\$183,196	Accepted
NCR Van Buren Village	OH0470U5E032206	16	23	\$64,200	Accepted
Homefull Leasing	OH0312U5E032211	14	24	\$1,495,758	Accepted
CHN Southpoint	OH0281U5E032214	11	25	\$213,546	Accepted
YMCA Touchstone	OH0445U5E032210	11	26	\$237,170	Accepted
TSA/HFF RRH J2H	OH0074U5E032211	10	27	\$326,585	Accepted
CSB HMIS	OH0087U5E032215	N/A	28	\$164,070	Accepted
YMCA DV RRH	OH0617U5E032204	10	29	\$1,467,226	Accepted
VOA Family PSH*	OH0094U5E032215	20	30	\$570,633	Accepted
YMCA McKinley Manor	new	50.5	31	\$262,450	Accepted
Homefull Leasing Expansion	new	49.9	32	\$307,315	Accepted
CHN Deer Hill Place	new	48.5	33	\$494,366	Accepted
CHN Knoll View Place	new	48.5	34	\$262,551	Accepted
LSS CHOICES DV Joint TH-RRH	new	36	35	\$975,934	Accepted
CoC Planning	OH0673U5E032000		N/A	\$947,630	Accepted
CoC UFA	OH0674U5E032000		N/A	\$568,578	Accepted
				\$22,771,423	

* De-ranked as last renewal project because delay in submitting project application, past local due date.

HDX Competition Report

In response to question 2A-6, please see the following document(s).



2023 HDX Competition Report
 PIT Count Data for OH-503 - Columbus/Franklin County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	2036	1798	1912	2337
Emergency Shelter Total	1,466	1,210	1,426	1688
Safe Haven Total	0	0	0	0
Transitional Housing Total	137	155	144	151
Total Sheltered Count	1603	1365	1570	1839
Total Unsheltered Count	433	433	342	498

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	177	187	132	155
Sheltered Count of Chronically Homeless Persons	29	39	37	66
Unsheltered Count of Chronically Homeless Persons	148	148	95	89

2023 HDX Competition Report

PIT Count Data for OH-503 - Columbus/Franklin County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	173	154	206	219
Sheltered Count of Homeless Households with Children	173	154	202	219
Unsheltered Count of Homeless Households with Children	0	0	4	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	145	97	66	91	101
Sheltered Count of Homeless Veterans	116	89	58	72	66
Unsheltered Count of Homeless Veterans	29	8	8	19	35

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report
HIC Data for OH-503 - Columbus/Franklin County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	1,148	1,028	1,028	100.00%	0	120	0.00%	1,028	89.55%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	173	126	126	100.00%	0	47	0.00%	126	72.83%
RRH Beds	545	545	545	100.00%	0	0	NA	545	100.00%
PSH Beds	3,486	3,442	3,486	98.74%	0	0	NA	3,442	98.74%
OPH Beds	0	0	0	NA	0	0	NA	0	NA
Total Beds	5,352	5,141	5,185	99.15%	0	167	0.00%	5,141	96.06%

2023 HDX Competition Report
HIC Data for OH-503 - Columbus/Franklin County CoC

2023 HDX Competition Report

HIC Data for OH-503 - Columbus/Franklin County CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	2257	2344	2859	2985

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	133	169	73	105

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	637	748	370	545

2023 HDX Competition Report
HIC Data for OH-503 - Columbus/Franklin County CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for OH-503 - Columbus/Franklin County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	7280	7639	66	75	9	35	42	7
1.2 Persons in ES, SH, and TH	7491	7851	71	80	9	37	44	7

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	7884	7978	435	369	-66	171	135	-36
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	8082	8170	443	378	-65	183	141	-42

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	104	4	4%	3	3%	5	5%	12	12%
Exit was from ES	2599	320	12%	137	5%	213	8%	670	26%
Exit was from TH	113	8	7%	5	4%	19	17%	32	28%
Exit was from SH	0	0		0		0		0	
Exit was from PH	1454	67	5%	56	4%	110	8%	233	16%
TOTAL Returns to Homelessness	4270	399	9%	201	5%	347	8%	947	22%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		1912	
Emergency Shelter Total	1210	1426	216
Safe Haven Total	0	0	0
Transitional Housing Total	155	144	-11
Total Sheltered Count	1365	1570	205
Unsheltered Count		342	

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	7640	8000	360
Emergency Shelter Total	7426	7782	356
Safe Haven Total	0	0	0
Transitional Housing Total	296	280	-16

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1396	1297	-99
Number of adults with increased earned income	59	79	20
Percentage of adults who increased earned income	4%	6%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1396	1297	-99
Number of adults with increased non-employment cash income	459	559	100
Percentage of adults who increased non-employment cash income	33%	43%	10%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	1396	1297	-99
Number of adults with increased total income	495	618	123
Percentage of adults who increased total income	35%	48%	13%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	424	415	-9
Number of adults who exited with increased earned income	69	45	-24
Percentage of adults who increased earned income	16%	11%	-5%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	424	415	-9
Number of adults who exited with increased non-employment cash income	87	97	10
Percentage of adults who increased non-employment cash income	21%	23%	2%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	424	415	-9
Number of adults who exited with increased total income	149	135	-14
Percentage of adults who increased total income	35%	33%	-2%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	7064	7294	230
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2360	2446	86
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	4704	4848	144

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	7806	8165	359
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2821	3005	184
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4985	5160	175

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	375	340	-35
Of persons above, those who exited to temporary & some institutional destinations	47	46	-1
Of the persons above, those who exited to permanent housing destinations	100	85	-15
% Successful exits	39%	39%	0%

Metric 7b.1 – Change in exits to permanent housing destinations

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	6083	5935	-148
Of the persons above, those who exited to permanent housing destinations	1876	1411	-465
% Successful exits	31%	24%	-7%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	3002	3381	379
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	2903	3255	352
% Successful exits/retention	97%	96%	-1%

2023 HDX Competition Report
FY2022 - SysPM Data Quality
OH-503 - Columbus/Franklin County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	1021	1127	1165	71	127	129	2737	2837	3355	611	736	356			
2. Number of HMIS Beds	1021	1127	1165	71	127	129	2716	2816	3334	611	736	356			
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	100.00	99.23	99.26	99.37	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	8318	7426	7782	277	296	280	3131	3175	3500	3888	3920	3516	519	470	428
5. Total Leavers (HMIS)	7278	6274	6477	188	184	183	566	386	406	2466	2581	2190	409	380	350
6. Destination of Don't Know, Refused, or Missing (HMIS)	411	333	302	0	0	1	7	13	16	89	103	103	3	2	0
7. Destination Error Rate (%)	5.65	5.31	4.66	0.00	0.00	0.55	1.24	3.37	3.94	3.61	3.99	4.70	0.73	0.53	0.00

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for OH-503 - Columbus/Franklin County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/24/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/13/2023	Yes
2023 HIC Count Submittal Date	4/13/2023	Yes
2022 System PM Submittal Date	2/24/2023	Yes

Housing Leveraging

Commitments

In response to question 3A-1a, please see the following document.



August 25, 2023

Shannon Isom
President & CEO
Community Shelter Board
355 E Campus View Blvd Suite 250
Columbus, OH 43235

RE: CoC Application

Dear Shannon Isom:

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 (PSH) project every year and so far, with the support of the Housing Choice Voucher (HCV) program and the Emergency Housing Voucher (EHV) program, this goal has been met. For the 2023 Continuum of Care Application Bonus funding, the following new permanent supportive housing projects are prioritized and have an HCV commitment from CMHA.

Project Name	# of HCV subsidies for the PSH units	Anticipated date of availability
CHN – Deer Hill Place	48	Spring 2026
CHN – Knoll View Place	48	Spring 2026
Homefull Leasing Expansion	35	Fall 2023
CMHA/YMCA – McKinley Manor	44	Fall 2023

These projects are a mix of new single site developments and renovated developments, and the units will be available for program participants as soon as the buildings complete construction activities.

Thank you,



Justin C. Davis
Vice President
Housing Choice Voucher Program

Healthcare Formal Agreements

In response to question 3A-2a, please see the following document(s).



August 29, 2023

Lianna Barbu
Community Shelter Board
355 E Campus View Blvd Suite 250
Columbus OH 43235

Re: Healthcare commitment for Homefull's Leasing Expansion proposal

As an authorized representative of Homefull, I am pleased to provide this letter of documentation to the Continuum of Care (CoC) for the Leasing Expansion project. Homefull directly bills Medicaid for provision of behavioral health supportive case management services, known as Community Psychiatric Support Treatment (CPST). As such, there is no formal agreement with Ohio Department of Medicaid beyond our status as a provider and biller of services. However, in Homefull's experience, a project of this size should be able to bill approximately \$18,000 in services in an average year. These funds will be used as match for this project to ensure the continued success of Leasing Expansion. The funds will be available July 1, 2024 - June 30, 2025.

Like all Homefull projects, this project will adhere to Housing First principles. This will include accepting local CoC coordinated entry eligible clients and not adding additional eligibility requirements. Homefull will not add restrictions based on this healthcare commitment.

Homefull is committed to making every effort to ensure funds are available for this project. Private funding will cover any shortfall.

Sincerely,



Tina M. Patterson
Chief Executive Officer

Homefull does not share donor information



July 31, 2023

RE: CHN 2023 Deer Hill Place

Please accept this letter as certification that CONCORD COUNSELING SERVICES commits to providing the following otherwise non-obligated, eligible match and leverage support for the entire duration of the grant term for the attached COC project.

The delivery of services to project participants will be documented and agreed to upon in the terms of a Memorandum of Understanding covering **June, 2026 – July 2027**.

Title	Service	Annual Amount
AOD Program Manager	Referral/Supervision	\$ 1,383.70
SUD Therapist	SUD Therapy	\$ 6,529.83
	TOTAL	\$ 7,913.53

Sincerely,

A handwritten signature in black ink, appearing to read "Chuck E. Vranekovic".

Chuck Vranekovic
Chief Financial Officer



July 31, 2023

RE: CHN 2023 Deer Hill Place

Please accept this letter as certification that CONCORD COUNSELING SERVICES commits to providing the following otherwise non-obligated, eligible match and leverage support for the entire duration of the grant term for the attached COC project.

The delivery of services to project participants will be documented and agreed to upon in the terms of a Memorandum of Understanding covering **June, 2026 – July 2027**.

Source	Service	Annual Amount
Medicaid	Medicaid eligible services to qualified project participants	\$ 18,212.96
	TOTAL	\$ 18,212.96

Sincerely,

A handwritten signature in black ink, appearing to read "Chuck E. Vranekovic".

Chuck Vranekovic
Chief Financial Officer



July 31, 2023

RE: CHN 2023 Knoll View Place

Please accept this letter as certification that CONCORD COUNSELING SERVICES commits to providing the following otherwise non-obligated, eligible match and leverage support for the entire duration of the grant term for the attached COC project. Project eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by CONCORD COUNSELING SERVICES.

The delivery of services to project participants will be documented and agreed to upon in the terms of a Memorandum of Understanding covering **July 2024-June 2025**.

The AOD Program Manager will refer 40 of clients and the SUD Therapist will provide SUD therapy to 29 clients over the course of the 1-year grant term.

Title	Service	Annual Amount
AOD Program Manager	Referral/Supervision	\$1,383.70
SUD Therapist	SUD Therapy	\$6,529.83
	TOTAL	\$7,913.53

Sincerely,

A handwritten signature in black ink, appearing to read "Chuck E. Vranekovic".

Chuck Vranekovic
Chief Financial Officer



July 31, 2023

RE: CHN 2023 Knoll View

Please accept this letter as certification that CONCORD COUNSELING SERVICES commits to providing the following otherwise non-obligated, eligible match and leverage support for the entire duration of the grant term for the attached COC project.

The delivery of services to project participants will be documented and agreed to upon in the terms of a Memorandum of Understanding covering **July 2024 – June 2025**.

Source	Service	Annual Amount
Medicaid	Medicaid eligible services to qualified project participants	\$ 18,212.96
	TOTAL	\$ 18,212.96

Sincerely,

A handwritten signature in black ink, appearing to read "Chuck Vranekovic".

Chuck Vranekovic
Chief Financial Officer

The Health Center at FAITH MISSION

Because your health is important



August 15, 2023

Maria N. Houston, Psy.D.
Executive Director
CHOICES for Victims of Domestic Violence
1105 Schrock Rd, Ste 100
Columbus, OH 43229

Re: Commitment from Health Care Organization for LSS CHOICES 2023 DV Joint
TH-RRH project

Dr. Houston:

As the chief executive of The Health Center at Faith Mission, I am pleased to provide this letter of commitment to provide health care services for the Joint Transitional Housing/Rapid Rehousing project serving victims of domestic violence.

The Health Center at Faith Mission is a substance abuse treatment or recovery provider. It will provide access to treatment or recovery services for all program participants who qualify and choose those services. The services will be available July 1, 2024 - June 30, 2025.

The Health Center at Faith Mission's services are supported by local, state and federal funding at no charge to individual recipients. It is committed to making every effort to sustain qualified services for this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Alyssa Huddleston".

Alyssa Huddleston, MSN, FNP-BC
Health Center Executive Director