

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: VA-502 - Roanoke City & County, Salem CoC

1A-2. Collaborative Applicant Name: City of Roanoke

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Council of Community Services

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

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

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

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

(limit 2,000 characters)

A letter of invitation to the community encourages individuals and organizations to join the CoC and is posted on the CoC’s website as well as the planning entity’s website. The letter from the Chair of the CoC invites conversation and dialogue to promote progress in making homelessness in our community rare, brief and one time. Partner agency recruitment is a yearround process conducted by the CoC Chair, the planning entity and CoC Board members. Social media, email notification, local websites and community education is used to conduct outreach to the community. Interested parties are invited to submit a membership application to join the CoC. Members then vote to approve the new partner.

The CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats. The CoC and City of Roanoke websites include guidance regarding the use of assistive technology, such as a Braille reader, a screen reader and TTY. Users who need accessibility assistance can also use the Federal Information Relay Service for TTY/Voice communication. The websites have been designed to comply with

Section 508 as well as 2.0 A and AA accessibility standards.

Our primary PSH provider meets with potential members throughout the year when conducting home visits with formerly homeless PSH participants. One seat on our CoC Board is reserved for current or formerly homeless members. Current or formerly homeless individuals also participate in our CoC planning process through annual focus groups conducted as part of our CoC Symposium.

Our community's Center for Independent Living serves on our CoC and Governing Board, representing individuals with disabilities. Organizations led by people of color serve on our CoC, Governing Board and Ranking Committee to ensure our system addresses equity. These organizations include Total Action for Progress, the Salem VA Medical Center's homeless services department and Church Women United.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

The CoC solicited and considered opinions from a broad array of organizations and/or persons that have an interest in preventing or ending homelessness through a multi-pronged approach. This approach included 1) an open invitation posted on four websites to join and attend monthly meetings of the CoC; 2) facilitation of focus group meetings with special interest groups such as individuals with lived experience at our annual CoC Symposium; 3) community presentations were conducted to solicit input from community stakeholders including City Councils, rotary clubs, police departments and medical service providers; 4) attended best practice conferences to learn from experts in the field.

The CoC posted meeting notices on its website and used a variety of social media to engage people, solicit ideas and encourage collaboration. Each year the CoC and Planning Entity conduct a special outreach effort, an annual conference on homelessness, and aggressively markets the event to organizations and persons that have an interest in preventing and ending homelessness. Ideas and best practice models are shared at these conferences.

The CoC Chair and other CoC leaders attended the National Alliance to End Homelessness' National Conference on Ending Homelessness, the Virginia Governor's Housing Conference and the Virginia Housing Alliance's Housing Virginia's Most Vulnerable Conference to learn best practices on preventing and ending homelessness from state and national experts.

Information gathered from these public meetings and best practices conferences were used to address improvements and new approaches to preventing and ending homelessness through our strategic planning and business plan development processes. Examples of system improvements made through this process include more effective targeting of our homelessness prevention resources, implementing effective rapid rehousing and Housing First strategies and using by-name list case conferencing to reduce homelessness.

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

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

(limit 2,000 characters)

On August 31, 2021, the public was notified that the CoC local competition was open and accepting project applications, including proposals from organizations that have not previously received CoC Program funding. Notifications were made through postings to the CoC website as well as through the social media accounts of the CoC and planning entity. The notification included details on the application submission process, local deadlines and encouraged those interested in applying to contact the CoC Chair or the Planning Agency for information on local funding priorities. The public announcement included the CoC’s Rating and Review Procedure, which is used to review and rank new and renewal project applications and to determine which applications will be submitted to HUD for funding.

The CoC Planning entity has developed a capacity screening tool to determine whether applicants meet the minimum capacity threshold necessary to submit a project application to HUD. This tool is used to evaluate and select projects regardless of whether the organization currently receives CoC Program funding, but is particularly helpful in evaluating the organizational capacity of new applicants. The screening tool is Housing First compatible and includes such components as experience working with homeless sub-populations, organizational capacity, previous monitoring outcomes or adverse findings; and public grant management experience.

The CoC ensures effective communication with individuals with disabilities, including making information accessible in electronic formats. As the primary public notification platforms for proposals, the CoC and City of Roanoke websites meet the Web Content Accessibility Guidelines (WCAG), making the public notification process accessible to individuals with disabilities.

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

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

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	No
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

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

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

(limit 2,000 characters)

The CoC actively consults with the City of Roanoke HUD Resources Division (ESG recipient) in the planning and allocation of funding, including this year's allocation of ESG-CV funding. A public meeting is held annually by the City of Roanoke to announce the availability of ESG funding. The CoC Lead and CoC Board Chair meet with the City of Roanoke HUD Resources Division (CRHRD) prior to the release of the Request for Proposals (RFP) to discuss use of resources, policy priorities and to jointly coordinate a system-wide approach that addresses community need and supports best practice service models.

The Blue Ridge Interagency Council on Homelessness (BRICH/CoC Board) sets policy priorities for the use of ESG funds, reviews and ranks all funding applications and makes recommendations for funding to the City of Roanoke HUD Resources Division. The CoC Lead consulted closely with CRHRD staff this year to set priorities for use of ESG-CV funding to ensure urgent community needs were met in responding to the COVID-19 pandemic.

The CRHRD, in consultation with the CoC, has set performance measures for each ESG-funded activity. These performance measures are in alignment with HUD and State measures to reduce and end homelessness and contribute to the performance of our broader service system. ESG subrecipients are expected to meet the performance standards set by the CoC and CRHRD. Subrecipient performance is monitored annually through the CAPER reporting process, which is coordinated between the CRHRD, the CoC Lead and the CoC planning entity. The CoC and CoC Governing Board review our community's overall performance metrics on a monthly basis.

Point-in-Time (PIT) Count and Housing Inventory Count (HIC) data are provided to the CRHRD annually for inclusion in the City of Roanoke's Consolidated Plan updates. The leadership and program staff that administer the City of Roanoke's CDBG, HOME and ESG funding sit on the CoC Board and the CoC planning committee.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

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

Describe in the field below:

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

(limit 2,000 characters)

The primary Local Education Agency (LEA) in our community is the Homeless Student Liaison from Roanoke City Public Schools (RCPS). The RCPS Homeless Student Liaison is a member of the CoC governing board and attends and actively participates in CoC planning meetings and client case conferencing meetings. The Homeless Student Liaison attends meetings of the State Education Agency (SEA) and provides updates from these meetings to the CoC Board and planning committee, facilitating collaboration between both entities. . The Liaison also works closely with all other school divisions in our CoC to disseminate information on McKinney-Vento eligibility for individuals and families who qualify for services, providing a collaboration point between the CoC and other school districts.

Our CoC's coordinated entry policies and procedures formalizes this partnership by requiring all CoC, ESG and State-funded projects providing services to families with school-age children who qualify for homeless education services, to connect these families to the Homeless Student Program Liaison with Roanoke City Public Schools, or to the homeless education service contact in their school district.

Our local Community Action Agency, Total Action for Progress (TAP), administers the Early Head Start and Head Start programs, and other US Department of Labor-funded educational programs for youth enrolled in public

school. TAP is a member of our CoC governing board and planning committees and staff from their youth educational programs participate in our Youth and Family by-name list case conferencing committee meetings. This active participation in our CoC committees ensures children and youth in our homeless services system have streamlined access to these educational programs. Youth-based education programs offered through TAP include mentorship, cultural workshops, SOL and SAT preparatory classes and workshops in financial aid and college life.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

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

(limit 2,000 characters)

Our CoC coordinated entry policies and procedures, which have been adopted by our CoC, require any partnering agency providing services to families with school-age children who qualify for homeless education services, to connect these families to the Homeless Student Program Liaison with Roanoke City Public Schools, or to the homeless education service contact in their school district. The Roanoke City Public Schools (RCPS) Homeless Student Liaison is the primary educational service provider in our Continuum of Care, serving the vast majority of homeless students in our service system. The RCPS policy and procedures manual contains a section describing eligibility and how students and families experiencing homelessness can connect to educational services. These policies are distributed to emergency shelter staff, to families at back to school meetings and to students by school guidance counselors throughout the year. Posters, brochures and other marketing materials are provided to families at all CoC program sites. The Homeless Student Liaison is also an active member of our CoC planning committee and Family/Youth by-name list case conferencing committee, providing further linkages between educational services and our homeless programs serving school-age children.

The Homeless Student Liaison also works one-on-one with area shelters on protocols for identification and to ensure school enrollment through Local Educational Agencies (LEA). The LEA develops and follows procedures for information sharing consistent with McKinney-Vento requirements. These written policies and procedures and coordinated activities all ensure that individuals and families who become homeless in our CoC are informed of their eligibility for educational services.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	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.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices. NOFO Section VII.B.1.e.	
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Describe in the field below how your CoC coordinates to provide training for:

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

(limit 2,000 characters)

The CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff at its annual CoC Symposium. Annual training on resiliency and trauma-informed care is provided annually to CoC project staff through the Roanoke Resiliency Collective and through the Homeless Educators Linking Providers (HELPS) Committee of the CoC. CoC project staff that provide DV services also attend multiple trainings each year provided by the Virginia Sexual and Domestic Violence Action Alliance that are trauma-informed and address best practices in serving survivors of domestic violence, sexual assault and stalking.

The Roanoke Valley Violence Prevention Council, a standing committee of the CoC Planning Entity, also provides annual DV trainings to CoC project and Coordinated Entry staff on topics such as trauma-informed care, safety and planning protocols, victim centered services, sexual assault response and DV 101. The trainings are coordinated through the HELPS Committee and the CoC’s annual symposium. The trainings are provided by certified trauma-informed trainers from Total Action for Progress (TAP) and Sexual Assault Response and Awareness (SARA). Safety planning protocols have been incorporated into our coordinated entry policies and procedures. When DV participants are identified through coordinated entry, they are immediately referred to agencies with expertise in providing victim centered practices and trauma informed services, ensuring that safety and planning protocols are implemented by subject matter experts and in alignment with best practices.

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

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

(limit 2,000 characters)

The CoC uses de-identified aggregate data from VAdata (an HMIS comparable database) managed by the Virginia Sexual and Domestic Violence Action Alliance to assess the special needs related to domestic violence, dating violence, sexual assault and stalking survivors. All of the providers serving these populations in our community use the VAdata system in alignment with the FY 2022 HMIS data standards published by HUD.

VAdata is Virginia's web-based data collection system, which was developed to enhance and improve the collection of statewide data from all survivors who use the services of domestic violence, dating violence, sexual assault and stalking agencies across the State. This project began in April of 1996 through the support of the Violence Against Women Act. VAdata has served as a tool to capture the services provided to survivors of sexual and/or domestic violence since its inception.

Local victim service providers enter program level data in the VAdata system and provide de-identified data to the HMIS lead. Data are then aggregated and become a part of the annual assessment of service needs for all individuals accessing homeless services in our community. These data are used when preparing the annual Point-In-Time Count, Housing Inventory Count and the local Homelessness Outcomes Report to assist our community in identifying service gaps, measuring system performance and prioritizing resources.

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

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

Our CoC coordinated entry system prioritizes the safety needs of victims of domestic violence, dating violence, sexual assault, and stalking survivors and adheres to trauma-informed and victim-centered principles. When domestic violence, dating violence, sexual assault and stalking survivors are identified through coordinated entry, they are immediately referred to agencies with expertise in providing victim-centered practices and trauma-informed services.

When applicable, these participants are placed on the appropriate by-name list

using a de-identified code that is generated out of the confidential Vadata (HMIS comparable) system and are case conferenced for housing placements using this code to ensure confidentiality. When participants are matched to a housing resource, the assigned housing navigator works with the participant to identify housing options that maximizes client choice while ensuring safety and confidentiality. The physical locations of victim services providers are not published in our community’s resource documents or systems, providing an additional layer of safety and confidentiality.

The CoC has modified and adopted the HUD recommended domestic violence emergency transfer plan. The plan is used by all of our HUD CoC, State and ESG-funded service providers. This policy allows for clients who are experiencing violence or stalking to request an emergency transfer from the client’s current housing and/or services location to another safer location. The ability to request an emergency transfer is available to all participants of the above mentioned projects. The ability of agencies to honor such requests depends on a preliminary determination that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the agency has another available unit that is safe to offer the participant for occupancy.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Roanoke Redevelopment and Housing Authority	13%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	
	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,000 characters)

The CoC has implemented a homeless admission preference with the Roanoke Redevelopment and Housing Authority (RRHA), the only active PHA in our CoC. The preference is incorporated into the RRHA's Administrative Plan, which was adopted by the RRHA's Board of Directors in late 2018.

Under this admission preference, the RRHA gives a preference to applicants meeting all of the following criteria:

- a) Meet the HUD definition of homeless.
- b) Are referred to the RRHA by a CoC provider with whom the RRHA has executed a Memorandum of Understanding (MOU) outlining the provider's responsibilities to provide supportive services for the referred household.
- c) Have received a written commitment from the CoC provider to offer supportive services on an as needed basis to help the household transition from homelessness to permanent housing by providing housing search assistance; and
- d) Have received a written commitment from the CoC provider to offer supportive services to help the household maintain housing stability and comply with lease obligations once housed.

Individuals and families "moving on" from permanent supportive housing (PSH) projects are also included as a part of this homeless preference. In these cases, the PSH provider conducts an objective service needs assessment to determine whether the household has a continued need for the high level supportive services offered by the PSH program. If the household no longer needs high level services, then the household can be referred to the RRHA for a housing voucher and "moved on" from the PSH project. This allows for the PSH unit to then be filled by another household experiencing chronic homelessness who needs intense supportive services.

This homeless admission preference was implemented in January 2019 when the RRHA opened applications for its Housing Choice and Mainstream Voucher programs.

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	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

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

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

(limit 2,000 characters)

Our CoC has developed a coordinated assessment and referral process for the 26 Emergency Housing Vouchers (EHVs) administered by the Roanoke Redevelopment and Housing Authority (RRHA).

Our CoC developed a prioritization policy for referring targeted households to the RRHA for EHV's through our Coordinated Entry process. Households are assessed for eligibility by each shelter and street outreach provider in our CoC. Qualifying households are referred to the City of Roanoke's Central Intake program (our coordinated entry administrator) and are then referred by Central Intake to the RRHA. EHV slots are filled on a first-come, first served basis.

The following targeting criteria was set by our CoC for the EHV's:

- Households meeting HUD Category 1: Literally Homeless, sub-categories i and ii as defined below. Literally homeless households must also meet the income and VI-SPDAT score criteria outlined below.

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;

(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements

(including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);

and

have a combined household gross income below 30% of the Area Median Income(AMI)

and

score a 4 or above on the CoC’s common assessment tool, the VI-SPDAT.

- Households “moving on” from CoC-funded PSH projects are also targeted for EHV resources.

This process is formalized in a written MOU with the RRHA.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
---	-----

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

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

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

(limit 2,000 characters)

The CoC and the Roanoke Redevelopment and Housing Authority (our local PHA) have submitted joint applications for Mainstream, HUD-VASH and Emergency Housing Vouchers. The CoC conducted a needs assessment and provided data from our Homeless Management and Information System several years ago to support the Roanoke Redevelopment and Housing Authority’s application to HUD for Mainstream Vouchers. The application was approved and the PHA received Mainstream Vouchers that are being referred through the CoC’s Coordinated Entry process.

The CoC has also partnered with the PHA and the Salem VA Medical Center on submitting multiple joint applications for HUD-VASH vouchers. The two most recent joint applications were submitted in July 2020 and in January 2021. Both applications were approved and our PHA received 5 additional HUD-VASH vouchers from the July 2020 application and another 5 vouchers from the January 2021 application.

Our CoC has also developed and executed a Memorandum of Understanding (MOU) with our PHA in administering the 26 Emergency Housing Vouchers (EHVs) received by the Roanoke Redevelopment and Housing Authority through the American Rescue Plan Act. The MOU details our community's prioritization policy and referral process for connecting households to EHVs. Literally homeless individuals staying on the streets or in emergency shelter, who are extremely low income and who score a 4 or above on our CoC's common assessment tool are prioritized for EHVs in our community. All EHV referrals are submitted through the CoC's Coordinated Entry System (CES).

These successful joint applications for various voucher programs have provided our CoC with a critical resource to provide housing options for very low and extremely low homeless. Our CoC utilizes the PHA's homeless preference to connect qualifying homeless households to Mainstream Vouchers throughout the year through our CES to connect households to these resources effectively and efficiently.

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

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

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

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
City of Roanoke R...

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

Name of PHA: City of Roanoke Redevelopment and Housing Authority

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	4
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	4
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC regularly evaluates projects through regular monitoring and through our Coordinated Entry referral process to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions

of participants.

CoC projects are regularly monitored by the CoC Lead and Planning Entity. As part of this regular monitoring process, projects are evaluated for compliance with Housing First principles. Files of participants who have been discharged from the project are reviewed to ensure households are not discharged based on any set preconditions or service participation requirements. If deficiencies are identified, the CoC Lead and planning entity provide technical assistance and connection to training opportunities to ensure fidelity to these principles is maintained.

Project adherence to Housing First principles is also evaluated through our Coordinated Entry referral process. Households entering our community's rapid re-housing and permanent supportive housing projects are referred through case conferencing meetings of our Housing Placement Teams. Households are referred to these projects following our community's Coordinated Entry prioritization policies, which are aligned with Housing First principles and require that no preconditions or service participation requirements be set. Referred households are discussed at subsequent Housing Placement Team meetings to ensure rapid placement. If barriers or preconditions are identified, the Teams resolve them collaboratively through these meetings.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:

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

(limit 2,000 characters)

Our community’s primary street outreach provider, the City of Roanoke’s Homeless Assistance Team (HAT), a HUD-funded project, provides coordinated and consistent outreach and engagement efforts to bring services directly to people experiencing unsheltered homelessness. HAT conducts field intakes each afternoon to ensure clients least likely to request assistance are connected to services.

HAT partners with the City of Roanoke’s Parks and Recreation and Police Departments to conduct joint outreach and to alert each other of encampment locations. Leadership and staff of the three departments meet in-person,

quarterly, to coordinate services. Outreach alerts and follow up messages are sent amongst members of the group on an on-going basis.

HAT staff develop rapport, build relationships and connect clients to shelter resources, permanent housing options and supportive services through our community’s housing placement committees.

HAT uses the geo-mapping capability of our HMIS to identify and track locations of known encampment sites. Visits to sites throughout our CoC coverage area are tracked using Excel spreadsheets to ensure outreach efforts are comprehensive and consistent.

HAT outreach services cover 100 percent of our CoC’s geographic area. Upon request, but not less than quarterly, outreach is conducted in the rural areas of our CoC. Using a “quadrant” system, staff sweep the NE, NW, SE and SW sections of the City on alternating days. For the most service-resistant clients, workers meet basic needs first and build relationships over time using progressive engagement techniques. All outreach services are housing-focused and client centered.

HAT also collaborates with Salem VAMC and community services board (CSB) staff to conduct joint outreach to Veterans and those with severe mental illness and substance use disorder. HAT staff enter client data in HMIS and ensure referrals are made to the community’s housing placement teams for case conferencing.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	42	83

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

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

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

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

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

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

(limit 2,000 characters)

The CoC collaborates with the local departments of social services to provide quarterly trainings to front line staff about mainstream benefits including SNAP, Medicaid and TANF. These trainings are coordinated through the CoC’s HELPS Committee and provides detail on the eligibility requirements and application processes for accessing these services.

Up to date information on substance abuse programs and on accessing SSI benefits is also provided to CoC projects through quarterly meetings of the HELPS Committee. The CoC collaborates with our Community Services Board to ensure CoC project staff are SOAR-trained and able to submit expedited applications for SSI benefits.

The CoC disseminates the availability of mainstream benefits through monthly CoC meetings and at quarterly front line staff trainings. The CoC has created a Facebook group for members to share information on mainstream benefit availability. The group is managed by the CoC planning entity, who regularly posts information on mainstream benefits and other available assistance.

The CoC provides assistance with the effective utilization of Medicaid benefits

by ensuring Medicaid MCOs actively participate in CoC meetings. This ensures Medicaid services are implemented in the operations of CoC projects. One example of this is the leveraging of Medicaid-funded services by our CoC’s primary street outreach provider. The outreach provider connects individuals with a history of mental health-related hospitalizations to Medicaid-funded skill building services. These mental health skill builders then provide hands-on housing search assistance for unsheltered individuals who have been connected to housing vouchers.

Our CoC partners with community health navigators who assist CoC project participants with enrolling in health insurance, including Medicaid. These health navigators are housed at the medical clinic of our largest emergency shelter and assist individuals with accessing healthcare and health insurance.

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

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

(limit 2,000 characters)

Our community’s coordinated entry system covers the entire geographic area of the CoC. This is demonstrated by HMIS and PIT data showing individuals are entering the system from each jurisdiction. Participants are able to access our service system at any service provider site from all localities in our CoC.

Outreach teams sweep places not meant for human habitation and encampment sites to identify and engage those least likely to present at agencies for services. Last year, 676 unsheltered persons were contacted and engaged in services throughout our CoC. An online application for homeless services is available on the CoC website. Online applications are received by Coordinated Entry staff who follow up with applicants to ensure households are connected to projects best able to meet their needs.

Marketing materials are placed at agencies within the CoC that regularly encounter individuals who are hard to reach including those who are service-resistant and those least likely to apply for assistance in the absence of special outreach. To ensure full coverage, access to services is available at CoC partner agency locations, through agency websites and social media. After-hours access is available through 2-1-1 VIRGINIA.

The CoC has established a process to ensure that housing assistance is prioritized based on vulnerability and severity of need. The CoC utilizes the VI-SPDAT to prioritize referrals to housing resources. Factors used to determine prioritization include risk of harm; factors related to socialization and daily functioning; wellness; substance use; tri-morbidity; and abuse or other trauma.

The VI-SPDAT assigns an objective score to each individual based on these

factors. These scores, along with the dates that each household most recently entered the system determines ranking on our housing prioritization list. Individuals matched to a housing resource are assigned a housing navigator who promptly assists the client in accessing permanent housing quickly.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

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

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

1.	The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	No
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No

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.	No
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

The CoC has taken steps to improve racial equity in the provision and outcomes of assistance by increasing representation of people of color on our CoC Board and other decision-making committees. Nineteen percent of our CoC governing board is now represented by people of color. This is an increase over the 11% that represented people of color on the governing board in 2020. People of color represented 33% of the CoC Ranking Committee this year. Our CoC is making a concentrated effort to increase people of color’s representation on our decision-making bodies to reflect the racial make-up of individuals served in our homeless system. African-Americans represented 28% of individuals experiencing homelessness in our 2021 Point-in-Time Count. This number is double the percentage of African-American representation in the overall population of the CoC coverage area (14%). This increased representation helps ensure that funding decisions and project evaluation activities are conducted through a racial equity lens.

In addition to increasing representation on decision-making bodies, the CoC has offered training opportunities to providers and has partnered with the Virginia Department of Housing and Community Development (DHCD) to offer trainings on addressing racial disparities. The CoC offers training on implicit bias through its annual symposium for homeless service providers to recognize potential bias in service provision. DHCD, in partnership with CoCs across the State, offered a training series focusing on understanding racial disparities and taking action to address disparities in homeless services. These trainings allowed providers to learn from national experts to ensure our system and projects align with best practice models.

These actions by our CoC have had an impact on reducing disparities in our system. Since 2019, the percentage of African-Americans experiencing homelessness as measured through our PIT Count has been reduced from 38% in 2019 to 28% in 2021.

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

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

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

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	
	The CoC encourages volunteerism amongst participants, however, COVID-19 has presented challenges engaging these individuals with service opportunities.	Yes

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

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

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

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	

Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:

1.	unsheltered situations;
2.	congregate emergency shelters; and
3.	transitional housing.

(limit 2,000 characters)

The CoC developed a prioritization system for unsheltered individuals and managed a 90 bed non-congregate shelter which operated for 14 months. Unsheltered individuals were sheltered at two hotels in Roanoke County. Staff from local CoC partners provided case management and oversight of basic services to the individuals in this non-congregate setting. At the end of the sheltering period, the majority of individuals from this non-congregate shelter were transitioned to permanent housing; the remaining individuals were placed in community shelters.

In congregate emergency shelters, individuals exhibiting COVID-19 symptoms or with known exposure to someone testing positive were isolated from the general population and given a COVID-19 test. Those testing positive were placed in their own hotel room or at our isolation facility, where they received daily check-ins from case management and medical staff, and appropriate food and supplies, and were instructed to remain in quarantine. After the quarantine period ended, the individuals were moved back into the congregate emergency shelter. If at any time during the quarantine phase their condition worsened, they were sent to the emergency department for immediate care.

Additionally, appropriate measures were taken to ensure that staff, volunteers, and clients were screened thoroughly when entering shelter, and throughout their stay. The congregate emergency shelter established a cold-weather shelter when temperatures dropped below a certain level in the winter. The individuals and families staying in the cold shelter were screened and sheltered in a separate congregate section of the shelter to limit exposure to regular

shelter clients.

One of our emergency shelters was retrofitted into an isolation facility for those testing positive for COVID-19. The individuals in the emergency shelter were moved to the non-congregate shelter at the identified hotels and were provided ongoing case management services.

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

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

(limit 2,000 characters)

The CoC has taken the COVID-19 pandemic seriously and has spent much time developing documented procedures for such a situation in the future. As stated in the response to 1D-1, plans to address the non-congregate shelter needs of the unsheltered, those in congregate emergency shelters, and those in transitional housing were created and revised. The community solidified partnerships with local hotels, the local health department, local departments of emergency management, food-service businesses, mental health providers, hospitals and others to assist in the effort to keep individuals and families safe during a public health emergency.

The processes our CoC developed to respond to the COVID-19 pandemic have been documented and can be replicated in responding to future public health emergencies. Our local health department is now a member of our CoC Board and regularly attends CoC planning meetings to ensure our response to serving individuals experiencing homelessness during a public health crisis is in alignment with public health recommendations. Partnerships developed with local hotels can be re-activated to provide non-congregate shelter to high risk individuals. The transitional housing facility in our community that was retrofitted into an isolation/quarantine facility can be re-activated quickly. Partnerships with local food-service businesses are in place to provide food and hot meals to individuals in non-congregate shelter, should the need arise again. The streamlined process for placing COVID+ individuals experiencing homelessness in quarantine from our local hospitals and shelters is still in place and can be implemented again in the future.

The CoC partners feel confident in the plan and processes that have been developed and the partnerships that have been solidified. These documented processes and partnerships that are being maintained greatly improve our readiness for future public health emergencies.

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

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

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

(limit 2,000 characters)

The CoC worked with the City of Roanoke’s HUD Community Resources Division (our community’s ESG-CV recipient), local emergency management agencies, hotels, the health department, and local health care systems to plan for isolation needs and non-congregate sheltering needs in the community. These partners have been able to advise the CoC on appropriate safety measures for all homeless households throughout the COVID-19 pandemic.

ESG-CV sub-recipients were able to access resources to implement safety measures for clients and staff. An emergency shelter provider pivoted to become an isolation facility and appropriate distancing was achieved through limiting the number of clients in service areas.

ESG-CV sub-recipients provided homeless prevention services to households affected by COVID-19.

Our community leveraged our PHA’s homeless preference to prioritize our highest risk unsheltered clients, who were placed in non-congregate shelter during the pandemic, with Housing Choice and Mainstream Vouchers. Case managers, funded with ESG-CV resources, assisted these households with locating housing.

Starting in June 2020, the Virginia eviction moratorium provided safeguards for renters unable to pay rent for COVID-related reasons. The moratorium was extended through the fall of 2021. CoC partners worked with the Virginia Department of Housing and Community Development, as well as local service providers, to route renters to the correct source for assistance. Additionally, the local Legal Aid Society and other legal service providers, assisted renters with accessing resources available through the state.

In coordination with the local health department, health care providers, and emergency management, ESG-CV sub-recipients were able to access necessary safety materials/personal protective equipment, including masks, face shields, gowns, gloves, cleaning supplies, and basic medical supplies (pulse and oxygen meters, thermometers, etc.) to provide staff, volunteers, and clients.

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

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

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

(limit 2,000 characters)

The CoC has worked with the local health department, as well as local health

care providers and hospital systems, since the beginning of the COVID-19 pandemic. Local health officials have provided timely and important information about the virus and how it may affect clients and services. The CoC partners have received valuable information about decreasing the spread of the virus in individuals and families experiencing homelessness, as well as specific information about how the virus spreads within this community. Working with local officials, CoC partners have hosted numerous outreach events providing masks, hand sanitizer, and information about COVID-19 and how to stay healthy and limit spread, specifically by social distancing, hand washing, and wearing appropriate PPE). CoC providers installed hand washing stations throughout their facilities and instituted masking and social distancing policies to keep staff and clients safe.

In addition to these outreach events, CoC partners have offered on-site vaccination clinics, as well as taken vaccine into the field to vaccinate hard to reach individuals. Field vaccinations were coordinated between the local health department and our community’s street outreach teams and day shelters. Gift cards and hot meals were offered as incentives for resistant populations to receive vaccinations and decrease the spread of COVID-19 in our community.

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

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

The CoC worked to provide timely and accurate information to homeless service providers throughout the COVID-19 pandemic. The CoC hosts a monthly meeting for frontline staff where training was provided around multiple topics including vaccine facts, screening protocols, prevention, local restrictions, etc. The CoC utilized its social media platforms, specifically a Facebook group for local homeless service providers to share the same information and information published by the local health department, hospitals, clinics, etc. The CoC also maintained representation on a weekly COVID-19 community response call hosted by the United Way of Roanoke Valley and attended by numerous nonprofits, local governments, and faith-based organizations. Weekly CoC calls with partners were held to coordinate our COVID-19 response and meeting minutes sent out regularly.

The CoC partnered with our local health department to hold on-site vaccination clinics at our emergency shelters, day shelters, in our street outreach offices and to take vaccine into the field for hard to reach unsheltered individuals. Field vaccinations were coordinated between the local health department and our community’s street outreach teams. Gift cards and hot meals were offered as incentives for resistant populations to receive vaccinations and decrease the spread of COVID-19 in our community.

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

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

(limit 2,000 characters)

As mentioned previously, the CoC worked with local health officials, clinics/hospitals/health care providers to ensure eligible individuals and families experiencing homeless were identified for COVID-19 vaccinations. The Fralin Clinic (homeless medical clinic), centralized intake office, case managers for homeless clients, outreach workers, and day shelter providers were all provided information about vaccinations for their clients and information on where they could access vaccines. Bradley Free Clinic held two separate vaccination clinics specifically for these clients; other vaccination clinics were held at the Fralin Clinic; and outreach workers accompanied health department vaccination teams into the field to vaccinate unsheltered individuals. Multiple vaccination clinics have been held at our day shelters. Gift cards and hot meals have been offered as incentives for resistant populations to receive vaccinations and decrease the spread of COVID-19 in our community.

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

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

(limit 2,000 characters)

Our Continuum of Care has seen an increase in demand for domestic violence (DV) assistance during the COVID-19 pandemic. CoC member Total Action for Progress' (TAP) Domestic Violence Services (TAP-DVS) is responsible for fielding calls from persons in domestic violence crisis, along with The Salvation Army Turning Point. TAP-DVS provides scattered site shelter, as well as non-shelter based domestic violence services (such as on-site or hotline-based crisis intervention, emergency transportation, legal advocacy) while the Turning Point is exclusively a shelter-based program. TAP-DVS and Turning Point have experienced an across the board demand for services. TAP-DVS noted a 118% increase in hotline calls during program year 2020-2021 compared with the program year completed prior to COVID-19 (FY 2018-2019).

To address this increase in demand for DV services, the CoC worked with the City of Roanoke's HUD Community Resources (CRHCR) division (our community's ESG recipient) to allocate Emergency Solutions Grant (ESG)-CV funding to TAP DVS to increase the availability of emergency shelter and supportive services dedicated to serving individuals fleeing domestic violence. These ESG-CV funds were used to place victims in safe, secure hotels, to purchase items to meet basic needs including food, hygiene products and personal protective equipment (PPE).

TAP-DVS, with support from the CoC, also received additional funds from the Virginia Department of Social Services (VDSS) and the Virginia Department of Criminal Justice Services (VDCJS) through the CARES Act and the American Rescue Plan Act to expand its service offering to meet this increased demand for services. VDSS and VDCJS funding has been used to provide additional support for groceries and basic necessities, utility assistance, and other destabilizing forces that might act as a barrier for individuals in leaving domestic violence situations.

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

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

(limit 2,000 characters)

As COVID-19 restrictions were implemented, many services including in-person intakes were impacted. As a result of these restrictions, the CoC’s coordinated entry system responded swiftly. The CoC worked to create online intake forms accessible by partners and clients. These intake forms were mobile-friendly to allow clients to submit information via their smartphones, and also allowed for photos of important and required documents to be uploaded and submitted with the forms. This system worked well for the community and the coordinated entry staff worked to prioritize non-congregate shelter based on identified health risk factors. Though restrictions have been loosened, the online forms remain available for those who are not yet able to meet in person. As part of the CoC’s planning for public health-related emergencies, the intake forms will remain online with a focus on in-depth coordinated entry follow up by staff. By-name list case conferencing meetings that are used by our Coordinated Entry System to fill vacancies in our housing projects have been held virtually.

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

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/31/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	08/31/2021

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

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

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

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

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

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

(limit 2,000 characters)

The CoC considered the following severity of needs and vulnerabilities experienced by program participants in the project ranking and selection process: chronic homelessness; history of incarceration; frequency of use of crisis services; history of victimization/abuse or trauma; risk of exploitation; no income; lack of ability to provide self-care; physical health; current or past substance use; mental health needs. These vulnerabilities are assessed as part of the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), our community’s primary common assessment tool. The average VI-SPDAT score of participants served by renewal projects was included as part of our community’s project ranking and selection process.

The VI-SPDAT scores of participants was pulled directly from our community’s Homeless Management Information System (HMIS) by the CoC planning agency and was one of eleven outcome criteria considered by the ranking committee for each renewal project. Projects received 15 points if the average VI-SPDAT score of participants was 7 or higher. A total of 170 points was available to housing projects for achieving outcome benchmarks including cost effectiveness; increasing participant income and connection to mainstream benefits; and achieving multiple positive housing outcome measures. Projects were ranked by an independent ranking committee based on their total score, project type, and the total value added to our system’s effectiveness and performance.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

The CoC committee that determined the rating factors used by our Ranking Committee to review and rank project applications included individuals of different races, including those over-represented in our local homeless population. African-American individuals represented 33% of the Ranking Committee membership that reviewed and ranked project applications for our 2021 local competition. African-Americans represented 28% of the total number of individuals experienced homelessness in our 2021 Point-in-Time Count,

which is double the percentage of African-Americans in the general population of our CoC's coverage area (14%). Having individuals of overrepresented races in our homeless population determining the rating factors used in our ranking and review process, and having these overrepresented populations serving on the CoC Ranking Committee, helps ensure these processes are executed through a racial equity lens.

The CoC has not yet implemented a process to include rating factors that include the degree to which program participants mirror the homeless population demographics. Our CoC Ranking Committee will research best practice implementations and will make recommendations for including these factors in our FY 2022 review, selection and ranking process.

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

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

(limit 2,000 characters)

Our CoC's written process for reallocation was approved by the CoC in 2018. This policy is included in our CoC's local competition public announcement and is communicated to project applicants through this public announcement. In this policy, grantees are able to self-nominate to voluntarily reallocate funds from a renewal project to a new or existing project if the grantee recognizes capacity deficiencies and/or performance-related issues are negatively impacting the effectiveness of our broader service system. When this occurs, the voluntary reallocation request is reviewed by the CoC Lead and planning entity, who then recommend action to the CoC Board.

The CoC Board, in consultation with the CoC Lead and planning entity, also reserves the right to involuntarily reallocate funding based on an analysis of grantee performance and/or community need. Projects are monitored by the CoC Lead and planning entity annually to ensure performance targets are being met and that the project's activities are being implemented in alignment with HUD guidelines. If deficiencies are noted, they are shared with the Ranking Committee and CoC Board as part of the project evaluation and ranking process. If significant deficiencies are noted, the CoC Lead may recommend to the CoC Board that funding be involuntarily reallocated.

The CoC also conducts an annual assessment of community need utilizing PIT and LSA data. This data is compared to our HIC to identify potential gaps in services. If it is determined that a renewal project has performance issues or is no longer meeting a priority need, the CoC Lead may recommend to the CoC

Board that the project be reallocated.

The CoC did not reallocate from any low performing or less needed projects during its local competition this year. A review of our PIT, LSA and HIC data determined that all renewal projects were meeting critical needs in our community and were performing sufficiently to be recommended for renewal funding.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
NOFO Section VII.B.2.g.		

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	11/01/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/01/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.2.g.		

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/05/2021
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/10/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

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

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

(limit 2,000 characters)

The CoC uses de-identified aggregate data from VAdata (an HMIS comparable database) managed by the Virginia Sexual and Domestic Violence Action Alliance to assess the special needs related to domestic violence, dating violence, sexual assault and stalking. All of the providers serving these populations in our Continuum of Care use the VAdata system in alignment with the 2020 HMIS data standards published by HUD.

VAdata is Virginia's web-based data collection system, which was developed to enhance and improve the collection of statewide data from all survivors who use the services of domestic violence, dating violence, sexual assault and stalking agencies across the state. This project began in April of 1996 through the support of the Violence Against Women Act. VAdata has served as a tool to capture the services provided to survivors of sexual and/or domestic violence since its inception.

Each local victim service provider enters program level data in the VAdata system and provides de-identified data to the HMIS lead annually. Data are then aggregated and become a part of the annual assessment of service needs for all individuals accessing resources in our community. These data are used when preparing the annual Point-In-Time Count Report, Housing Inventory Count and the local Homelessness Outcomes Report to assist our community in identifying service gaps, to measure system performance and to prioritize resources.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	519	76	443	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	0	0	0	
4. Rapid Re-Housing (RRH) beds	83	0	83	100.00%
5. Permanent Supportive Housing	143	0	143	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,000 characters)

All project types in the CoC are over 85% bed coverage rate.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

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

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

(limit 2,000 characters)

Not applicable.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	No
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

The CoC conducts a supplemental survey as part of its annual Point-in-Time (PIT) Count. Individuals counted as homeless on the PIT night are asked their primary reason for becoming homeless. This data is analyzed and included in our annual PIT report and incorporated into community planning processes to reduce first time homelessness. In 2021, domestic violence, family conflict, eviction from “doubled up” housing arrangements and job loss were identified as key risk factors leading to first time homelessness in our community.

The CoC also utilizes data from the Annual Performance Reports (APRs) of our emergency shelter and street outreach projects to determine the risk factors leading to individuals becoming homeless for the first time. The prior living situations of individuals entering these programs for the first time are analyzed and incorporated into our community’s policies to target our homelessness prevention resources. The APR data of our shelter and street outreach programs reveal that individuals coming from “doubled up” situations and hotel/motels are most likely to enter homelessness. Individuals in these types of living situations are prioritized for homelessness prevention services in our community to assist in reducing first time homelessness.

Our CoC also utilizes diversion strategies to reduce first time homelessness. Staff at each of our community’s access point are trained on having problem-solving/diversion conversations with at-risk households seeking homeless services. These diversion specialists help individuals seeking shelter explore other potential housing arrangements before being placed in shelter. Landlord mediation, resolving family conflict and utilizing flexible financial assistance are all tools used as part of this diversion strategy.

The CoC Chair and planning entity are responsible for overseeing this CoC strategy to reduce the number of individuals and families experiencing homelessness for the first time.

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

Describe in the field below:

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

(limit 2,000 characters)

Our strategy to reduce the length of time households remain homeless is contained within our Coordinated Entry System (CES). Once a household enters our system, a common assessment is conducted using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT). This assessment is completed within 7 days of the household entering homelessness, which facilitates quick placements into housing programs. Scores on the VI-SPDAT assist our housing placement teams in making decisions regarding placements into housing projects. In instances where VI-SPDAT scores are equal, housing placement teams prioritize clients with the longest length of homelessness, thus reducing the overall length of time individuals are homeless in our community.

Five housing placement teams (chronic, Veteran, youth, family and unsheltered) triage every client on our by-name lists. Clients are case conferenced and matched to housing resources through bi-weekly team meetings. Clients are matched to housing interventions including HUD-VASH, SSVF, CoC PSH, RRH, and HCV and Mainstream Vouchers administered through our PHA. VI-SPDAT score along with the length of time homeless are the prioritization factors used when matching clients with these resources.

Each household referred for a voucher using our PHA’s homeless preference is assigned a housing navigator who assists the household with locating housing. We leverage Medicaid resources by connecting individuals who have a history of hospitalizations to mental health skill building supports for additional housing search assistance. The CoC is also pursuing Entitlement ESG resources to fund housing navigators for households who do not qualify for mental health skill building. These navigators provide “hands-on” housing search assistance, helping individuals locate housing more quickly and reducing the length of time spent homeless.

The CoC Lead and planning agency share responsibility for overseeing this strategy.

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

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

(limit 2,000 characters)

Our community’s performance on exits to permanent housing destinations/retentions of permanent housing are reviewed monthly by the CoC and the CoC Governing Board. Progress against past performance and against established goals are also reviewed each month by both bodies. This consistent performance review allows the Board and CoC partners to focus on improving our performance and helps determine whether modifications to our strategies are needed.

The CoC’s strategy to increase the rate of exits to permanent housing destinations also includes the use of housing-focused case managers at each of our emergency shelters. These staff provide housing location services, landlord engagement, coordination with employment agencies, and assistance with accessing mainstream benefits. Our community’s largest emergency shelter recently hired a Housing Navigator whose responsibility is to develop relationships with landlords/property owners to develop successful paths into permanent housing for shelter guests.

These strategies are also in place to increase the rate at which individuals and persons in families in permanent housing projects retain their permanent housing or exit to permanent destinations as housing stability case managers at our permanent housing projects, including rapid rehousing projects, perform these same tasks.

Matching of housing resources by Housing Placement Teams is also a critical component of the CoC strategy to increase the rate at which people exit to permanent housing destinations. Housing placement teams meet bi-weekly to case conference participants and to develop a clear, person-centered housing strategy for every individual on our by-name lists. Housing solutions are developed collaboratively for each individual by the Teams, with community partners bringing their own expertise to the table. This process facilitates successful exits to permanent housing.

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

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

(limit 2,000 characters)

Our CoC reviews return rates to homelessness at monthly Governing Board and CoC meetings using HMIS data as part of our routine system performance

monitoring process. Individuals and families returning to homelessness are identified in these reports and are discussed in detail at bi-weekly case conferencing meetings of CoC partners. Factors contributing to each individual or family’s return are determined and a person-centered housing plan that addresses the primary factors contributing to their return to homelessness is developed. Participants returning to homelessness are prioritized as needing a higher level of case conferencing in our case conferencing meetings. Referrals to stronger supports in the community are facilitated through these meetings. For example, households returning to homelessness after exiting a rapid re-housing project may be prioritized for a permanent supportive housing opening or connected to other, more intense community supports based on recommendations from the case conferencing committee.

Another strategy our CoC has implemented to reduce returns to homelessness is through the targeting of our homelessness prevention resources. Comprehensive targeting strategies have been instituted to ensure our prevention resources are used to serve individuals and families most at risk of experiencing literal homelessness. The primary determination used to target these resources is whether the participant has experienced literal homelessness previously, as confirmed through our HMIS. National data indicates that those who have experienced homelessness in the past are more likely to experience homelessness again. Targeting these resources to those with previous homelessness helps maximize the impact of the prevention resources, while reducing returns to homelessness in the community.

The CoC Lead and planning agency are responsible for implementing this strategy.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

The CoC’s strategy to increase access to employment income includes maintaining partnerships with employment organizations and coordinating employment services throughout our homeless response system with CoC partners who provide these services.

Two representatives from a mainstream employment organization, the Virginia Employment Commission (VEC), the State’s public employment service established to assist workers in finding suitable jobs, are members of our by-name list (BNL) committees and help case managers connect clients to employment opportunities through these meetings. The VEC also hosts job fairs regularly and shares information on these events with CoC agency staff in these case conferencing meetings.

Our local VA Medical Center operates a peer-driven employment program for homeless Veterans. The staff person who oversees this program participates in our case conferencing meetings to facilitate connecting Veterans to peer-driven employment supports. The Compensated Work Therapy (CWT) program at our VA Medical Center matches and supports work-ready veterans as they transition into jobs. Homeless veterans in need of employment resources are referred to the CWT program through our bi-weekly case conferencing meetings, which VA staff attend.

Total Action for Progress (TAP) provides employment training opportunities through its This Valley Works program that assists CoC program participants with obtaining certifications and high growth job opportunities. TAP administers multiple U.S. Department of Labor grants that assist individuals experiencing homelessness, youth and other populations with job training, internships and employment placement. Representatives from TAP’s employment programs also participate in our CoC’s BNL case conferencing meetings to facilitate CoC project participants’ connection to these employment services.

The CoC Lead and planning agency are responsible for overseeing this CoC strategy to increase employment income.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

Our CoC promotes partnerships and access to employment opportunities with private employers and employment organizations by maintaining a comprehensive list of employers willing to employ convicted felons. Direct outreach is made by members of the CoC’s HELPS Committee to local employers annually to update the list. The updated listing is shared with CoC partners each year.

Our community’s primary street outreach provider has developed partnerships with local day labor and staffing agencies who accept our CoC’s HMIS-generated photo identification cards as identification. This allows individuals who are not yet completely document-ready to begin connecting to jobs and securing income. Our community’s primary day shelter has also developed partnerships with day labor organizations through direct outreach. Day labor entities are on-site at the day shelter each morning to offer employment opportunities to individuals experiencing unsheltered homelessness and to participants in our emergency shelter programs.

Two representatives from the Virginia Employment Commission (VEC) are members of our by-name list (BNL) committees and help case managers connect clients to employment opportunities through case conferencing meetings. The VEC also hosts job fairs regularly and shares information on

these events with CoC agency staff in these meetings. Our local VA Medical Center operates a peer-driven employment program for homeless Veterans. The staff person who oversees this program participates in our case conferencing meetings to facilitate connecting Veterans to peer-driven employment supports.

Our CoC partners with our local Homeless Veterans' Reintegration Program (HVRP) to provide employment, education and training services to homeless Veterans. Our CoC also partners with the Compensated Work Therapy (CWT) program at our local VA Medical Center, which matches and supports work-ready veterans with on-the-job training opportunities.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

The CoC recognizes the importance of increasing non-employment cash income to assist clients with achieving housing stability. Expediting disability claims, both Social Security and Veteran, have become an integral part of our strategy. SOAR-trained staff in our shelter and street outreach projects and at the Salem AV Medical Center assist clients with accessing Social Security disability income through an expedited application process. The VA's regional benefits coordinator is located in our geographic area and is an active part of our CoC and case conferencing committees. This makes access to the expedited disability process for Veteran's benefits readily available.

Staff from the Department of Social Services (DSS) provide quarterly educational trainings to program front line staff about how to assist clients in accessing disability mainstream benefits including food stamps, Medicaid and TANF. These trainings provide CoC case workers with detail on the eligibility requirements and application processes for these critical programs. DSS has in place the Common Help on-line application system that allows program staff to assist clients with applying on-line for TANF, SNAP, and Medicaid benefits. DSS staff provide on-site benefit services for participants at our largest overnight and day shelters. Our community's primary street outreach program provides weekly transport services to the local department of social services for unsheltered and hard to serve sheltered clients.

The CoC lead and planning entity are responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	----

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

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

(limit 2,000 characters)

Not applicable.

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

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

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

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

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

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

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

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

(limit 2,000 characters)

Not applicable.

4A. DV Bonus Application

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

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

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

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

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Too...	11/05/2021
1C-7. PHA Homeless Preference	No	RRHA-PHA Homeless...	11/05/2021
1C-7. PHA Moving On Preference	No	RRHA-PHA Moving O...	11/05/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/05/2021
1E-2. Project Review and Selection Process	Yes	2021 Project Revi...	11/05/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting - ...	11/05/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting - ...	11/05/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tools - Single Adult and Family VI-SPDAT v2.0

Attachment Details

Document Description: RRHA-PHA Homeless Preference

Attachment Details

Document Description: RRHA-PHA Moving On Preference

Attachment Details

Document Description: Local Competition Public Announcements

Attachment Details

Document Description: 2021 Project Review and Selection Process

Attachment Details

Document Description: Public Posting - Projects Accepted/Rejected

Attachment Details

Document Description: Public Posting - Projects Accepted/Rejected

Attachment Details

Document Description:

Attachment Details

Document Description:

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	10/11/2021
1B. Inclusive Structure	11/05/2021
1C. Coordination	11/05/2021
1C. Coordination continued	11/05/2021
1D. Addressing COVID-19	11/04/2021
1E. Project Review/Ranking	11/05/2021
2A. HMIS Implementation	11/05/2021
2B. Point-in-Time (PIT) Count	11/05/2021
2C. System Performance	11/04/2021
3A. Housing/Healthcare Bonus Points	11/05/2021
3B. Rehabilitation/New Construction Costs	10/11/2021

FY2021 CoC Application	Page 56	11/05/2021
------------------------	---------	------------

3C. Serving Homeless Under Other Federal Statutes	10/11/2021
4A. DV Bonus Application	11/04/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Administration

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

Opening Script

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

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

Basic Information

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

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

SCORE:

0

A. History of Housing and Homelessness

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

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

Refused

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

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

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

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**
0

B. Risks

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

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

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**
0

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

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

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**
0

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

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. SCORE:
0

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

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

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. SCORE:
0

C. Socialization & Daily Functioning

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

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

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT. SCORE:
0

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

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. SCORE:
0

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

IF "NO," THEN SCORE 1 FOR SELF-CARE. SCORE:
0

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

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. SCORE:
0

D. Wellness

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

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

SCORE:

0

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

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

SCORE:

0

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

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

SCORE:

0

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

SCORE:

0

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

SINGLE ADULTS

AMERICAN VERSION 2.0

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

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

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**. **SCORE:**
0

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

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**. **SCORE:**
0

Scoring Summary

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

Follow-Up Questions

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

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

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

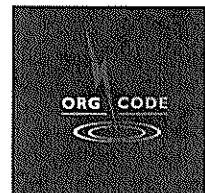
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

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

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

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

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? **Y** **N** Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? **Y** **N** Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? **Y** **N** Refused

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

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? **Y** **N** Refused

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

SCORE:

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

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

SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? **Y** **N** Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** **N** Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? **Y** **N** Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** **N** Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? **Y** **N** Refused

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

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? Y N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? Y N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? Y N Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? Y N N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? Y N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y N Refused

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

a) 3 or more hours per day for children aged 13 or older? Y N Refused

b) 2 or more hours per day for children aged 12 or younger? Y N Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Y N N/A or Refused

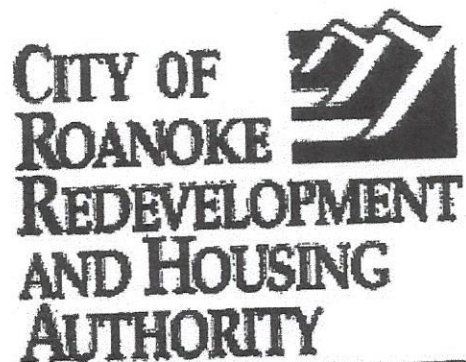
IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:



City of Roanoke Redevelopment and Housing Authority

Agency Plan 2015 — 2019



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www.rkehousing.org

Please Do Not Remove Plan

PART III: TENANT SELECTION

4-III.A. OVERVIEW

RRHA has established tenant selection policies for families being admitted to public housing [24 CFR 960.201(a)]. RRHA will not require any specific income or racial quotas for any developments [24 CFR 903.2(d)]. RRHA will not assign persons to a particular section of a community or to a development or building based on race, color, religion, sex, disability, familial status or national origin for purposes of segregating populations [24 CFR 1.4(b)(1)(iii) and 24 CFR 903.2(d)(1)].

The order in which families will be selected from the waiting list is impacted in part by any selection preferences that the family qualifies for. The availability of units also may affect the order in which families are selected from the waiting list.

RRHA will maintain clear records of all information required to verify that the family is selected from the waiting list according to RRHA's selection policies [24 CFR 960.206(e)(2)]. RRHA's policies must be posted any place where RRHA receives applications. RRHA will provide a copy of its tenant selection policies upon request to any applicant or tenant free of charge. [24 CFR 960.202(c)(2)].

Program Admission

RRHA may admit an applicant to the program either:

- 1) As a HUD Special Admission, or
- 2) As an open waitlist applicant by preference and or date and time, or
- 3) HCV funding shortfalls that cause tenants to lose their voucher assistance.

4-III.B. SELECTION METHOD

RRHA's method for selecting applicant families from the waiting list, including the system of admission preferences that RRHA will use is described below.

Local Preferences [24 CFR 960.206]

RRHA has established local preferences and gives priority to serving families that meet the criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits RRHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with RRHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

RRHA will use the following local preference:

- In order to bring higher income families into public housing, RRHA will establish a preference for "working" families, where the head, spouse, cohead, or sole member is employed at least 20 hours per week.
- As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].
- A family that includes a family member who is a victim of domestic violence.
- Families who are homeless or who have been involuntarily displaced due to a disaster (e.g. fire, flood, earthquake), government action (e.g. code enforcement, public improvement), action by a housing owner that is beyond an applicant's ability to control (e.g. conversion of a unit to non-residential use, or owner wants the property for personal use).

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40 percent of the families admitted to public housing during RRHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income whichever number is higher [Federal Register notice 6/25/14]. To ensure this requirement is met, RRHA may skip non-ELI families on the waiting list in order to select an ELI family.

RRHA will monitor progress in meeting the ELI requirement throughout the fiscal year. ELI families will be selected ahead of other eligible families on an as-needed basis to ensure that the income targeting requirement is met.

Mixed Population Developments [24 CFR 960.407]

A mixed population development is a public housing development or portion of a development that was reserved for elderly families and disabled families at its inception (and has retained that character) or the PHA at some point after its inception obtained HUD approval to give preference in tenant selection for all units in the development (or portion of a development) to elderly and disabled families [24 CFR 960.102]. Elderly family means a family whose head, spouse, cohead, or sole member is a person who is at least 62 years of age. Disabled family means a family whose head, spouse, cohead, or sole member is a person with disabilities [24

CFR 5.403]. RRHA will give elderly and disabled families equal preference in selecting these families for admission to mixed population developments. RRHA may not establish a limit on the number of elderly or disabled families that may occupy a mixed population development. In

selecting elderly and disabled families to fill these units, RRHA will first offer the units that have accessibility features for families that include a person with a disability and require the accessibility features of such units. RRHA will not discriminate against elderly or disabled families that include children (Fair Housing Amendments Act of 1988).

Units Designated for Elderly or Disabled Families [24 CFR 945]

PHA ADMINISTRATIVE PLAN – MOVING ON MULTIFAMILY PREFERENCE

While the City of Roanoke Redevelopment and Housing Authority (RRHA) has had a homeless admission preference in their written policy for a number of years, the following revision was adopted by the PHA in 2018 to strengthen and expand the preference policy. This new policy recognizes and formalizes the relationship between the CoC and the PHA. It also incorporates our move-on strategy for PSH participants.

NEW POLICY ADOPTED BY PHA IN 2018

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- b) Are referred to RRHA by the Continuum of Care provider (CoC) with whom RRHA has executed a Memorandum of Understanding (MOU) outlining the CoC's responsibilities with respect to the provision supportive services for the referred household.
- c) Have received a written commitment from the CoC to offer support services on an as needed basis to help the household transition from homelessness to permanent housing; and
- d) Have received a written commitment from the CoC to offer supportive services to help the household maintain housing and comply with lease obligations.

Individuals and families transitioning, or "moving on," from permanent supportive housing will also be included as a priority group as part of this homeless preference. These are persons that were previously homeless prior to entry into a permanent supportive housing program but who no longer require that level of supportive services. This would require a referral from the current case manager or the permanent supportive housing provider as well as documentation that the family was homeless prior to entering into the permanent supportive housing unit. This documentation must be provided as part of the waitlist application.

While a referral from the CoC is required for this preference if it is determined that an applicant referred by the CoC, as described above, does not meet the criteria described therein, the applicant will not receive the preference and: if the applicant was only on the public housing waiting list because of the homeless referral, the applicant will be removed from the public housing waiting list.

Only 4 statutorily mandated prohibitions of admissions to the PH and HCV programs:

1. Lifetime sex offender registrant
2. Methamphetamine production in federally assisted housing.
3. Within 3 years of federally assisted housing eviction for drug-related crime (RRHA can admit with mitigating/special circumstances)
4. Currently engaged in illegal drug use or threatening activity.

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RRHA will screen all applicants regardless of preferences and apply consistently the reasons for denial of admission. A history of not being able to pay rental obligations as per the court system report will result in proposed denial of an application.

*HUD definition of homelessness:

Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); or
- c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

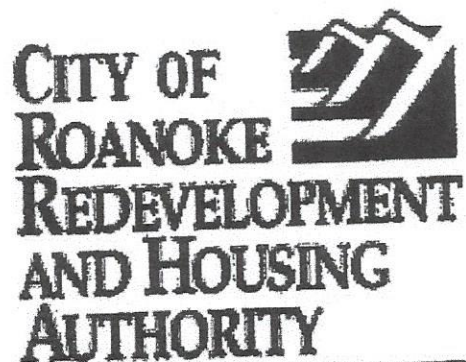
Category 4: Any individual or family who:

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- ii. Has no other residence; and
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- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); or
- c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

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- i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
- ii. Has no other residence; and
- iii. Lacks the resources or support networks, e.g., family, friends, and faith- based or other social networks, to obtain other permanent housing

Local Competition Announcement on CoC Website: August 31, 2021

Screenshot of: <https://www.endhomelessnessblueridge.org/2021/08/31/fy-2021-coc-program-competition-is-now-open/>

<https://www.endhomelessnessblueridge.org/2021/08/31/fy-2021-coc-program-competition-is-now-open/>

FY 2021 CoC Program Competition is Now Open

August 31, 2021 / brcoc / Uncategorized

The Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition has been posted to the FY 2021 CoC Program Competition: Funding Availability page on the HUD Exchange. Additional resources are available on the HUD Exchange.

The CoC Application, CoC Priority Listing, and Project Applications will be in *e-snaps*. Collaborative Applicants and project applicants will be able to access the applications to review, update, and enter information that is required for the application process.

Those interested in applying for funding under the CoC Program Competition should contact Matthew Crookshank at matthew.crookshank@roanokeva.gov or Alison Jorgensen at alisonj@councilofcommunityservices.org for information on local funding priorities, applicant eligibility, and to access a project application. Full project proposals are due to the CoC Lead in e-snaps by October 15, 2021.

Projects will be scored and ranked by the CoC Ranking Committee using the 2021 rating and review procedure included below. The Executive Summary form, also attached below, must be completed by project applicants and submitted to Hope Browning at hope.browning@roanokeva.gov by September 30, 2021.

2021 CoC NOFA Timeline

FY 2021 New and Renewal Project Executive Summary

2021 Rating and Review Procedure

**COUNCIL OF
COMMUNITY
SERVICES**

Blue Ridge Continuum of Care
3 weeks ago

Windows taskbar: 10:42 AM 9/1/2021

Local Competition Announcement on CoC Facebook Page: September 2, 2021

Screenshot of: <https://www.facebook.com/endhomelessnessblueridge>

The screenshot shows a web browser window displaying the Facebook page for Blue Ridge Continuum of Care. The browser's address bar shows the URL <https://www.facebook.com/endhomelessnessblueridge>. The Facebook interface includes a search bar, navigation icons, and a left-hand menu with options like 'Manage Page', 'Business Suite', 'Home', 'Podcasts', 'Business Apps', and 'Events'. The main content area features a video player for a '2020 Homeless Memorial Service' and a post from September 2, 2021, titled 'FY 2021 CoC Program Competition is Now Open!'. The post includes logos for various local organizations and text stating that the competition is open until August 31, 2021. The post has 42 people reached and 4 engagements. The Windows taskbar at the bottom shows the time as 10:38 AM on 11/5/2021.

Browser tabs: what i, Sage, Servic, hud e, Grant, Moving O, hud h, Housi, Docur, family, VI-SPL, roano, 2020-1, A Plac, Blu x

Browser address bar: <https://www.facebook.com/endhomelessnessblueridge>

Facebook Search: Search Facebook

Page Name: Blue Ridge Continuum of Care

Business Suite: Inbox (9 new comments), Planner, Publishing Tools, News Feed

Navigation: Home, Podcasts, Business Apps, Events

Post Content:

- Video: 2020 Homeless Memorial Service, A Ser... (947 Views · 45 weeks ago)
- Post: FY 2021 CoC Program Competition is Now Open! (Published by Alison Cronise Jørgensen · September 2)
- Text: ENDDHOMELESSNESSBLUERIDGE.ORG
FY 2021 CoC Program Competition is Now Open – A Place to Call Home
FY 2021 CoC Program Competition is Now Open August 31, 2021 brcocUncategorized The Notice of Funding Availability (NOFA) for the Fiscal Yea...
- Engagement: 42 People reached, 4 Engagements, Distribution Score
- Post: The Least of These installed 18 lockers downtown to help protect the belongings of our homeless community. (Published by Amanda Holcomb · August 11)

Windows Taskbar: CH List, MASTE..., central..., hat lett..., C:\User..., C:\User..., Login..., Code o..., Blue Ri..., Mail - I..., 10:38 AM 11/5/2021



Roanoke City and County/Salem CoC (VA-502) 2021 Continuum of Care Rating and Review Procedure

For the FY 2021 CoC Consolidated Grant Competition, the CoC Ranking Committee will review new and renewal project applications to determine if they meet the following project quality threshold requirements with clear and convincing evidence. The housing and services proposed must be appropriate to the needs of the program participants and the community.

Renewal projects will be scored and ranked using the rubric shown in Attachment 1.

Scoring criteria showed in Attachment 1 include consideration of factors relevant to renewal applications that are in alignment with the HUD System Performance Measures, including:

- % permanent housing exit destinations
- % increasing total income
- % receiving benefits at exit
- % of households who do not return to homelessness within two years of exit
- Severity of needs and vulnerabilities experienced by program participants
- Cost effectiveness of the project
- Organization drawdown rates
- Frequency and/or amount of funds recaptured by HUD
- Services to specialized populations, including youth, victims of domestic violence, families with children, persons experiencing chronic homelessness, and veterans

New projects will be scored as shown in Attachment 2. Scoring for new projects will be distributed as follows:

- Program description and design
- Management of program
- Agency capacity and performance history
- Fiscal management
- Budget
- Scoring criteria showed in Attachment 2 include consideration of factors relevant to new applications that are required or encouraged by HUD, including:
- Organization drawdown rates
- Services to specialized populations, including youth, victims of domestic violence, families with children, persons experiencing chronic homelessness, and veterans

FY 2021 CoC Ranking Sheet – PSH

Permanent Supportive Housing (Including Legacy + Shelter Plus Care)

Reviewer:	Proposal:		
Scoring Elements		Point Values	Score
<p>1. The percentage of persons who remained in permanent housing program as of the end of the operating year or exited to permanent housing (subsidized or unsubsidized). HUD standard is 80%. Max points =30. Total number of individuals served: Number of individuals who accomplished this measure: Percentage achieving measure: (Source: System Performance Measure 7, ART Report 706)</p>	<p>Housing Results: 90-100% = 30 points 80-89% = 20 points 70-79% = 10 points 0-69% = 0 points</p>		
<p>2. The percentage of persons age 18 and older who increased their total income (from all sources) at program exit. Max. points =20 Total number of adults leavers: Number of adults who accomplished this measure: Percentage achieving measure: (Source: HUD APR, Question 19a2)</p>	<p>Income Results: 80-100% = 20 points 50-79% = 10 points 0-49% = 0 points</p>		
<p>3. Percentage of adults receiving benefits at program exit. HUD Standard = 56%. Max. points = 10 Total number of adults exiting: Total number of adults exiting with benefits: Percentage of adults exiting with benefits: (Source: HUD APR, Question 20b)</p>	<p>Mainstream Benefits: 80-100% = 10 points 50-79% = 5 points 0-49% = 0 points</p>		
<p>4. Percentage of households who do NOT return to homelessness (i.e., get a new homeless certification) within two years of exiting the program. HUD Standard 95%. Max. points = 20 Total number of persons who exited to permanent housing destination (2 years prior): Number of returns in 2 years: Percentage of returns in 2 years: (Source: Report 701 - Exits to Permanent Housing with Return to Homelessness)</p>	<p>Return to Homelessness: 0-5% = 20 points 6-49% = 10 points 49-100% = 0 points</p>		
<p>5. Cost effectiveness: average cost per household served Max. points = 15 Total project spending: Total number of households served: Average cost per household: (Source: CoC project spending report and CoC APR, Question 8a)</p>	<p>Cost Effectiveness (PSH): ≤ \$8,000 = 15 points ≥ \$8,000 = 0 points</p>		
<p>6. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 Total number of individuals with completed VI-SPDAT 2.0 assessment: Average score of those with completed assessment: (Source: HMIS custom report)</p>	<p>Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points</p>		
<p>7. Percentage of people that were served who were categorized as chronically homeless at intake. Max. points = 5 Total number of individuals served: Total number of individuals who were categorized as chronically homeless: Percentage of individuals categorized as chronically homeless: (Source: CoC APR Question 26b)</p>	<p>Chronically Homeless: ≥75% = 5 points ≤74% = 0 points</p>		

<p>8. Percentage of households served who were categorized as households with children. Max. points = 5 Total number of households served: Number of households with children: Percentage of households with children: (Source: CoC APR Question 8a)</p>	Homeless Families: ≥75% = 5 points ≤74% = 0 points	
<p>9. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10</p>	Max. points = 10 points.	
<p>10. Project summary included detailed budget and budget narrative. Match is documented, budget narrative included, itemized budget is clear. Max. points = 20</p>	All elements are included will = 20 points.	
<p>11. Monitoring Criteria: 1) Documentation of participant eligibility 2) Data quality meets community standard 3) Drawdown dates from HUD were timely 4) Program identified frequency or amount of funds recaptured by HUD 5) Participation in Coordinated Entry. Max. points = 20</p>	Max. Points = 20	
Maximum points available = 170		
Total Points Received by Proposal:		
Comments:		
Reviewer Signature:	Date:	

FY 2021 CoC Ranking Sheet – SSO

Supportive Services Only (Street Outreach)

Reviewer:	Proposal:	
Scoring Elements	Point Values	Score
<p>1. The percentage persons placed into housing (Emergency Shelter, TH or PH) as a result of the street outreach program during the operating year. Max points =50. Total number of persons exiting during the operating year: Total number of persons placed into housing during the operating year: Percentage of persons placed into housing during the operating year: (Source: HUD APR, Question 23 a&b)</p>	<p>Housing Results: 75-100% = 50 points 60-74% =40 points 46-59% = 30 points 31-45% = 20 points 0-30% = 0 points</p>	
<p>2. The percentage of households who do NOT return to the street or, having exited shelter, return to homelessness (street or shelter) within two years of exiting the program. HUD Standard 95% Max. points =15 Total number of persons who exited to permanent housing destination two years prior: Number of returns in two years: Percentage of returns to homelessness: (Source: System Performance Measure 2, ART Report 701)</p>	<p>Returns to Homelessness: 0-5% = 15 points 6-20% = 10 points 21-30% = 5 points 31-100%=0 points</p>	
<p>3. Percentage of people that were served who were categorized as chronically homeless at intake. Max. points = 10 Total number of client served during operating year: Total number of chronically homeless clients served during operating year: Percentage of people served who were categorized as chronically homeless: (Source: CoC APR Question 26b)</p>	<p>Chronically Homeless: ≥75% = 10 points ≤74% = 0 points</p>	
<p>4. Percentage of people entered with service connection need for whom that connection is recorded. Max. points = 15 Total number of clients served during operating year: Total number of clients with service connection need for whom that connection is recorded: Percentage of clients with service connection need for whom that connection is recorded: (Source: HUD APR, Question 7)</p>	<p>Service Connections: ≥75% = 15 points ≤74% = 0 points</p>	
<p>5. Cost effectiveness: average cost per household served Max. points = 15 Total project spending: Total number of households served: Average cost per household: (Source: CoC project spending report and CoC APR, Question 8a)</p>	<p>Cost Effectiveness (SO): ≤\$500 = 15 points ≥\$500 = 0 points</p>	
<p>6. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 Total number of individuals with completed VI-SPDAT 2.0 assessment: Average score of those with completed assessment: (Source: HMIS custom report)</p>	<p>Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points</p>	
<p>7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10</p>	<p>Max. points = 10 points.</p>	

8. Project summary included detailed budget and budget narrative. Match is documented, budget narrative included, itemized budget is clear. Max. points = 20	All elements are included will = 20 points.	
9. Monitoring Criteria: 1) Documentation of participant eligibility 2) Data quality meets community standard 3) Drawdown dates from HUD were timely 4) Program identified frequency or amount of funds recaptured by HUD. Max. points = 20	Max. Points = 20	
Maximum points available = 170		
Total Points Received by Proposal:		
<p>Comments:</p>		
Reviewer Signature:	Date:	

FY 2021 CoC Ranking Sheet – SSO

Supportive Services Only (Excludes Street Outreach)

Reviewer:	Proposal:		
Scoring Elements	Point Values	Score	
<p>1. The percentage who exited to permanent housing (subsidized or unsubsidized) during the operating year. HUD standard is 80%. Max points =30. Total number of individuals exiting: Total number of individuals exiting to permanent housing destinations: Percentage exiting to permanent housing destinations: (Source: ESG CAPER Report, Question 23a & b)</p>	<p>Housing Results: 80-100% = 30 points 60-79% = 20 points 49-69% = 10 points 0-48% = 0 points</p>		
<p>2. The percentage of persons age 18 and older who increased their total income (from all sources) at program exit. Max. points =20 Total number of adults exiting during operating year: Total number of adults increasing income at program exit: Percentage of adults increasing income at program exit: (Source: HUD APR, Question 19a2)</p>	<p>Income Results: 80-100% = 20 points 50-79% = 10 points 0-49% = 0 points</p>		
<p>3. Percentage of adults receiving benefits at program exit. HUD Standard = 56%. Max. points = 10 Total number of adults exiting: Total number of adults with benefits at exit: Percentage of adults with benefits at exit: (Source: HUD APR, Question 20b)</p>	<p>Mainstream Benefits: 80-100% = 10 points 50-79% = 5 points 0-49% = 0 points</p>		
<p>4. Cost effectiveness: average cost per household served. Max. points = 15 Total project spending: Total number of households served: Average cost per household: (Source CoC project spending report and CoC APR, Question 8a)</p>	<p>Cost Effectiveness (SSO): ≤ \$500 = 15 points ≥ \$500 = 0 points</p>		
<p>5. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 Total number of individuals with completed VI-SPDAT 2.0 assessment: Average score of those with completed assessment: (Source: HMIS custom report)</p>	<p>Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points</p>		
<p>6. Percentage of people that were served who were categorized as chronically homeless at intake. Max. points = 10 Total number of individuals served during program year: Total number of individuals categorized as chronically homeless: Percentage of individuals categorized as chronically homeless: (Source: CoC APR Question 26b)</p>	<p>Chronically Homeless: ≥75% = 10 points ≤74% = 0 points</p>		
<p>7. Percentage of households served who were categorized as households with children. Max. points = 10 Total number of households served during program year: Number of households served who were categorized as households with children: Percentage of households served who were categorized as households with children: (Source: CoC APR Question 8a)</p>	<p>Homeless Families: ≥75% = 10 points ≤74% = 0 points</p>		
<p>8. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10</p>	<p>Max. points = 10 points.</p>		

<p>9. Project summary included detailed budget and budget narrative. Match is documented, budget narrative included, itemized budget is clear. Max. points = 20</p>	<p>All elements are included will = 20 points.</p>	
<p>10. Monitoring Criteria: 1) Documentation of participant eligibility 2) Data quality meets community standard 3) Drawdown dates from HUD were timely 4) Program identified frequency or amount of funds recaptured by HUD. Max. points = 20</p>	<p>Max. Points = 20</p>	
<p>Maximum points available = 160</p>		
<p>Total Points Received by Proposal:</p>		
<p>Comments:</p> 		
<p>Reviewer Signature:</p>		<p>Date:</p>

Public Posting Projects Accepted/Rejected

Screenshot of: <https://www.endhomelessnessblueridge.org/2021/11/01/fy-2021-coc-project-application-acceptance-rejection-notification/>

FY 2021 CoC Project Application Acceptance/Rejection Notification

November 1, 2021 / brcoc / Uncategorized

November 1, 2021

As required by the FY 2021 HUD Continuum of Care Notice of Funding Opportunity (NOFO), this message serves as notification that the project applications listed below have been accepted and will be submitted for renewal funding with the full FY 2021 CoC Consolidated Application. Also included in the table below is the ranking order of each application as determined by the CoC Ranking Committee. This ranking reflects how each application will be included in our priority listing of the Consolidated Application.

All of these projects will fall into Tier 1 priority for renewal funding.

2021-2022 Blue Ridge Continuum of Care Project Application			
Renewal Projects			
Applicants	Project Name	Requested Amount	Ranking
ARCH Roanoke	PSH Heroes Haven – Renewal	\$82,427	3
ARCH Roanoke	PSH Healing Haven – Renewal	\$387,955	4
ARCH Roanoke	SSO – Emergency Shelter Case Management – Renewal	\$56,476	6
City of Roanoke	SSO Outreach – HAT Team – Renewal	\$140,422	5
City of Roanoke	SSO – CAS – Central Intake – Renewal	\$40,070	1
Council of Community Services	HMIS – Data Collection – Renewal	\$129,060	2
City of Roanoke – CoC Planning		\$55,902	Not Ranked
Total Funding Request for Renewal Projects		\$901,312	
The following project application is being rejected and will not be submitted for funding with the FY 2021 Consolidated Application as the project was voluntarily withdrawn by the applicant.			
ARCH Roanoke	PSH – Safe Haven – New Expansion	\$93,490	7

Edit

COMMUNITY PARTNERS



COUNCIL OF COMMUNITY SERVICES

 Blue Ridge Continuum of Care
3 weeks ago

IMMEDIATE NEED!
NEW PILLOWS (12)
LARGE BLACK TRASH BAGS (6-10 full size boxes)
PUMP STYLE HAND SOAP

The great thing is that families have found housing and moved out of our shelter program! So now we need the above items for the new families moving into shelter.

If you'd like to donate these items, please drop them by our Family Center and offices at 37 East Clay St., Salem, VA

Public Posting Projects Accepted/Rejected

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