Before Starting the CoC Application

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

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

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

 1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

1A-2. Collaborative Applicant Name: Homeless Alliance of Western New York, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeless Alliance of Western New York, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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  - PHA Crosswalk; and
   - Frequently Asked Questions

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

		In the chart below for the period from May 1, 2022 to April 30, 2023:
	1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
	2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	No	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	No	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
9.	Law Enforcement	Yes	No	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

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

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

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

(limit 2,500 characters)

1. Our COC has a transparent invitation process to encourage ongoing solicitation of new members by continually promoting sign-up through the COC lead agency website that is open to the public. Through this, individuals can get on our email/mailing list or become a member. Additionally, the CoC lead continuously sends out meeting information to the public, encouraging those already members to open up the invitations to anyone they feel would be interested, as monthly meetings are open to anyone in the community. Actively seeking new members has been achieved by meeting an individual where they are at, explaining the goals and mission of the CoC, how they can get involved, and how participation benefits the community. Lastly, our COC has annually recruited members and formally sent out membership information through our website, an annual mailing invitation, social media, and email.

2. As a CoC, we want everyone to be able to participate in our meetings, so we offer several accessibility options. Individuals can attend our public meetings via teleconferencing, and in-person meetings are in handicap-accessible locations. All the necessary forms, meeting minutes, and reports are available on the CoC lead's website in accessible electronic formats, making them easier to access. Moreover, we provide closed captioning and recorded training to ensure everyone can participate and understand the content.

3. Organizations serving culturally specific communities such as Black, Latino, Indigenous, LGBTQ+, New Americans, refugees, trafficked victims, and persons with disabilities are identified and invited to meetings and to be part of the CoC to address equity. We reached out to these organizations individually to inform them of funding opportunities, recruit them into CoC committees and workgroups, and share available housing and services resources with them. Our CoC made special efforts to reach out to Tribally Designated Housing Entities (TDHEs) by phone, email, and other local connections to include them in our meetings and explain the CoC funding opportunities.

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

		Describe in the field below how your CoC:
	1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
	2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
	3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1.The CoC utilizes different strategies to solicit and seek valued opinions from organizations and individuals who have a knowledge of homelessness or an interest in preventing and ending homelessness. The strategy includes creating committees and workgroups, organizing and participating in community meetings, utilizing social media or emails, one-on-one meetings or interviews, and focus groups. People with lived experience actively participate in our focus groups, workgroups, committees, and county-wide coalitions. Our public meetings are held monthly in four different locations to solicit the opinions of urban, suburban, and rural residents. The CoC lead staff also attend many community meetings. For example, Downtown Coalition for the Homeless, code blue planning, hospital discharge, and assisting people living in poverty committees.

2. Our CoC mutually exchanges information with the public, held monthly at various locations. The information solicited from the public includes employment, education, public safety, healthcare, childcare, housing, and community development. This approach holistically addresses the social inequities within our system and the distribution of resources.

3. We ensure effective communication and access for persons with disabilities by offering online public input platforms through CoC lead's website. Communication materials offered in electronic format provide documents in plain text, large font sizes, and audio formats. Conduct outreach efforts to disability organizations and communities to spread awareness of its accessible communication options. Public meetings are held in ADA-compliant facilities and online, with auto transcription available. Local Social Service departments have also changed their public benefits application to electronic format.

4. The CoC always looks for improvement or new approaches by considering information gathered in meetings, interviews, or focus groups. The input gathered in public meetings instructed us to bring resources directly to participants, such as child care and employment. Beyond sharing information, as the CoC lead, we developed new training to combat the stigma around homelessness and address conflicts in the community. System-wide concerns, such as our Coordinated Entry Assessment tool, were addressed by developing workgroups. Within these groups, individuals focused on revising and changing the tool to offer more support and assist our community.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications–the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1. CoC lead made CoC Request for Proposal (RFP) publicly available by posting on its website. The RFP does not require applicants to have prior CoC funding experience. The CoC lead also shared the RFP via email to community partners, stakeholders, and interested individuals within the CoC's five counties and announced it at community-wide meetings. Further, our CoC provided RFP walk-through and Q & A sessions to the public to assist and encourage those who have never received this funding to apply. CoC lead staff provided one-on-one assistance to potential applicants to ensure they understood how to fill out the application, eligibility of the program, etc. CoC lead staff also reach out to agencies that have not been funded but expressed interest or have experiences in serving special populations. This year, a few of our special recruitment efforts included domestic violence providers in non-funded counties, rural area community partners, and reentry service providers.

2. Application can be filled out in Word format and completed application is instructed to be submitted through email to CoC lead staff before the local deadline.

3. Projects that meet the CoC's thresholds will be reviewed by the Project Selection Committee, consisting of non-funded peers, and individuals with lived experience. Our thresholds include a commitment to using a Housing First approach, HMIS, or comparable database, Coordinated Entry, and a 25% funding match, and scoring 70% of the total points available. The Project Selection Committee evaluates a project based on organizational capacity to manage public funding, delivery of proposed services using best practice models, racial equity, cost reasonableness, and organization experience. Each committee member scores projects independently using a standardized tool. Projects accepted to move forward to HUD competition must meet aforementioned thresholds and receive a high score while falling within the CoC bonus allowance.

4. We ensured effective communication and access for persons with disabilities by offering alternative formats for communication materials. All application materials are posted online and submissions are only required through Word documents via email. Q&A webinars are hosted online, where closed captions are available.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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   - Frequently Asked Questions

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	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)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		

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

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

(limit 2,500 characters)

1. The CoC collaborated with all five ESG recipients- the City of Buffalo, Erie County, the Town of Tonawanda, the City of Niagara Falls, and the State Office of Temporary and Disability Assistance. The CoC Lead provided and reviewed data with ESG recipients to identify needs and gaps to determine funding strategies. We shared guidance from HUD and conferences on best practices to modify existing plans if needed. With ESG-CV closing, we actively work with Recipients who still have funds to reallocate the funding and spend every dollar to prevent and respond to homelessness.
2. The ESG recipients and the CoC worked together to develop and maintain performance measures for the ESG program. The CoC reviews the performance of ESG subrecipient projects on a quarterly basis and publishes the results on the lead's website. Monthly meetings are held between the ESG recipients, CoC and sub-recipients to address any concerns, while State ESG recipients receive county-based performance reports on a quarterly basis. The CoC incorporates performance data into the sub-recipient selection process.
3. The CoC provides PIT, HIC, Quarterly Performance Reports, Annual Reports, and shelter occupancy reports. These reports can be found on the CoC lead website.
4. The CoC lead reviewed and provided feedback on sections of the Consolidated Plan related to homelessness and updated information on homeless programs to ESG recipients. The CoC and HMIS lead collaborated to produce CAPER and other customized reports, which helped identify gaps in the system. The CoC and ESG recipients work closely together to combat homelessness within the CoC's geographic area.

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

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

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

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

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

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

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

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

(limit 2,500 characters)

The CoC has a formal partnership through MOU with Head Start/Early Head Start to send direct referrals. As the CoC lead, we brought Head Start enrollment and childcare availability to our family programming to break down barriers regarding early childhood learning. The CoC and Youth Education Providers participate on respective committees, share referrals and data, and provide paid and volunteer roles for youth leadership. The CoC's Youth Task Force members include local universities, various school districts, and Say Yes to Education. These partnerships led the district administration and staff to participate in our youth planning committee, which developed the Coordinated Community Plan to end youth homelessness. The CoC providers accept district referrals and educate school staff on CoC services. This ongoing partnership allows schools to proactively identify youth at risk of experiencing homelessness—before they reach a crisis. Buffalo Public School Parent Engagement Center participates in the CoC Youth Task Force, and CoC providers conduct training on resources for families and youth. This year, we have developed a new Youth Homelessness 101 presentation. The CoC is collaborating with the WNY Family Support Center Coalition to give presentations to various school districts.

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

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

(limit 2,500 characters)

The CoC's written policies and procedures require family-serving providers to designate an "educational liaison" to inform families of their educational rights and available resources. Additionally, staff must coordinate with McKinney-Vento Liaisons in school districts to coordinate transportation services and ongoing enrollment, ensuring no disruption in current education services. Educational rights of homeless children are posted in locations frequented by families experiencing homelessness, including schools, shelters, public libraries, and soup kitchens. Head Start Programs have formal partnerships with homeless providers to ensure program participants understand education services eligibility, point of contact, and referral processes. At the CoC system level, the CoC fosters ongoing partnerships with education by attending the monthly Buffalo Public Schools McKinney Vento Advisory Committee meetings and encouraging participation on the CoC Board and Youth Task Force, where there are currently nine school-affiliated representatives. Through our partnerships, we have established YHDP standards that prioritize education as a goal across all programs. Our Family Engagement Team RRH, Drop-In Center SSO, and Joint TH-RRH work together to ensure that referrals and outcomes are accurately tracked in HMIS. Furthermore, the CoC lead has developed a Youth Homelessness 101 to provide to the community and school agencies to foster community collaboration further, create a better understanding of youth homelessness, and ensure consistent messaging across all platforms concerning the rights of students and their families.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	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–Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

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

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

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

	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. The CoC regularly collaborates with Victim Services Providers (VSP) and local DV coalitions to update CoC-wide policies that apply to both CoC and ESG programs. Child and Family Services, a Victim Service provider, sits at the CoC Coordinated Entry Oversight Committee to ensure Coordinated Entry Procedure meets the needs of survivors. They led the efforts in revising the coordinated entry procedure for survivors collaborating with the CoC lead and Coordinated Entry Lead. Recently, they have taken the lead in working with other VSPs and survivors to update the Coordinated Entry assessment for survivors to streamline the prioritization process. The HMIS Lead also partnered with the DV provider to update our consent form to provide additional protection for survivors' privacy and safety.
2. The CoC collaborates with Victim Service Providers such as Child and Family Services and Pinnacle to provide annual training on best practices in serving survivors. These trainings are provided to all CoC and ESG partner organizations to ensure housing and services are provided in a trauma-informed and victim-centered way and able to meet the needs of survivors. At this training, we also ensure an Emergency Transfer Plan is in place in all programs. VSPs participate in monthly Rapid rehousing meetings and provide expertise in providing services to survivors in program design, best practices, and case conference conversation.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

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

(limit 2,500 characters)

1. Our CoC provides training for project staff that addresses best practices on safety and planning protocols in serving survivors of domestic violence by partnering with local Victim Service Providers. These trainings are offered twice-a-year to all providers, including project staff in CoC/ESG-funded projects, shelters, Coordinated Entry staff, and any other interested service providers. Training covers trauma-informed and victim-centered practices to ensure maximized client choice and access to services while maintaining safety and confidentiality. This training includes case studies and role-playing and shares local resources, such as local 24/7 DV hotlines, shelters, and all local DV providers. While comprehensive safety planning is recommended to refer to VSPs, homeless and housing providers are trained in basic safety such as information sharing, housing locations, communication preferences, or visiting and appointments. Local DV coalition also provides individualized training and technical assistance to service providers, community groups, educational settings, workplaces, and faith-based organizations across our CoC. Training provided across our CoC includes but not limited to DV 101, DV in the workplace, the impact of DV on children, teen dating violence, LGBTQ+ & intimate partner violence, identifying the signs of trafficking & skills to earn trust and intervene, and legal services for survivors.
2. Our CoC Coordinated Entry System staff attends mandated annual Domestic Violence training provided by the local VSP mentioned above. Based on VSPs' recommendations, CoC CE staff refers survivors to DV hotlines and DV specific CE HUB to conduct the DV specific CE assessment process. DV CE hub staff are trained staff within VSPs and have advanced knowledge of safety planning and best practices in serving survivors. To maintain the confidentiality and security of referrals, VSPs only share de-identified information with the CE lead. This step ensures that all data is safe and secure.Training also covers how to refer clients to housing programs. Our CoC requires that all of our CE access points staff partake in annual confidentiality training and follow the privacy procedures afforded to clients experiencing domestic violence.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

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

1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

The CoC collaborates with local victim service providers (VSP) to develop assessment and screening tools that prioritize the needs of clients. The process prioritizes physical and emotional safety, privacy, and confidentiality while being culturally relevant and trauma-informed. The goal is to ensure that the coordinated entry process is inclusive and meets the unique needs of all individuals.

1. All survivors have immediate access to safe shelters. The VSP intake staff conducts the Coordinated Entry Assessment and a Danger Assessment with the client within 48 business hours. Survivors can access all housing the CoC offers, including DV and non-DV programs. For those individuals at the highest risk of immediate harm, shelters designated to provide victim services exist to offer protection and a safe haven. VSPs utilize a screening tool and Danger Assessment to prioritize those at the highest level of danger. Survivors with lower risk might be referred to non-DV shelters with security protocols. Survivors can also choose to reside in shelters in other countries to increase safety. Survivors who do not go to shelters can access services through local DV 24/7 hotlines and separate safe access points, where additional intakes are completed by scheduling a safe time and location for the survivors. For those who presented at other non-DV providers/access points, the trained staff referred households at imminent risk of harm to victim service providers. VSP will assess the client's situation and provide crisis support, immediate safety planning, and necessary service referrals.

2. Intake staff treat all persons presenting for assistance with strict confidentiality and privacy, conducting assessments out of sight and ears of other persons. The information is collected with respect to the client's consent. Survivors who present at a non-DV program can be included in HMIS anonymously, without PPI questions answered, or select which agency can view the data. For those at a VSP, a comparable database collects the information. When making referrals, the CE lead only receives the client number, the # of bedrooms needed, the VI-SPDAT score, the Danger Assessment score, and the referring agency's contact. No personally identifiable information is shared, nor should the client's contact information be included. When there is an opening in the housing program, the housing program contacts the referral agency to arrange a meeting with clients in a safe location.

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

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

(limit 2,500 characters)

1. Domestic violence, human trafficking, and asylum service providers provide Point-in-Time and annual numbers to the CoC Lead Agency. These numbers come from a database that is comparable to HMIS or in-house. We also use data collected in HMIS from non-victim service providers and de-identified coordinated entry referral information to determine if special needs related to domestic violence in this community are needed.

2. This information helps inform needs/gaps in services when making funding decisions and designing programs that meet the needs of this population. The CoC has created multiple programs prioritizing survivors using ESG and CoC DV bonuses. Last year, the CoC lead used the CoC bonus to address the service gaps identified for those trafficked and those seeking asylum who needed housing. Our CoC connects these programs with coordinated entry and provides additional support to ensure they understand CoC funding opportunities.

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

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1. Yes, the Emergency Transfer Plan is in our CoC Written Standards. The CoC also ensures all CoC and ESG-funded programs include the Emergency Transfer Plan in their program policies and provides a copy of the plan during the intake process. A brief description of the Emergency Transfer Plan is posted in public space for site-based programs. The majority of our programs are scattered site programs. During a home visit, if clients indicate the need for an Emergency Transfer or if, through conversation or observation, case managers notice any sign of domestic violence, dating violence, sexual assault, or stalking, case managers will then reiterate the policies and procedures to the client.

2. To request an emergency transfer due to safety concerns, an individual shall notify the case manager and submit a written request for a transfer. The tenant's written request for an emergency transfer should include either a statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing provider's program; OR a statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

3. The housing provider will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer.

The housing provider cannot guarantee the approval of a transfer request or the processing time for it. However, if a tenant is a victim, the housing provider will make every effort to move them to another unit as quickly as possible, provided that a space is available and safe. Pending processing of the transfer and the actual transfer, the tenant is urged to take all reasonable precautions to be safe and provide resources. As part of our services, we will ensure that clients are referred to domestic violence programs for assistance, and we will also assist with safety planning.

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

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

(limit 2,500 characters)

1.Our CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all housing and services available within the CoC's geographic area through 1.) CoC Written Standards include client choice, empowerment, and ensuring all populations have equal access to all housing and services. 2.) CE Policy and Procedures is inclusive, which allows clients of victim services providers to access the Coordinated Entry system through not only the DV access points but any access point or contacting the CE lead directly. Priority listing of DV-only programs is managed through the Coordinated Entry Lead by open communication between victim service providers and lead coordinated entry agencies. Survivors can also be listed in the non-DV Coordinated entry list and referred to all housing programs available in the CoC at their request. All victim service providers have training in CoC housing and services that are available locally and have training to conduct CoC vulnerability assessment, document homeless time, and make referrals to the CE lead to access all housing and services.

2. The CoC proactively identifies system barriers within our homeless response system that may create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking through a systematic and collaborative approach. 1.) The CoC lead, CE, local department of social services, and VSPs have working relationships and communicate regularly to reduce barriers for survivors to access housing/ services. VSPs sit on the CoC lead board and the CE oversight committee. We work together to proactively plan for anticipated challenges and modify policy and program guidelines to accommodate the needs they see for survivors.
2) The CoC Lead regularly hosts focus group/listening sessions to obtain participant input and feedback. These conversations include recruitment from DV programs as well as specific sessions for survivors of DV around their unique experiences.
3) Ongoing monitoring of the by-name list ensures survivors can access resources equally to other populations. Currently, the priority list for DV clients is shorter than the general list due to additional DV bonuses being available to the community, meaning the wait time for survivors to access these housing resources is much shorter.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC:
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1. (1)Survivors with a range of lived expertise are involved in developing CoC-Wide Policies and programs. They play advocates and advisor roles in participating in CoC's workgroups that are part of the CoC decision-making process. Their expertise of broad experience-based knowledge and skills gained from living as homeless and as a survivor of Domestic Violence, Dating Violence, Sexual Assault, and Stalking provides a unique perspective into barriers and challenges faced by survivors. (2)We recruit survivors by partnering with Victim Service Providers(VSP). Aside from inviting them to CoC-wide workgroups, we also host special listening sessions at the local DV shelter to ensure their safety. CoC Lead staff attended virtually to keep the location confidential. Survivors are compensated at the same value as we compensate all people with lived experience in our workgroups. We obtained consent from participants and used VSP's PO box to send them compensation. We also offer app transfer for payment if they prefer. (3) As the CoC lead, we gather survivor feedback consistently throughout the year via workgroups and focus groups/listening sessions. This year, we used their input to shape policy changes for all Rapid Rehousing programs and the coordinated entry process that caters to survivors. We keep survivors informed and involved in the decisions made within these policies.

2. As the CoC lead, we are mindful and cautious about keeping survivors safe and respecting their comfort level in collecting and disclosing information when needed. As general practices for all lived experienced meetings, we use the preferred names and pronouns of the individuals. Additionally, we consulted survivors and received their approval of our application form for joining as permanent Advisory Committee members and data collection for payment. We offer choices for preferred communication methods and time and locations of the meetings (in person and virtual). We obtain consent to any disclosure of their status and participation in any meeting that the CoC hosts.

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

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

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

		Describe in the field below:	
	1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;	
	2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;	

| | 3. | your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and |
| | 4. | your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies. |

(limit 2,500 characters)

1. Our CoC maintains a strong and ongoing collaboration with LGBTQ+ organizations and other relevant stakeholders to ensure our CoC-wide anti-discrimination policy is up-to-date and inclusive. Our CoC periodically reviews and updates its CoC-wide anti-discrimination policy when necessary with input provided by agencies, including LGBTQ+ organizations and LGBTQ+ community members who have lived experience of homelessness. In particular, providers who are led by and/or serve LGBTQ+ individuals are actively involved in the CoC, including representatives on the CoC board, who participate in workgroups and CoC monthly meetings.

2. Our CoC assists providers in developing project-level anti-discrimination policies consistent with the CoC-wide anti-discrimination policy, ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination by conducting annual training that shows programs how to implement Equal Access Rules effectively in their programming. We also contracted with a local LGBTQ+ provider, Pride Center of WNY, to review and update, if needed, our CoC written standards and provide training to ensure all housing and services provided are trauma-informed and meet the needs of LGBTQ+ individuals and families.

3. Our CoC has a process for assessing compliance with our anti-discrimination policies. This process includes an annual monitoring review and a study of policies to ensure they are non-discriminatory. During monitoring, we ensure that all clients and staff are provided with the program's Anti-Discrimination Policy during intake and informed of the program's grievance process. It is mandatory for receipts that acknowledge the Anti-Discrimination Policy. To informally evaluate our compliance, we connect with local legal services agencies to inquire about any complaints they may have received from clients who did not receive services.

4. Our CoC follows a well-defined process to address noncompliance with our CoC's anti-discrimination policies. We monitor the agencies, take follow-up actions, and report violations found during the process. If agencies continue to be non-compliant, we revoke their funding. We engage and educate privately funded programs like shelters to ensure they comply with our policies. To ensure that individuals experiencing homelessness have access to quality and non-discriminatory services, we provide alternative options such as other shelters or motels.

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

| You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen. |
| Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one: |

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Town of Amherst	22%	Yes-HCV	No
Niagara Falls Housing Authority	31%	Yes-Public Housing	No

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

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

(limit 2,500 characters)

1. We have been actively working with our PHA partners. Three of them are on the CoC board, and they have been very supportive of our mission to end homelessness. The Town of Amherst HCVs are administered by Belmont, who has set aside 225 vouchers for people who are currently homeless. Referrals come directly from shelters and coordinated entry. In addition, Belmont administers the VASH voucher program, which helps at-risk or homeless veterans.
The Rental Assistance Corporation (RAC) administers the vouchers for the City of Buffalo. Starting in 2019, they also committed 25 vouchers to support our Moving On Initiative. RAC also administers mainstream vouchers that are exclusive to clients who are currently or recently homeless. Belmont, RAC, and NYS Home & Community Renewal received EHV and adopted homeless preference, taking clients directly from coordinated entry and those who are in Rapid rehousing.
Other efforts and successes in engaging with PHA include the Buffalo Municipal Housing Authority (BMHA), which administers non-elderly disabled and mainstream vouchers and has been partnering with the CoC to accept referrals for people moving on from PSH, as well as TH/RRH since April 2017. BMHA amended its Admissions and Continued Occupancy Policy to include homeless preference in their housing units and HCV.
The Niagara Falls Housing Authority and the City of North Tonawanda have established homeless preference in their ACOP/Admin Plan for HCV and/or Public Housing units.

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

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

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

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

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

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

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

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

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

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

PHA
Town of Amherst
City of Buffalo
NYS Housing Trust...

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

Name of PHA: Town of Amherst

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

Name of PHA: City of Buffalo

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

Name of PHA: NYS Housing Trust Fund Corporation

1D. Coordination and Engagement Cont'd

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

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

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

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

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

1D-2.	Housing First–Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	29
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	29
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

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

(limit 2,500 characters)

1. All programs that are CoC/ESG funded are required to utilize the Housing First model. The CoC evaluates every recipient to determine if they use a Housing First approach by monitoring projects every two years to ensure their policy and implementation align with Housing First. We audit random case files to ensure a Housing First approach is implemented throughout program participation, not only at program entry/exit. We confirm information with the CE and CoC leads, who attend meetings to discuss referral rejection and case closure. Noncompliance facing immediate action.

2. We adopted the Housing First Assessment Tool HUD provided in our local monitoring form. The tool includes Access and input, leases, services & housing, and project-specific sections. The list of factors and performance indicators includes but is not limited to: Coordinated Entry referral information-accept and denial cases to ensure projects are low barrier and do not deny assistance for reasons such as service participation, criminal record, DV experience, and sobriety; Admission process is expedited and low barrier; Projects do not deny assistance for unnecessary reasons; for TH, focus on safe and quick transitions to PH etc.

3. Our CoC regularly evaluates projects outside our local CoC competition to ensure the projects use a Housing First approach. As the CoC lead, we conduct site monitoring every two years to review policy, procedures, and case files. We utilize the monitoring visit as an opportunity to have a deeper conversation with providers and assist them in improving program implementation. After the monitor visit, we follow up with housing providers regularly via one-on-one and group meetings to continue the improvement throughout the year. Case managers can share the challenges they face in these meetings via safe, non-punitive, and open discussions. CoC staff or other providers can then share strategies for assisting clients using Housing First, person-centered, harm reduction approaches. Recently, the CoC contracted with Housing First University to provide individual TA support for all the CoC and ESG programs to support implementing the Housing First approach.

1D-3.	Street Outreach–Scope.	
	NOFO Section V.B.1.j.	

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

(limit 2,500 characters)

1. Our street outreach team engages with homeless community members across the CoC's urban and rural areas. We visit soup kitchens, drop-in centers, food pantries, public parks, abandoned buildings, parking lots, shopping centers, public transportation stations, bridges, and places not meant for human habitation. In New York, we offer shelters to all unsheltered clients as it is a Right-to-Shelter state. Our outreach teams communicate directly with area shelters to discuss vacancies and provide a warm handoff for community members who have decided to participate in services. We report outreach contacts in HMIS and use the information as part of the case conferencing and by-name list to ensure all clients access housing. We use 211 as a centralized call center for people to report sightings of unsheltered people or to request services. For veterans, there is a dedicated VA hotline. VA sends outreach workers to engage with veterans on the street or at service locations. Our outreach teams have close relationships with law enforcement to locate unsheltered people and ensure they do not face criminalization. We offer linkage to services such as mental health support, harm reduction education and supplies, and medical care.2. Our CoC's Street Outreach covers 100% of the CoC's geographic area. 3. The frequency of street outreach efforts varies by county. In urban areas, street outreach occurs daily at the least, while suburban areas are covered weekly. Rural areas are covered at least once a year. If outreach services are required, they are accessed immediately by calling 211.4. Our organization has developed a street outreach program to reach those less likely to seek assistance. We achieve this by employing staff with lived experience of homelessness and partnering with various providers such as Vets, LGBTQ, youth, DV, families, and older adults. This approach has proven more effective in engaging with the target population. Our outreach team comprises LGBTQ+ representatives and 50% BIPOC, and we also collaborate with university medical students and mobile clinics to provide onsite healthcare services to those in need. Our outreach teams are trained annually in person-centered and harm-reduction approach services. They work towards building trust in the community by listening and offering support in the form of food, resource guides in different formats, hygiene products, language interpretations (including sign language), and connecting them to assistance.

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

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

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

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

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	1,021	1,050

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

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

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

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

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

(limit 2,500 characters)

1. The Department of Social Services (DSS) provides training on application submission and program eligibility. Training includes food stamps, SSI, Safety Net, and TANF. 211 offers up-to-date information on substance abuse, mental health, and other programs on its website. The CoC lead also invites programs to monthly meetings to ensure all members know local program information such as DV, mental health, substance abuse, and employment programs. Through this, the CoC can keep its members informed and updated when changes occur. Additionally, many mainstream providers sit/chair committees and workgroups throughout our CoC.

2. Our CoC works with project staff to bring healthcare organizations onsite at homeless service provider locations with providers by enrolling new clients into medical insurance programs or re-certifying clients to ensure coverage does not lapse. In addition, homeless and healthcare providers participate jointly in outreach events, assisting clients with obtaining healthcare coverage and making referrals to needed services. The CoC has several Health Homes. Health Homes provides case management services to Medicaid and Medicare recipients. Care coordinators help to reduce the utilization of avoidable/preventable inpatient stays and ER visits and improve health outcomes. They help link individuals to a primary care physician, medical specialist, immediate care facility, pharmacy and assist with navigating the healthcare system. They also provide referrals to services in the community. These services include mental health and substance abuse counseling, education and employment resources, housing programs, domestic violence support, and LGBTQ-affirming programs. Lastly, the CoC collaborates with local hospital systems to coordinate treatment and discharge planning with specialized social workers to provide a specific level of need for facility placement and Medicaid benefits assessment.

3. Our CoC works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff through ongoing promotion of SOAR training. Every CoC program has at least one staff member being SOAR trained. Through this ongoing initiative, our CoC expedites the SSI/SSDI application time for homeless individuals and improves the quality of the information submitted with the application.

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

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

(limit 2,500 characters)

The CoC has increased the funding needed to place people in non-congregate shelters and has increased placement in motels/hotels. New York State is a right-to-shelter state. The Department of Social Services has always been utilizing motels as shelters to provide immediate access for those who are experiencing homelessness. Compared to 2022, in 2023 PIT, we increased motel placement from 181 to 545, a total of 364 bed increases on a single night. The possible reasons for the increases include evictions after the eviction moratorium, a lack of affordable housing, special accommodations, vulnerable individuals, and DSS keeping families intact- not separating household members. HOME-ARP will soon release additional funding for non-congregate shelters at local and state levels.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1. The NYS Health and Essential Rights Act (NY HERO ACT) protects private sector employees against exposure and disease during a future airborne infectious disease outbreak. Due to this, prevention standards and plan templates provide all NYS employers with skills to help our community be proactive instead of reactive. Additionally, The Emergency Preparedness Law requires public employers to adopt a plan for operations in the event of a declared public health emergency involving a communicable disease. The CoC adheres to these standards with each member's written procedures entailing exposure prevention, exposure controls, and anti-retaliation provisions. In addition to airborne infectious disease standards, the CoC has strengthened partnerships to increase efficiency in community-wide planning to prepare for people experiencing homelessness. This planning includes local and state health departments, homeless service providers, CoC leadership, emergency management, healthcare providers, local government, other nonprofit services, and people with lived experiences.
2. The CDC and NYS Department of Health are instrumental in providing general education and prevention/safety practices in CoC's ability to prevent infectious disease outbreaks among people experiencing homelessness. In addition, the local Departments of Health in Erie, Niagara, Genesee, Orleans, and Wyoming also supported the CoC's quality operations. They partnered with the CoC to provide onsite health events, including updating vaccinations, recommended screening, and informational resources.

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

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

(limit 2,500 characters)

1. The CoC consistently and promptly educates providers on general health and safety practices based on CDC guidelines. The CoC communicates these practices through emails, meetings, and customized training to cater to the specific needs of each provider. The CoC regularly shares updates about NYS Forward Industry Standards with providers. The set of standards includes protocols designed to prevent exposure, which are customized to suit the specific conditions of the locality. The protocols also follow the CDC guidelines for health, cleaning, and disinfection in shelter and non-shelter settings. These standards also address business closures or restrictions based on local COVID-19 transmission data. In addition, there are protocols for isolation, quarantine, contact tracing, and returning to work.

2.Our Continuum of Care (CoC) bridges the gap between public health agencies and homeless service providers. This connection helps to ensure that street outreach providers, shelter, and housing providers are well-equipped to prevent or limit the spread of infectious diseases among program participants. We achieve this by creating enough space for individuals and regularly communicating with local public health officials. Our providers access private and public funds for PPE, sanitizers, hand washing stations, and disinfectants. Facilities are disinfected by professional cleaners when required. We have also made some changes to the layout of our facilities, such as increasing the distance between beds, using dividers, expanding laundry and bathroom capacity, and offering pre-packaged or staggered meal times in dining areas to reduce crowding. As a CoC, we prioritize ensuring participants have access to vaccines. We provide transportation and sponsor on-site vaccine clinics to make it easier for everyone to get vaccinated. Our frontline staff and participants are encouraged to be vaccinated, and we promote all vaccinations. We are proud to say that a majority of our frontline staff members are vaccinated. We will continue to offer resources and support to promote vaccination among our staff and participants.

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

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

(limit 2,500 characters)

1. Coordinated Entry covers 100% of the CoC's geographic area. No wrong door approach has been adopted. Multiple coordinated entry access points, including shelters, resource centers, libraries, and coordinated entry lead locations, as well as utilizing coordinated entry lead phone lines to ensure all people who are in need have access to CE.

2. Our policies and procedures for Coordinated Entry (CE) require all access points and phone lines to use the same standardized assessments and procedures. The assessment is recorded and entered into the Homeless Management Information System (HMIS) to ensure transparency, except for DV survivors. The CE-Lead hosts regular by-name meetings, and all access points and community partners have access to the by-name list, ensuring that we all follow CE P&P procedures and hold each other accountable. The CoC lead monitors the assessment process by reviewing clients in shelter/outreach over 30 days, attending by-name meetings, and ensuring that all providers follow the same procedures. Non-compliance is addressed immediately by sending outreach/CE workers to locations, providing assessment training, and reinforcing policies and procedures.

3. The Coordinated Entry Oversight Committee is responsible for determining or determining the need to change the assessment at least annually. Based on the community's feedback, the CoC lead developed a CE assessment workgroup and has been meeting monthly. Members include outreach, shelter, housing providers, CoC lead, and people with lived experience. HMIS lead also sits on the Oversight Committee and the workgroup to help with the revision assessment and the process. We conducted an annual evaluation of the CE lead and the CE process to gain feedback on improving the assessment process.

| | 1D-9a. | Program Participant-Centered Approach to Centralized or Coordinated Entry. | |
| | | NOFO Section V.B.1.p. | |

		Describe in the field below how your CoC's coordinated entry system:
	1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
	2.	prioritizes people most in need of assistance;
	3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
	4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1.Our CoC promotes our housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity. By using the "no wrong door" approach, multiple access points are located in cities and rural communities to ensure accessibility. This policy has also allowed for relationships to develop between agencies and outreach teams. Annual community-wide training ensures all service providers understand the CE process. Language lines assist people seeking shelter who do not speak English, and we print marketing materials in English and Spanish and intend to expand to other languages based on feedback.

2.Our CE system prioritizes people who experience homelessness the longest, only using the standardized Vulnerability Index tool as a tiebreaker to ensure prioritization of people experiencing homelessness the longest, especially those on the street or with disabilities.

3.Our CE system ensures people most in need of assistance receive permanent housing promptly by conducting the assessment as soon as clients engage with shelter or outreach staff. There is no requirement on the length of stay in a shelter before completing an assessment. CE prioritizes clients who have been homeless the longest to RRH or PSH, especially individuals that are unsheltered. Secondary criteria for placement derived from the VI score. If a client meets multiple criteria, options are provided and explained to the client.

4. A CE assessment workgroup was formed to identify and take actions to reduce burdens on people using CE. This Committee consists of individuals with lived experience and providers throughout the community. They review the assessment to eliminate unnecessary questions and revise questions to be more trauma-informed and person-centered. Our goal is to create an assessment that better represents our community. We also analyzed the data we collected through a lens of racial equity, identifying the most relevant factors in determining an individual's vulnerability and the causes of prolonged homelessness. We are also creating a validation model to ensure the new assessment will be racially equitable and reflective of participants' vulnerability.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1. Our CoC affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness by creating culturally inclusive and multilingual material. Our CoC reaches out and has a variety of partners, such as faith-based groups, advocacy networks, BIPOC organizations, health providers, schools, and rural organizations. We distribute and inform the community via multiple channels, such as traditional media and social media, libraries, community centers, and outreach teams.

2. Upon intake, agencies in our CoC provide written information to all program participants, including brochures and complaint forms that outline their rights and available remedies under federal, state, and local fair housing and civil rights laws. Our training educates participants on available resources and their rights. Throughout our community, we display Fair Housing and Equal Opportunity posters in administrative offices and in the lobbies of offices used by all CoC organizations that meet with applicants and participants.

3. Any conditions or actions that impede fair housing choice for current or prospective program participants shall be reported to the Town, City, or County. For instance, Erie County has hired a local agency called Housing Opportunity Made Equal (HOME) to investigate such complaints. HOME provides free and comprehensive support to victims of housing discrimination. They also offer paralegal counseling to resolve landlord and tenant disputes. HOME investigates housing discrimination complaints using testers to gather evidence, interview witnesses, and counsel individuals on their rights and options under federal, state, and local laws. Any observed conditions or actions will be documented and reported to HUD or legal agencies. Periodically, jurisdictions also conduct fair housing analysis, and members of the CoC are involved in reporting observed conditions that impede fair housing through that process. The CoC collaborates closely with fair housing enforcement and legal services agencies, such as HOME, Neighborhood Legal Services, and the Attorney General's office, to report instances of discrimination and to address impediments to fair housing.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	04/19/2023

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

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

(limit 2,500 characters)

1. Our process for analyzing racial disparities includes creating customized reports via HMIS to review the racial composition of all new admissions and exits within a year in each CoC-funded project. Additionally, aggregated data for each program type (e.g., RRH and PSH, YHDP) compare the racial composition of all people experiencing homelessness within a year. Positive outcomes, such as an exit to permanent housing for each race group also is being reviewed. We review this information at least annually with the Coordinated Entry Oversight Committee. In conjunction, our local mental health-funded residential programs also review similar data to ensure their system's racial equity. We also utilize the CoC Racial Equity Analysis Tool offered by HUD and Stella P to compare the outcomes of people of different races and system pathways. Besides data, we use focus groups and surveys to obtain input from program participants directly, including questions regarding racial impact on accessing services.

2. Although data revealed a disproportionate representation of the BIPOC population among the population experiencing homelessness, our CoC-funded project enrollment and outcomes appear racially equitable/socially justified, with slight variations depending on the reporting timeframe. The racial composition for all new FY22 enrollments in CoC-funded programs is as follows: Indigenous (2%), Asian/Hawaiian/Pacific Islander (1%), Black (47%), White non-Hispanic (37%), White-Hispanic (6%), multiple races (6%), and data not collected (0.3%). Compared to all people experiencing homelessness using FY22 system-wide LSA data: Indigenous (2%), Asian/Hawaiian/Pacific Islander (2%), Black (40%), White-non-Hispanic (37%), White-Hispanic (6%), multiple races (5%), and data not collected (8%). The proportion of clients served by CoC projects by race/ethnicity is nearly identical to those experiencing homelessness, with only Black clients served by CoC projects at a higher rate. Avg. Days homeless for White clients are 118 whereas for Black clients are 113, and all other BIPOC populations have lower days. 70% of the White clients who exited the CoC-funded programs had a positive outcome compared to the 74% success rate of the BIPOC population. Although BIPOC populations have a higher success rate in CoC-funded programs, they also have a slightly higher likelihood to return (23% vs. 21% for White individuals).

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

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

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

6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

As stated in detail 1D-10a, the proportion of clients served by CoC/ESG projects by race/ethnicity is nearly identical to those experiencing homelessness with only Black clients served at a higher rate. Also, 70% of the White clients who exited the CoC-funded programs had a positive outcome compared to the 74% success rate of the BIPOC population. Based on our current data analysis and client feedback, we have not seen indisputable racial disparities in CoC-funded programs in selections, provision, and outcomes of the clients. Ensuring the CE process is transparent and constantly being monitored is the key. There are times when new staff might be unsure about the process and "cherry picked" clients. CE and CoC lead take action immediately to address the bias and will not accept turning back client referral or will not accept clients that are not referred through CE. Although these biases are usually not due to race, rather how challenging the client is . Keeping the process strict and fair will ensure all programs perform the same. We also observed bias last year with higher rates of the Hispanic population being served. That's due to one organization's primary population being Hispanic and they are turning non-Hispanic clients away. CoC and CE lead continually work with them to address the importance of their programs to the whole community and we no longer see the bias this year.

Although we do not currently see racial disparities throughout our COC-funded programs, systematic racism, and social disparities exist within our community. As seen in most of the Country, BIPOC populations are over-represented in the homeless system. By utilizing LSA, we also know that they are returning to homelessness at a high rate. We continually work to address these disparities by 1. Encourage other systems to conduct disparity analysis. For example, Erie County is conducting a racial evaluation in foster care determination to identify any discrepancy between White family cases and BIPOC family cases. 2. Partnering with all mainstream resource providers. Erie County also started an initiative to improve the support system for working families, children, and older adults to ensure no one was left behind. These efforts are county-wide including 60+ partners working towards the same vision. 3. Advocacy for policy changes and breaking down stigmas. We provided Homeless 101 workshops to the public and supported tenant rights law changes to address discrimination.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

	Describe in the field below:
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(limit 2,500 characters)

1. We utilize data, workgroups, focus groups, surveys, and interviews of people with lived experiences to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance. Examples of measures we use include but are not limited to:
For access, 1)comparing total population/poverty to people experiencing homelessness. 2) compare disaggregated new admission data for RRH/PSH to overall homeless populations. 3) compare all people experiencing homelessness to those who are on the By-Name list/completed the CE assessment. This data has consistently shown that our By-Name list reflects all people who are experiencing homelessness. 4)reviewing zip code information to target the most distressed areas. 5) review PIT count for sheltered and unsheltered populations
For housing outcomes, 1) compared different groups of population exit destinations in all program types (shelter, outreach, housing). 2) compare the exit and return outcomes for different race/ethnic groups. 3) # Days homeless are used to determine if different racial groups wait longer for assistance. 4) compare days to housing for those who are enrolled in housing programs. 5) We also examine other demographic data (gender, age, and household composition) served in RRH/PSH compared to those who are in ES/TH. We review these measures at least annually. When disparities are identified, we keep track of baselines and compare the updated report to see if progress is being made.
2. Data-specific measures mentioned above utilize HUD CoC Analysis Tool: Race and Ethnicity, Stella P, PIT, and customized reports made by the HMIS Lead using HMIS data.

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

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

(limit 2,500 characters)

The CoC values the input of individuals with lived experiences and prioritizes involving them in the decision-making process. To ensure meaningful engagement, we employ various outreach efforts to recruit and support individuals. These efforts include: (1) utilizing social media platforms, especially engaging with youth members through dedicated Facebook and TikTok pages for youth recruitment; (2) partnering with service providers to hold tabling events at their locations, allowing participants to learn about CoC, Youth Action Board, Lived Experience Advisory Council, and various workgroups, and choose what they might be interested in joining at different commitment levels. We also host listening events/focus groups at shelters or resource centers, which provide convenient locations and attract better turnouts, allowing us to obtain a wide range of feedback. Service providers also help distribute or post flyers to their participants and identify individuals who might be interested in joining workgroups, incentivized by additional points in the Application Review Process; (3) peer outreach, where existing members help us reach new members and host tabling events; (4) compensation, which we clearly state in all outreach materials; (5) ensuring meaningful engagement by including participants in the decision-making process and informing them how we utilize their feedback. This helps keep existing members engaged and understand the importance of the work.

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	12	1
2.	Participate on CoC committees, subcommittees, or workgroups.	12	1
3.	Included in the development or revision of your CoC's local competition rating factors.	24	6
4.	Included in the development or revision of your CoC's coordinated entry process.	33	1

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

There are many ways that the CoC and its member organizations provide professional development and employment opportunities to individuals with lived experience of homelessness. The CoC offers peer positions to facilitate the Advisory Boards. Members of these advisory boards receive training on professional development, including public speaking, professional workplace and meeting etiquette, interviewing, ethics, boundary setting, career coaching, advocacy, and other employment-related topics. We also provide opportunities to use and develop skills learned by compensating all people with lived experience's involvement in the CoC, including attending YAB/Advisory Board meetings, committee meetings, and participating in focus groups and surveys. To further improve professional development and knowledge of systems, our CoC offers opportunities for people with lived experience to attend conferences, speak in public, and participate in local and state meetings to advocate for homeless community members.

As a result of our advocacy and education regarding the importance and benefits of incorporating individuals with lived experience of homelessness into CoC programs, many membership organizations created specific peer positions and paid fair wages for these positions. Agencies also changed their hiring practices to recruit more people with lived experience. Such changes include removing requirements for particular educational degrees or certificates from job descriptions whenever possible and valuing lived experience as equal to other work and educational backgrounds. Another hiring practice is removing biases and encouraging the recruitment of more BIPOC candidates to reflect the populations served by CoC programs accurately. Common practices include using culturally inclusive and plain language in advertising materials, diversifying the locations/websites where agencies post jobs, having diverse interviewing panels, etc. Many membership organizations help people with lived experience obtain peer certification, which provides training to peer staff on professional knowledge, skill development, and healthy boundaries. Our CoC has also identified and is currently addressing the need to identify all resources available and create the critical infrastructure necessary to identify, recruit, and train individuals with lived experience of homelessness to build capacity for our membership organizations to strengthen and move this initiative forward.

	1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
		NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

1. The CoC Lead and its partner agencies routinely gather feedback from and share decision-making power with people with lived expertise on their experience receiving assistance. Through holding Youth Action Board, Lived Experience Advisory Council, focus groups, surveys, interviews, and inviting people with lived experiences to committees/workgroups, we can address issues experienced by program participants, improve program design and outcomes, and utilize positive feedback to confirm things that are working well. Specifically, two focus groups were held exclusively with people with lived experience to discuss Rapid Rehousing program policy and practice. Participants were also invited to the discussion with provider groups afterward for the actual revision of the policies and to be part of the approval process. We conducted four focus groups at the shelter to evaluate their experience related to coordinated entry. We included people with lived experience in our committee and the CE assessment committee.

2. Some examples of steps that the CoC and its partner agencies have taken to address challenges raised by people with lived experiences: a) We have updated the Rapid Rehousing policy to determine rental assistance based on clients' income rather than a percentage of rent. We also created guidelines around determining when a client will be self-sufficient and no longer need rental assistance. b) We met with service providers to emphasize the significance of warm handoff. These meetings are necessary due to the high staff turnover in recent years. We strive to ensure that our clients are kept up-to-date during any changes and that there are no interruptions to the services due to staff turnover. c) We started the CE assessment workgroup to reconstruct the CE assessment. d) We are coordinating with employment agencies to assist shelter residents with employment. e) We hosted meetings with service providers regarding ensuring clients' overall well-being rather than only focusing on housing. Providers received positive feedback from people with lived experience for taking participants to group activities and social clubs to help them build community connections.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1&2: The CoC lead attended HOME-APR planning meetings with the City of Buffalo, Niagara Falls, New York State, the Town of Amherst, and Erie County to advocate for more affordable housing and rental assistance to low-income individuals and families in our CoC. In these meetings, we advocated for zoning changes to support the future development. In the City of Buffalo, zoning, land use, and regulation have been reviewed and improved recently with many public meetings with public input supporting the creation of more affordable housing. Improvements/revisions included increasing the permitted density in residential zones and removing density limits in other zones where residential is permitted. These revisions promote affordable and livable neighborhoods by encouraging walkability, bicycle-friendliness, transit-friendliness, and mixed-use areas while allowing homes to be built on smaller lots. In addition, we attended public hearings and provided comments on ESG, CDBG, and HOME-APR plans to advocate for rental assistance and more housing development. Erie County has a Housing Taskforce that is County directed, and the CoC participates. This task force reviews barriers and creates solutions to increase affordable housing within the County. Our partners from rural communities met with the town officials to advocate for the development of shelters in their communities.

Our CoC developed partnerships with advocacy groups such as Housing Opportunities Made Equal (HOME), People United for Sustainable Housing (PUSH Buffalo), and the UB Law School's Civil Rights & Transparency Clinic to develop a comprehensive plan to remove systemic barriers to the creation of affordable housing. In this plan, these advocacy groups are promoting policies to increase access to vacant public land by having our local municipalities amend their charters to include a citywide Buffalo Tenant Bill of Rights. Passing this bill would directly impact the preservation of naturally occurring affordable housing, improvements to housing conditions, and enhanced housing security for vulnerable tenants.

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

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

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

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	08/23/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	06/21/2023

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

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

	5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
	6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	120
2.	How many renewal projects did your CoC submit?	27
3.	What renewal project type did most applicants use?	PH-PSH

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

		Describe in the field below:
	1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
	2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
	3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
	4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1. The CoC utilizes HMIS and comparable databases to evaluate each project's outcome. We use entry/exit, move-in date and destination data to determine if the program participants maintain or exit to permanent housing.
2. Regarding how long it takes to house people in permanent housing, we utilize days between program entry and move-in date.
3. All programs are required to use Housing First and Coordinated Entry. So, there should not be differences in severity in program participants. However, our CoC understands that individual cases might impact the program score. In the local application, all renewal applicants are asked to describe challenges they faced, especially in areas where they lost points. Although these individual cases being described in the application may not affect the scoring/ranking, the Committee will make decisions on whether to reallocate a program based on acceptable challenges that affect a program's performance. Examples that the Selection Committee will accept include participants being in and out of jail during the housing search period, how a client's sobriety impacts their ability to meet with landlords, or discharging a client due to violent behavior like threatening staff or other participants' lives. The Project Review Committee interviewed the lower scoring agencies before making the final decision.
4. Bonus points were applied to projects with the intent to compensate the points lost in other performance areas: 80% of clients with 2+ disabilities for PSH or 50% of clients with 1+ disability for RRH/TH (5 points), more than 40% of Households with 0 income at enrollment(5 pts), more than 10% of households with five or more members (2 points). Besides consideration of individual cases outlined in Element 3, regional needs and the population served will also be considered when lower-performing projects are in the area that has no other projects or replacement projects or are serving a unique population that has no replacement projects. Another regional consideration could be housing stock in one County might be lower than in another.

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

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

(limit 2,500 characters)

1. Black, Hispanic, and Indigenous persons are over-represented in the local homeless population. The percent of over-representation for Black persons is 36% (11% of the general population v 47% of the homeless population), and the percent over-representation for Hispanic persons is 6% (5% general v 11% homeless). The percent over-representation for Indigenous persons is 1.82% (0.59% general v 2.41% homeless).
CoC obtained input from people with lived experience in reviewing and revising the local competition rating factors by hosting focus groups exclusively with people with lived experience and discussing with the Lived Experience Advisory Council (LEAC). The focus groups and the LEAC consisted of over 50% Black participants. Participants also include Indigenous and Asian representatives. Score changes are reflected based on their priority. Revised application questions reflected questions of their concerns. In this year's application, we added questions about allowing clients to choose their housing search process.

2. The Project Review Committee is responsible for reviewing, scoring, selecting, and ranking projects. We have invited people who represent those over-represented in the homeless system to the Project Review Committee, however, only 2(20%) Black members, and 1 (10%) Black and Indigenous members were able to participate. We want to have meaningful participation instead of tokenization. Our goal is to have at least 60% BIPOC/LGBTQ representation on the committee, though it has taken longer than anticipated.

3. Enrollment data shows that we have been equitable and so that has yet to be part of the scoring criteria. However, other barriers were identified from those with lived experiences in outcomes. We increased the employment score based on the challenges reported in finding employment and the need for programs to provide more support in connecting them to employment due to racial bias in the hiring process. We created additional questions on how agencies support participants' choice in the housing search process due to feedback received regarding concerns about specific neighborhoods and discrimination they faced from landlords. We also increased points in the question regarding involving clients in the decision-making process and awarded more points for projects that took action in removing barriers for individuals to participate in CoC focus groups, committees, and decision-making structures.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

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

(limit 2,500 characters)

1. Our CoC Funding Guide clearly states the reallocation criteria, such as unspent funds, low performance, program design not aligning with best practices, voluntarily reduced/given up funding, or out-of-compliance. All renewal projects will submit an application, budget, financial audits, and HUD audit report. The score is based on objective performance metrics extracted from HMIS/comparable databases and a small portion of narrative answers that an independent Project Review Committee scores. The CoC lead reviewed the Spending Report from the local HUD office to monitor grantees' spending. Those with over 5% unspent funds must explain the reason and provide an action plan in their application. The committee interviews lower-scored project applicants and discusses their challenges before making final reallocation decisions.

2. Yes, we identified lower-performance projects.

3. No

4. The CoC did not reallocate funds in the FY23 competition for the following reasons: 1)Most of the lower-scored projects are facing significant staffing issues, 2)We tried to proportionally reallocate one of the RRH projects due to its staffing capacity and RFPed for a replacement project. We actively sought partners to take on new projects for reallocation or bonus. However, no agency responded to the RRH RFP. Besides the challenges that all homeless services agencies face-- staffing-- we heard almost all potential applicants saying no because of the limitation on CoC grants, especially regarding RRH. These limitations include there being no operation cost associated with Rental Assistance projects, which means no furniture line, no repair line, supportive service line does not increase to compensate salary changes, leasing is not an option for RRH, limited admin fund, match requirement, restriction on 2-year assistance, etc. We tried to educate and encourage as much as possible. However, it did not yield a project that meets our local needs. After weighing between reallocating to other project types and continuing to support the existing projects so that we don't lose these critical RRH beds for our community, the Project Review Committee decided to continue with the project. The leadership and operational staff have committed to intensive training and have been receptive to technical assistance and guidance provided by the CoC Lead and community partners.

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

| | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023? | No |

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

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

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/12/2023

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

Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/25/2023

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	

You must upload the Notification of CoC-
Approved Consolidated Application attachment
to the 4B. Attachments Screen.

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/25/2023

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	05/02/2023

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

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

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

(limit 2,500 characters)

1. We continuously work with local DV providers to review cost-effective options and provide technical assistance regarding accurate data collection that coincides with the HUD Data Standards for reporting and Coordinated Entry purposes. The technical assistance we provide DV providers includes consulting on data quality errors, file formatting, and performance data analysis. We request information, such as vendor name and aggregate data (CSV download) that meets the HUD requirement for APR from CoC and ESG-funded DV providers to ensure that they use a comparable database that allows for the collection of the same data elements as published in the HUD Data Standards.
2. Our CoC and ESG-funded DV providers use comparable databases, allowing for the compliant collection of the same data elements as published in the HUD Data Standards. DV providers, not funded by the CoC, use databases with varying standards, but the cost of a comparable database continues to be a prohibitive factor in utilization and selection.
3. Our CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

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

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

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,102	31	986	92.06%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	449	13	370	84.86%
4. Rapid Re-Housing (RRH) beds	410	9	401	100.00%
5. Permanent Supportive Housing (PSH) beds	1,263	0	1,263	100.00%
6. Other Permanent Housing (OPH) beds	70	0	70	100.00%

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. We fall below the 84.99% coverage rate this year for the Transitional Housing category because we have one TH project that serves survivors of DV who do not participate in HMIS. This project operates through a non-Victim Service provider who adheres to VAWA standards and utilizes a comparable database. Although they do not receive funding from VAWA, serving survivors of DV is not their primary mission. They are one of the leading DV service providers locally and have the expertise in serving this population. Following the instructions, we did not include them in the beds in the HIC operated by the VSP category.

2. We followed HUD's guidelines regarding the use of a comparable database and prioritized client safety, so we did not pressure the provider to use HMIS. Instead, we made sure that they were utilizing a comparable database. It's worth noting that our TH projects have a 98% coverage rate, even without considering these beds.

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

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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

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

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

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

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1. The Youth Action Board (YAB), which consists of unaccompanied youth, is leading the youth PIT this year. YAB and youth-serving organizations, including but not limited to YHDP-funded programs, schools, LGBTQ+ service providers, RHY providers, Child Welfare agencies, libraries, and Trafficking victim service providers participated in the PIT count planning and created specific plans to count unsheltered youth.

2. YAB and youth-serving organizations reviewed previous written plans for the youth count and updated them for current known locations to ensure unsheltered youth are counted because unaccompanied youth tend to gather in places different from adults who experience homelessness, our youth identified "hot spots" such as a local coffee shop, gas station, library, and rural youth center, where youth tend to congregate to be added as locations for our count. Additionally, YAB and youth-serving organizations decided what time frame surveyors should be surveying each location to be most effective in finding youth.

3. YAB included youth currently or formerly homeless as counters during our CoC's most recent unsheltered count. To encourage as many youth to be included as counters our youth were compensated for their time and paired with an adult or "seasoned youth" who was a previous counter. Additionally, for those youth who did not feel comfortable asking questions to others but still wanted to be involved in the count, youth resource bags were developed and distributed to encourage involvement.

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

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

(limit 2,500 characters)

1. For our sheltered PIT count, we worked with providers to enter their HMIS data promptly so data quality and accuracy could be verified. We also added a new TH project that works with refugees and asylum seekers.

2. For our unsheltered PIT count we used a combination of service-based counts, especially with youth and outreach teams, to complete census counts of known locations. We also rebuilt our survey tool to facilitate more efficient and accurate data collection. This was complimented by recruiting new volunteers and community partners, particularly youth-focused providers, to participate in the PIT.

3. The changes listed above provided more accurate data in 2023 than in 2022, especially in unsheltered counts, and the results confirmed what local shelters and providers were witnessing on the ground. The results also gave useful data points in identifying trends for directing resources. One of the main reasons identified was people seeking short-term shelter after the NYS eviction moratorium ended. Another reason identified was the inclusion of a project that works with asylum seekers being resettled within our CoC.

2C. System Performance

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

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

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

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

(limit 2,500 characters)

1. We utilized HMIS to identify common characteristics, circumstances, and trends among individuals and families who entered the homeless system for the first time. We also reviewed data from the Department of Social Services, reports from partnered agencies, information from the City's renter database, 211 call center data, DV information provided by DV providers, and community-wide poverty information.
We consulted with stakeholders within the CoC to gather insights on emerging risk factors and system issues, such as immigration/asylum policy and court eviction numbers. We also gather input from people with lived experience through surveys and focus groups to determine risk factors.

2. To prevent people from becoming homeless, our CoC/ESG recipients targeted funding to assist disproportionately affected zip codes, people fleeing DV, heads of households older than 62, households with young children, people with a history of homelessness, people exiting jail, people with chronic disabilities, and zero income households. Agencies screened individuals and families with a homeless prevention tool with the factors identified above to prioritize those most likely to become homeless. This vulnerability score and compliance with HUD financial guidelines (not exceeding 50% AMI) were the determining factors for prevention services such as back rent and relocation support. We saw many more first-time homeless people being evicted this year. Legal representation was being funded through the courts to prevent eviction and connect community members unable to receive Emergency Rental Assistance Funding (ERAP) to homeless prevention providers throughout the CoC. Local resource guides were updated and widely distributed, and 211 was a central resource call center. Individuals and families can also utilize the local Department of Social Services resources, which include emergency utility shut-off, foreclosure eviction assistance, home repair, heating and cooling assistance, and assistance moving to prevent people from becoming homeless. Other strategies include supporting the creation of more affordable housing, connecting the reentry population to resources, and supporting family reunification.

3. The Department of Social Services and ESG recipients

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

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

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

(limit 2,500 characters)

This year's Point In Time Count included a program for asylum seekers that was added due to a policy change. Despite not being a coastal area, Western New York (WNY) shares a border with Canada and three local bridges that are marked as international border crossings. In the past, many individuals crossed every year to seek asylum in Canada. However, in March 2023, the United States and Canada changed the Safe Third Country Agreement, making it harder to cross the Northern Border, and fewer people could come to Canada to seek asylum. Consequently, more people are coming to Western New York, but they are being turned away and forced to live on the streets.

The situation is worse because many migrants have been bussed to New York City from southern cities. Over the past year and a half, more than 100,000 migrants have been bussed to New York City. Some of them think they can cross the border into Canada to seek asylum, so they come to Western New York. However, we don't know exactly how many people are being turned away because the Canadian Border Services Agency and the Department of Homeland Security don't share information. An additional 600 migrants were bussed directly to Western New York by an organization that was trying to help people move out of New York City. Some of those migrants thought they could stay in hotels, but they were not allowed to because they were not referred by the organization.

Due to the rise in the number of individuals unable to cross borders, many have sought assistance from the Jericho Road Community Health Center at Vive, which is the country's longest-running extended-term asylum seeker residential program. However, US asylum claims take longer to process than in Canada, resulting in a backlog of initial asylum claims and an increase in housing instability in the community. Additionally, asylum seekers are not eligible for Department of Social Services benefits for several months after applying for a US claim. As a result, Vive has been operating at well over 100% capacity throughout 2023 and has had to utilize other shelter and college dormitory spaces to accommodate those seeking asylum.

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

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

(limit 2,500 characters)

1. The CoC's strategy aims to reduce the duration of homelessness for individuals and families. This strategy is accomplished by prioritizing individuals who have experienced homelessness for the longest period through programs funded by CoC, ESG, PSH, and RRH. The Town of Amherst and the City of Buffalo PHA also follow this approach for selecting Emergency Housing Vouchers (EHV). Additionally, we help people in shelters access various housing options like EHV, Housing Choice Vouchers, mental health beds, and state-funded affordable housing. Our Housing Navigators and case managers also actively reach out to landlords and share vacancies with participants to increase housing options. We have a Housing First approach and a no-denial policy in all CoC/ESG programs to remove barriers to housing. We offer risk mitigation funds to landlords, particularly those who face greater housing obstacles, as an incentive. Additionally, we use United Way EFSP resources to cover the initial month's rent and assist with moving expenses, utility debt, security deposits, storage, water, and essential household items. Our community partners have received training on the principles and best practices of shared housing, a new approach that offers more cost-effective and high-quality housing options.

2. To identify individuals with the longest history of homelessness, Coordinated Entry leads use data from HMIS and proof of homeless history provided by third parties. The By-Name list is updated weekly and discussed in meetings attended by CE leads, shelter staff, outreach workers, housing case managers, and other partners. Together, they work on solutions that will help these clients and ensure they are referred to any available and appropriate housing opportunities.

3. Coordinated Entry Oversight Committee.

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

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

(limit 2,500 characters)

1. The CoC utilizes many strategies to increase the rate of permanent housing, including a) Ensuring all shelters, transitional housing, and street outreach teams connect to Coordinated Entry (CE). Ongoing training is provided to program staff, ensuring they understand the importance of timely data entry and how to refer clients to CE. b) Increasing housing options: shelters, CE, and Rapid Re-housing case managers work closely to address the housing crisis. Collectively, our CoC identifies the best resources available for clients. Our CoC leverages all community housing resources, such as CoC/ESG-funded Rapid Re-housing, Emergency Housing Vouchers, Foster Youth to Independence(FYI) Vouchers, Non-elderly Disabled Vouchers, State-funded subsidized and affordable housing (Medicaid redesign beds, mental health, and senior housing), local rental supplement programs. c) Improving income for affordability, case managers help clients apply for public benefits and jobs to afford their apartments. d)remove barriers to housing. ES, TH, and Rapid Re-housing work with landlords to identify affordable units. They also help mediate between landlords and clients. We also utilize local legal agencies to fight discrimination when it occurs. Many programs provide household items like mattresses and furniture to help clients move in quickly. e) When we reviewed the # of clients who have returned to homelessness, we learned that many clients were able to self-resolve with the resources/referrals provided to them. However, clients often exit without talking to anyone, so it is hard to have accurate exit data. We continue to provide training and education to ensure staff understand the importance of data entry to reflect a more accurate exit rate.

2. Our exit and retention into permanent housing rates have been over 96% for years. Our success is resulting in 1) Partnering with PHA to support the moving on the initiative. 2) Adopting a low barrier, housing first, and harm reduction approach. Promoting a person-centered approach helps reduce barriers to receiving services. 3) Case managers provide continued support and help to mediate between clients and landlords.

3. RRH and PSH committee

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

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

(limit 2,500 characters)

1. The majority, 95%, of homeless service providers use HMIS to input and keep track of client information. Sharing agreements allow providers to examine a client's homeless history and recognize those who have returned to homelessness. As a member of the BFZ community, we produce a monthly report that identifies individuals and families who are new to the By-Name list and those who have returned to the list. Additionally, we analyze Stella P's data to pinpoint subpopulations more likely to relapse into homelessness than others at the system level.

2. As a community, we recognize that youth are more likely to return to homelessness. Since receiving YDHP funds in 2019, we created family engagement programs to divert youth from homelessness by reconnecting youth with their families/friends and providing ongoing support to aid stabilization. Because of these efforts, we see positive outcomes from a 17% + return rate in previous years, dropping to 9% this year. Other trends we observed and started to target include single adults over 55 (31% returned rate), households with a disabled member (29%), the Black population (28%), and Hispanic/Latin(a)(o)(x) (26%). Based on these data points, we have adopted a targeted prevention strategy over the past three years to prioritize people who have been homeless previously in prevention programs, those with disabilities, those over 55, and people living in under-resourced communities in ESG/CDBG-funded prevention programs. We also utilize resources such as Mainstream NED vouchers, State-funded supportive subsidized housing, and other subsidized housing to target and support these identified populations. Additionally, all case managers attend training sessions that work to help recognize and address risk factors for formerly homeless households with supportive services through utilizing a trauma-informed lens and a collaborative approach. Through this, providers have played a critical role in implementing Moving On services and supports to help program participants reach the point that they no longer need intensive services. Our Moving On efforts have helped program participants take the next step towards housing independence by connecting them with affordable housing or helping them identify other sustainable housing plans, such as a HUD Housing Choice Voucher (HCV), Public housing, shared housing, or family reunification.

3. Homeless Alliance of WNY

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

1. The CoC's strategy includes 1) working with local employment agencies and employers; 2) creating partnerships with public and private organizations that promote employment; 3) developing in-house employment and hiring participants; 4) monitoring program performance on employment and continually promoting employment opportunities; 5) create vocational specialists in PSH/RRH programs; 6) encourage participants to participate in job and education programs; 7) remove barriers to employment such as child care and transportation by providing client child care subsidies and bus passes, 8) bring employment agencies/opportunities directly to clients and 9.) ensure resources to address mental health and substance use needs.

2. The CoC partners with local employment programs, such as Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR), which assists individuals living with disabilities through vocational rehabilitation to reach their employment goals. In particular, our Coordinated Entry Lead agency is also an ACCES-VR agency. They have locations in urban and rural communities within the CoC to assist clients. Local employment programs such as Buffalo Employment and Training Center connect with all CoC programs. Participants are encouraged to enroll in local employment organizations, such as Northland Workforce Training Center, which provides manufacturing/energy training that directly connects to job placements. Other economic self-sufficiency programs also participate through the Departments of Social Services/Department of Senior Services and affiliated nonprofits such as the Buffalo City Mission, Catholic Charities, Veterans One-Stop, and the Goodwill of WNY. The CoC promotes enrollment in the Job Corp, YouthBuild, and the Buffalo Summer Youth Program, which provides young adults with education and job opportunities.

3. Homeless Alliance of WNY

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

1. Strategies used to increase program participant non-employment cash income include: (1) All programs within the CoC have a SOAR-trained staff member. (2) All case managers are trained on mainstream cash benefits eligibility and the application process; this includes Safety-Net and TANF public assistance programs, SNAP, and utility assistance such as HEAP. CoC projects assess the income goals of individuals at intake to connect them with resources such as potential legal services to increase non-employment cash income from available Federal and State mainstream benefit programs. Additionally, clients receive support in applying for these mainstream benefits. We monitor funded program outcomes on increasing non-employment cash income quarterly. The Homeless Coalition hosts a DSS dialogue monthly to communicate updates on the application, concerns from clients or case managers, and confusion on any matters regarding the services/cash benefits that DSS offers. Our CoC encourages persons with lived experience to join advocacy groups to share valuable ongoing insight into community resources. People can apply for benefits online, such as the Supplemental Nutrition Assistance Program, daycare, emergency services, and temporary assistance. Some of these benefits could be applied by mail-in application. If clients wish to meet in person, they can still apply in-person and have a walk-in appointment.
2. The Department of Social Service

3A. Coordination with Housing and Healthcare

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

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

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

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

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Caz Recovery CH E...	PH-PSH	28	Both

3A-3. List of Projects.

1. What is the name of the new project? Caz Recovery CH Expansion 2023

2. Enter the Unique Entity Identifier (UEI): JQGBKAGG8HL1

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 28

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

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

(limit 2,500 characters)

NA

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

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

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

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

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

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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

(limit 2,500 characters)

NA

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

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

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

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.l.	

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

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

You must click "Save" after selecting Yes for element 2 PH-RRH or Joint TH/RRH Component to view questions 4A-3b. through 4A-3h.

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section I.B.3.l(3)	

	Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:	

1.	Applicant Name	Child and Family Services of Erie County
2.	Project Name	CFS DV bonus Domestic Violence Coordinated Entry
3.	Project Ranking on Priority Listing	29
4.	Unique Entity Identifier (UEI)	W4HJEY37JEJ5
5.	Amount Requested	$77,484

4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.I.(3)(c)	

	Describe in the field below:
1.	the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1 of this question.

(limit 2,500 characters)

1. When survivors of domestic violence (DV), dating violence, sexual assault (SA), and stalking seek services, it's important to provide them with specialized attention and safety planning, especially if they're planning to leave an abusive situation. Even though our Coordinated Entry (CE) system offers basic DV training, the individuals who work and provide services through CE lack advanced knowledge of best practices for safety planning and supporting survivors since they are not trained DV advocates. Furthermore, CE services are located in a public area that is highly visible, which can pose challenges for survivors who may be at risk of stalking or may have abusive partners attempting to locate them after they have left.

2. The proposed project, once funded, will address the concerns of the current CE system by ensuring that our Housing Assessment Specialist receives comprehensive, advanced training on DV and working with DV, dating violence, SA, and stalking victims, including safety planning and lethality assessment. Furthermore, the proposed project staff have extensive knowledge and are available for case consultation to provide additional services to any victim seeking CE assessment through our project. The proposed project will be run from an undisclosed location, offering safety and security to victims seeking CE services and preferring them in person. Additionally, the applicant is also capable of providing telephonic and video services to victims in a safe manner. They have received training and have expertise in discussing safety planning with victims to help them prepare for engaging in the CE process in a way that is safe for them.

4A-2b.	Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.I.(3)(d)	

	Describe in the field below how the new project will involve survivors:
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1. The applicant is a Victim Service Provider (VSP) who values client input and understands that incorporating the insights of survivors with lived experience will be vital to the program. Therefore, they plan on hosting a series of listening sessions with participants who have lived experience of homelessness and as a survivor of domestic violence, dating violence, sexual assault, and stalking to receive their input.

2. Clients who have completed the CE process, including assessment and waitlisting, will be invited to participate in the first listening session. The session will gather feedback about current program procedures and policies through a series of questions. The feedback will be used to identify areas that require improvement or change. The Project Applicant will make appropriate changes to the program based on this feedback. After a few months of implementing the changes, a second listening session will be held. Clients will be asked guiding questions to gather feedback about whether the changes have been effective, improved the program, and identified additional areas for improvement or change. The Project Applicant will continue to hold additional client listening sessions during the implementation of the program to ensure that the client's lived experience and input are part of the program's operation. The Project Applicant has a robust client satisfaction survey program as part of the program evaluation process. Shelter clients will receive satisfaction surveys every two weeks, and all other clients will complete surveys at intake, closing, and at least quarterly during their receipt of services. Program leadership examines satisfaction data monthly, and the program director prepares a quarterly report about satisfaction survey data and client feedback. This report includes plans to implement changes and improvements to the program as needed based on client feedback.

Applicant Name
This list contains no items

4B. Attachments Screen For All Application Questions

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA homeless pref...	09/15/2023
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/15/2023
1D-11a. Letter Signed by Working Group	Yes	Letter signed by ...	09/20/2023
1D-2a. Housing First Evaluation	Yes	attached is our m...	09/25/2023
1E-1. Web Posting of Local Competition Deadline	Yes	webposting-new pr...	09/15/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/15/2023
1E-2a. Scored Forms for One Project	Yes	Scored form for o...	09/15/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	CoC did not reduc...	09/21/2023
1E-5a. Notification of Projects Accepted	Yes	email notificatio...	09/20/2023
1E-5b. Local Competition Selection Results	Yes	local competition...	09/15/2023
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	FY2023 HDX Compet...	09/20/2023
3A-1a. Housing Leveraging Commitments	No	PHA commitment le...	09/20/2023
3A-2a. Healthcare Formal Agreements	No	Applicant is also...	09/20/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA homeless preference-Amherst and Niagara Falls

Attachment Details

Document Description: PHA Moving On Preference-RAC and BMHA

Attachment Details

Document Description: Letter signed by Coordinated Entry Assessment workgroup members with lived experience

Attachment Details

Document Description: attached is our monitoring result from one of the PSH program. Housing First elements are highlighted light blue throughout the document.

Attachment Details

Document Description: webposting-new project deadline Aug 23, renewal June 2. Posted new project RFP on July 14.

Attachment Details

Document Description: Local Competition Scoring Tool-Page 7-11 of CoC funding guide

Attachment Details

Document Description: Scored form for one PSH project

Attachment Details

Document Description: CoC did not reduce or reject any project.

Attachment Details

Document Description: email notification to all project applicants.

Attachment Details

Document Description: local competition selection with project name, score, rank, accepted status, request amount and funding amount.

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: FY2023 HDX Competition Report

Attachment Details

Document Description: PHA commitment letter to support 5 vouchers

Attachment Details

Document Description: Applicant is also a healthcare provider. Once is funded, will provide substance use treatment and support services equal value to 30% of total request.

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/27/2023
1B. Inclusive Structure	09/22/2023
1C. Coordination and Engagement	09/22/2023
1D. Coordination and Engagement Cont'd	09/25/2023
1E. Project Review/Ranking	09/25/2023
2A. HMIS Implementation	09/21/2023
2B. Point-in-Time (PIT) Count	09/21/2023
2C. System Performance	09/21/2023
3A. Coordination with Housing and Healthcare	09/21/2023
3B. Rehabilitation/New Construction Costs	09/21/2023
3C. Serving Homeless Under Other Federal Statutes	09/21/2023

4A. DV Bonus Project Applicants	09/21/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

HOMELESS SET- ASIDE

In 1989, HUD's Buffalo Field Office began a "Homeless Initiative", which was intended to make housing assistance programs more responsive to the needs of families and individuals who had been identified by local agencies as homeless and able to live independently in a stable housing environment. Initially, this PHA reserved 50 vouchers for this initiative; currently there are 225 vouchers set aside for homeless applicants.

This addendum is intended to address those areas of program administration that may be handled differently than they are for regular vouchers. The changes or exceptions discoursed in this addendum apply only to the homeless set-aside units.

A.   OUTREACH

Initially, program outreach was done primarily through direct contact with local agencies and shelters serving the homeless population. HUD organized the initial informational meetings and mailings, and the housing agency has conducted follow-up outreach since then.

Presently, applicant selection for this set-aside is conducted by a select group of homeless service providers including Salvation Army, Cornerstone Manor, City Mission, Matt Urban Center and others. Therefore, the PHA provides informational updates only to these agencies. The PHA continues marketing the program to other agencies that provide services to homeless families but includes in that marketing the fact that all applicants are now selected and referred by the select agencies. There are opportunities for other agencies to join the select group.

B.   QUALIFYING AGENCY

The program design calls for applicants to be "linked" with a local service agency or shelter referred to as the "qualifying agency". There are two reasons for doing this:

> To ensure that clients receive the supportive services they require, to improve their ability to locate suitable housing, and to increase the likelihood that the client will be successful in their transition to permanent housing; and

> To ensure that set-aside units are made available to persons who are truly homeless. The qualifying agencies take on responsibility of interviewing applicants relative to their housing situation and then verify for the housing agency the applicants' homelessness.

The PHA does not waitlist homeless applicants but rather notifies the select agencies when homeless vouchers become available. The select agencies then refer an equal number of qualified families to the PHA for income eligibility determination. Homeless persons who contact the housing agency in hopes of receiving a set-aside voucher are referred to one of the select agencies for homeless services as well as transitional or temporary housing.

C. APPLICANT ELIGIBLITY & SELECTION

Homeless Determination

A few vouchers tend to "turn over" or become available each month for some other applicant's use. The PHA contacts the select agencies to let them know when and how many vouchers are available. The select agencies review their caseloads and identify qualified (homeless) clients. They refer clients to the PHA equal in number to the vouchers available. To qualify for assistance under this initiative, applicants must be homeless at the time of referral to the PHA.

A homeless family or individual is one who:
> Lacks a fixed, regular and adequate nighttime residence; or
> Has a primary nighttime residence that is:
>> A supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
>> An institution that provides a temporary residence for individuals intended to be institutionalized ; or
>> A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

A homeless family may be one that is exiting a transitional housing program. Families meeting this criterion must contact one of the select agencies and request a referral to the PHA next time vouchers are available.

Income Determination

Upon receipt of referral, the PHA contacts the applicant, has them complete an application, and then gathers information and verification of household composition and income. Eligible applicants' income may not exceed the Section 8 very low income limit for their family size.

Program Eligibility Determination

Applicants who are determined to be homeless and income eligible are notified of their selection for the homeless program and directed to attend an orientation, during which they will receive their housing choice voucher.

Once issued a voucher the family has up to 120 days to locate suitable housing. Should the family fail to meet this deadline, the voucher expires and the family must reapply through the regular waitlist. They may not immediately receive another homeless voucher as they have already been given a chance for admission through this set-aside.

HUD - VETERANS ADMINISTRATION SUPPORTIVE HOUSING PROGRAM (VASH)

HUD -Veterans Administration Supportive Housing (HUD-VASH) Program is a national initiative of HUD and the VA. The goal of the HUD-VASH initiative is to show that appropriate health care and other supportive services combined with decent, safe, sanitary and affordable housing, can help homeless veterans with severe psychiatric or substance abuse disorders lead healthy productive lives in the community, and avoid becoming homeless. The initiative combines Section 8 rental vouchers provided by HUD with case management and clinical services provided by the VA at its medical centers.

In response to an application prepared in conjunction with the staff of the Health Care for Homeless Veterans Program at the Buffalo VA Medical Center, this PHA received FY'93 Section 8 funds for 25 VASH vouchers. Since then the inventory of VASH vouchers has increased to more than 300 vouchers.

This addendum identifies the areas of program administration that differ from the regular voucher program.

A.   OUTREACH & ASSESSMENT

Staff of the local VA Medical Center identify veterans with psychiatric or substance abuse disorders, as well as those who may be at risk of homelessness. They accomplish this through their outreach efforts which include regular visits to area shelters, soup kitchens, and street locations where veterans tend to congregate.

After contact is established and a determination is made that the veteran is interested in participating in VASH, the individual is assessed, evaluated, and referred to the VAMC for medical and/or psychiatric treatment. If the individual is not yet on the Section 8 waiting list, the Belmont liaison places the veteran on the Erie County PHA Consortium WL.

B. ELIGLIBITY

With the exception of income eligibility and sex offender status (which the PHA determines), the VA determines a veteran's eligibility for the VASH program. In order to be eligible for rental assistance under this initiative, a veteran must:

- Be living in a shelter or on the street, or be in danger of homelessness when he/she is contacted by the VA staff;

The VA refers eligible veterans to the PHA for placement on the waiting list.

C. SELECTION & INCOME DETERMINATION

The PHA then extends a selection preference to homeless veterans, certified eligible by the VA Medical Center and referred to the PHA for the participation in VASH, in a number equal to the number of vouchers set aside and available for this purpose. Upon receipt of notification from the VA that an applicant is eligible for VASH, the PHA selects the applicant and begins the process of verifying income and allowable expenses. Prior to selection, the VA makes sure that the applicant has received the services necessary to stabilize his/her medical and psychiatric condition.

There is a good deal of coordination and cooperation between the PHA and VA during this stage of the process. The case manager from the VA is instrumental in collecting the necessary documents and certifications. They help the applicant to stay focused on the process; meeting deadlines and following through with tasks. The case manager usually accompanies the applicant during visits to the PHA's office.

D. VOUCHER ISSUANCE AND HOUSING SEARCH

Once the applicant has been determined income-eligible by the PHA, he/she attends an orientation and a voucher is issued. The initial term of the voucher is 120 days. The PHA and the VA both provide housing search assistance to the voucher holder during this period. Once a week, the PHA provides updated available unit listings to the VA case manager, who reviews them with their client. The case manager often arranges for the transportation (if necessary) so that the voucher-holder can see the apartment and meet the landlord.

The PHA and the VA will make every reasonable accommodation to help the VASH participants find suitable housing during the 120 day search period.

If Section 8 assistance for a participant under this initiative is terminated, the rental assistance will be re-issued to another eligible veteran.

E.   TERMINATION OF ASSISTANCE.

Participants in VASH are advised prior to entering the program that their continued receipt of Section 8 assistance is dependent upon their compliance with their VA service plan. This includes being drug free. If the VAMC staff determines that a VASH participant is using illegal drugs and is not actively participating in a rehabilitation program, the participant's Section 8 assistance may be terminated.

The PHA will not terminate the assistance of a VASH participant without prior written notice to the participant and VA Case Manager. The PHA will seek to resolve problems that arise by meeting and discussing the situation with the involved parties. Termination will occur only after all other options have been exhausted.

F.   DEATH OF VASH PARTICIPANT.

If the eligible veteran dies while being assisted through the VASH Program, the remaining member(s) of the assisted household shall retain the VASH voucher.

If the VASH Program is fully utilized and the VA refers a new veteran for admission to the Program, the PHA may issue the remaining member(s) of the deceased veteran's household a regular voucher, assuming there is one available. Given the scarcity of regular vouchers and the extremely long wait for those vouchers, the PHA prefers that the remaining member(s) keep the VASH voucher for as long as possible.

FAMILY UNIFICATION PROGRAM (FUP)

The Family Unification Program (FUP) is a program under which Housing Choice Vouchers (HCVs) are provided to two different populations:

1. Families for whom the lack of adequate housing is a primary factor in:
    a. The imminent placement of the family's child or children in out-of-home care, or
    b. The delay in the discharge of the child or children to the family from out-of-home care.
   There is no time limitation on FUP family vouchers.

2. For a period not to exceed 36 months, otherwise eligible youths who have attained at least 18 years and not more than 24 years of age and who have left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act, and is homeless or is at risk of becoming homeless at age 16 or older.

PHAs administer the FUP in partnership with Public Child Welfare Agencies (PCWAs) who are responsible for referring FUP families and youths to the PHA for determination of eligibility for rental assistance. Once the PCWA makes the referral the PHA places the FUP applicant on its waiting list, determines whether the family or youth meets HCV program eligibility requirements, and conducts all other processes relating to voucher issuance and administration.

In addition to rental assistance, supportive services must be provided by the PCWA to FUP youths for the entire 18 months in which the youth participates in the program; examples of the skills targeted by these services include money management skills, job preparation, educational counseling, and proper nutrition and meal preparation.

At the time this Plan went to print, the FUP-FSS Demonstration Program related to youths aging out of foster care was still in the planning stage. This PHA plans to participate in that demonstration and will write the necessary policies and procedures as it moves toward implementation.

A.   OUTREACH

Since entrance into this program is through ECDSS and Child Protective Services (CPS), the PHA's outreach has been targeted to caseworkers in those agencies. Caseworkers received program fact sheets when funds originally became available, and will continue to receive periodic reminders during the life of the program.

ECDSS, as the public child welfare agency (PCWA), is solely responsible for outreach to potential participants.   With the advent of the FUP/FSS Demonstration for youth aging out of foster care in 2017, additional outreach will be targeted to the subject population. ECDSS also determines preliminary eligibility for FUP.

Program guidelines do not require that the PHA screen its waiting list for youth or families that may be eligible for FUP.

B.   PRELIMINARY SELECTION

Select staff at ECDSS submits referrals to the FUP committee on behalf of client-families and youths who appear to be eligible for the assistance offered through this program. The referral form requires a brief description of the potential participant's circumstances relative to the imminent placement or return of children, previous discharge from foster care, inadequate housing, domestic violence, services being rendered to the family, and any other significant factors contributing to the potential participant's current situation. The FUP committee reviews these submissions, contacts the staff member making the referral (if additional information or clarification is needed), determines if the family or youth meets HUD-prescribed eligibility criteria, selects those who meet the criteria, and passes those referrals on to the PHA for income verification and Section 8 eligibility determination.

When the PHA receives the referrals from the FUP committee, a search of the Section 8 client database is conducted to determine if any of the families have previously been assisted through any Section 8 Program. The PHA reserves the right to deny admission to FUP to any previously-assisted family that was terminated from any Section 8 Program for good cause. This denial of admission will be in effect for at least 12 months from the date of the previous termination. Furthermore, if the family owes money to any PHA, that debt must be paid in full prior to admission to FUP.

C.   ELIGIBILITY (and DEFINITIONS)

A FUP-eligible **family** is defined as a family that the PCWA has certified as a family for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care, or in the delay of discharge of a child, or children, to the family from out-of-home care, and that the PHA subsequently determines is eligible to receive a Section 8 HCV.

A FUP-eligible **youth** is defined as a youth that the PCWA has certified to be at least 18 years old and not more than 24 years old (has not yet reached his/her 25th birthday) who left foster care at age 16 or older and who does not have adequate housing, and that the PHA subsequently determined is eligible to receive a Section 8 HCV.

Lack of adequate housing means a family or youth is:
- Living in substandard or dilapidated housing;
- Homeless;
- In imminent danger of losing their housing;
- Displaced by domestic violence
- Living in an overcrowded unit; or
- Living in housing not accessible to the family's disabled child or children, or to the youth, due to the nature of the disability.

Substandard housing is defined as housing that :
- Is dilapidated;
- Does not have operable indoor plumbing;
- Does not have a usable flush toilet inside the unit for the exclusive use of the family or youth;
- Does not have a usable bathtub or shower inside the unit for the exclusive use of the family or youth;
- Does not have electricity, or has inadequate or unsafe electrical service;
- Does not have a safe or adequate source of heat;
- Should, but does not, have a kitchen; or
- Has been declared unfit for habitation by an agency or unit of government.

Dilapidated housing means:
- The housing doesn't provide safe and adequate shelter, and in its present condition endangers the health, safety and well-being of the family or youth;
- The housing has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding.

The defects may result from original construction, continued neglect, lack of repair or serious damage to the structure.

A **homeless** family includes any person (including a youth) or family that:
- Lacks a fixed, regular and adequate nighttime residence, and
- Has a primary nighttime residence that is:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing);
  - An institution that provides a temporary residence for persons intending to be institutionalized; or
- Stays in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Imminent danger of losing housing means the family or youth will be evicted within a week from a private dwelling unit, no subsequent residence has been identified, and the family or youth lacks the resources and support networks needed to obtain housing.

Domestic violence means felony or misdemeanor crimes of violence committed against an adult or youth victim who is protected from that person's acts by:
- A current or former spouse of the victim,
- A person with whom the victim shares a child in common,
- A person who is cohabiting or has cohabitated with the victim as a spouse,
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or
- Any other person.

Displaced by domestic violence means the family or youth
- vacated a housing unit because of domestic violence, or
- lives in a housing unit with a person who engages in domestic violence, or lives in a housing unit whose location is known to a person who has engaged in domestic violence, and moving from such housing unit is necessary in order to protect the health and safety of the family or youth.

Living in overcrowded housing exists if:
- The family is separated from its children and the parent(s) are living in an otherwise standard housing unit, but, after the family is re-united, the parents' housing unit would be overcrowded for the entire family and would be considered substandard; or
- The family is living with its children in a unit that is overcrowded for the entire family and this condition may result in the imminent placement of the children in out-of-home care; or
- The youth is living in a housing unit that is overcrowded.

For purposes of this paragraph, the PHA will determine whether or not a unit is overcrowded based on the PHA's subsidy standards.

D.   FINAL SELECTION / HCV ELIGIBILITY DETERMINATION

The PHA relies on the PCWA to ensure that the family is in a position to be re-united, that the lack of adequate housing is all that stands in the way of the family getting back together. The PHA will only determine the family's or youth's income eligibility for a voucher.

Since FUP families and youths come to the PHA through the PCWA, the PHA doesn't technically select the family from the waitlist. However, the family or youth is entered into the *HousingPro* applicant database (waitlist) in order to track their admission and subsequent transfer to Occupancy.

The PHA contacts those referred by the PCWA and begins the process of verifying income and allowable expenses. Once determined income-eligible, the family or youth is invited to attend an orientation where they receive their voucher.

E.   VOUCHER ISSUANCE

Families will be issued a voucher that takes into account the total number of household members, even though some of them may be in temporary out-of-home care. This is done with the understanding that all of the members will be back in the household within one year of the family's admission to FUP (the effective date of the original HAP Contract). If by the time of the first annual recertification the children have not been returned to the household, the PHA will decide whether it is appropriate to terminate the family's assistance or reduce the voucher size.

F.   ELIGIBLE HOUSING

Families that are admitted to FUP are those for whom the lack of adequate housing is a primary factor in the removal, or imminent removal, of children from the household. The assistance is meant to help the family access adequate housing. Since the family's housing was deemed inadequate by the referring agency, the PHA cannot consider that same housing as adequate once the family has a voucher. The family must relocate; they may not use the voucher in the same housing that caused them to be eligible for FUP participation.

G.   TERMINATION OF ASSISTANCE

Participants in FUP may have their assistance terminated for violations of family obligations and program regulations just like any other Section 8 participant. Additionally, a family or youth may lose their assistance for reasons directly related to their FUP eligibility and participation. These terminations for FUP violations are justified by the fact that families and youths bypass a significant wait for assistance when they are admitted to FUP. If it turns out that they really do not meet FUP criteria (and probably never did), then they should not be permitted to receive rental assistance sooner than other income-eligible families and youths.

Domestic Violence Referrals

If a family is admitted to FUP based on "displacement due to domestic violence," they are required to certify that the perpetrator of the violence will not be a member of the assisted household. Thus, if the PHA discovers that the perpetrator has been allowed to return to the household, for even a short period of time, the PHA would have cause to terminate the family's assistance.

This does not mean that the perpetrator can never be part of the assisted household. If the FUP participant reconciles with the perpetrator and wants that individual to rejoin the household, the PHA must be notified of the change in advance of the individual moving into the assisted unit. The PHA reserves the right to deny the request to add the individual to the household.

In making its determination as to whether or not the perpetrator should be permitted to rejoin the household and whether or not the family can continue receiving assistance under FUP, the PHA will confer with the family's CPS worker and consider, among other things, the length of time the perpetrator has been apart from the family and the therapy or counseling he/she received during that separation. The PHA may require written verification of the therapy/counseling completed, and the approval of CPS.

If the family fails to follow these steps and permits the perpetrator to rejoin the household without the prior written consent of the PHA, the family's assistance may be terminated.

Foster Care / Out-of-Home Care

If a family is admitted to FUP based on the premise that "adequate housing" is all that stands in the way of the family being re-united, the PHA expects the children to be full-time members of the household within 12 months of admission. Furthermore, if the family is admitted to FUP because the PCWA states that the children will be removed unless housing conditions improve, the PHA expects the children to be in the household on a full-time, continuous basis.

If the PHA finds that these conditions do not exist (i.e.; children have not been returned or children have been removed in spite of the family receiving assistance), the PHA would have cause to terminate the family's assistance. The PHA would also have the option of reducing the family's voucher size at annual re-examination due to the children not being in the household.

If the PHA finds that the children will <u>definitely not be returned to the household</u> (HOH has lost parental rights by court order or voluntarily relinquished rights) or if 12 months have already lapsed and still no authority is willing to provide an anticipated date of return for the children, the PHA may immediately terminate assistance or immediately reduce the voucher size (upon adequate notice to the landlord). In making this determination, the PHA will attempt to gather as much information as possible as to why the children have not been returned to the household.

Drug and Alcohol Rehabilitation

The PHA is also mindful of the fact that many of the families who are referred by the PCWA for FUP assistance have had substance abuse issues. Quite often the substance abuse was the primary factor in the placement of children in out-of-home care. If the PHA learns that the children are not going to be returned to the household or that they have once again been removed from the household, the PHA would have cause to require, as a condition of continued participation in FUP, third-party verification of the family's ongoing participation in drug or alcohol rehabilitation or third-party verification that the family member if currently free of drugs or alcohol.

Families and youths may not engage in any drug-related criminal activity if they wish to participate in FUP. The family or youth may be admitted to the Section 8 Program through a FUP referral while in drug or alcohol rehabilitation. Once admitted to FUP, should the PHA fi9nd that the family member is again abusing drugs or alcohol and refuses to enter rehabilitation, their assistance may be terminated. Participants are permitted to enter rehab once while receiving assistance; the second time they have a need for rehab, the risk the loss of assistance for violating the substance abuse policy.

H.   FUP / FSS DEMONSTRATION

A 2011 study found that by the age of 26, one-third of youth who aged out of foster care had at least one episode of homelessness. FUP is HUD's only housing program explicitly targeted to youth aging out of foster care. However, the original program design limited eligibility to youths ages 18-21 and limited assistance to 18 months, which was deemed inadequate by both social workers and housing professionals.

Under HOTMA eligibility was expanded to cover youths aged 18-24 and the term for assistance was increased to 36 months.

Also during 2016, HUD published its intention to offer a FUP-FSS Demonstration Program which would further increase FUP Program benefits to youths who agree to participate in Family Self-Sufficiency. This PHA is in the process of joining this demonstration.

SECTION IV
RESIDENT SELECTION AND ASSIGNMENT
24.CFR.960.202

A. **'PREFERENCE' IN RESIDENT SELECTION**

1. The Niagara Falls Housing Authority will select families based on the following preferences within each bedroom size category from among apparently eligible applicants. Preferences are based on community needs and are consistent with the Consolidated Plan and Fair Housing Laws.

2. The Housing Authority will offer appropriate housing to applicants who qualify for a 'preference' described herein, before it offers housing to any other applicant who does not qualify for such a preference. Offers of appropriate housing will be made to applicants according to date and time and the earliest applicant will receive appropriate offers before any applicant who applied later, provided that applicant has reached the top of the wait list and the appropriate size and type of apartment is available. An applicant is considered to be at the top of the wait list for the purpose of receiving offers if he/she is the next in line according to the time and date of application. The offer system is based upon the requirements of the U.S. Department of Housing and Urban Development subsequently adopted as Local Preferences. When an applicant reaches the top of the wait list, he/she will be offered a development in accordance with the following offer system.

B. **THE SCORING OF PREFERENCES**

Each preference shall carry equal weight:

- income ranges
- de-concentration
- involuntarily displaced
- victims of domestic violence
- rent burdened
- substandard housing
- homelessness
- working families (households that contribute to meeting income goals (broad range of incomes)
- income targeting (households that contribute to meeting income requirements
- those enrolled currently in educational training or upward mobility programs
- the elderly/handicapped/disabled over other singles

C.   <u>BROAD RANGE OF INCOME</u>

Families will be selected from a *broad range of income* limits which will be utilized at all sites and which represents the range of income of lower income families in the Housing Authority's jurisdiction. The Housing Authority will examine data using applicable census tracts and other reliable data, residents in occupancy in each complex and applicants on the waiting list to determine what steps to take to achieve a broad range of income in each project.

D.   <u>INCOME TARGETING</u>

The Niagara Falls Housing Authority will follow the statutory requirement that at least 40% of newly admitted families in any fiscal year will be families whose annual income is at or below 30% of the area median income. To insure this requirement is met, we shall quarterly monitor the incomes of newly admitted families and the incomes of the families on the waiting list. If it appears that the requirement to house extremely low-income families will not be met, we will skip higher income families on the waiting list to reach extremely low-income families. If there are not enough extremely low-income families on the waiting list, we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

E.   <u>DECONCENTRATION</u>

<u>(24CFR 9602.202; Quality Housing & Work Responsibility Act of 1988(QHWRA)</u>

1. It is the Niagara Falls Housing Authority's policy to provide for de-concentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. To achieve this, we will skip families on the waiting list to reach other families with lower or higher income. We will accomplish this in a uniform and non-discriminating manner in order to avoid concentrating very low income families in certain housing developments.

2. The Niagara Falls Housing Authority will affirmatively market our housing to all eligible income groups. Lower income families will not be steered toward lower income developments and higher income families will not be steered to higher income developments.

3. Prior to the beginning of each year, we will analyze the income levels of families residing in each of our developments; the income levels of census tracts in which our developments are located, and the income levels of families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and de-concentration incentives to implement.

4. <u>De-concentration incentives:</u> The Niagara Falls Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the de-concentration goals of a particular development. Incentives will be used at alternating times, under special conditions, but will always be offered in a nondiscriminatory manner. The PHA shall categorize assisted residents in all programs by income in one of the following groups:

Extremely Low Income	Not more than 30% of the area's medium income
Very Low Income	More than 30% but less than 50% of the areas medium income
Lower Income	More than 50% but less than 80% of the areas medium income
Over-Income	More than 80% of the areas medium income

The area's median income shall be defined by HUD, adjusted for family size and is subject to periodic change.

F. <u>INVOLUNTARY DISPLACEMENT PREFERENCE</u>

1. 'Involuntarily Displaced' applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six (6) months from the date of verification by the PHA. Families are considered to be involuntarily displaced if they are required to vacate housing as a result of: a disaster (fire, flood, earthquake, etc.) that has caused the apartment to be uninhabitable; Federal, state or local government action related to code enforcement, public improvement or development; action by a housing owner which is beyond an applicant's ability to control and which occurs despite the applicant's having met all previous conditions of occupancy and is other than a rent increase; if the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

2. <u>For purposes of this definitional element,</u> reasons for an applicant having to vacate a housing apartment include, but are not limited to:

a) Conversion of an applicant's housing apartment to non-rental or non-residential use

b) Closure of an applicant's housing apartment for rehabilitation or non-residential use;

c) Notice to an applicant that she/he must vacate an apartment because the owner wants the apartment for the owner's personal or family use or occupancy;

d) Sale of a housing apartment in which an applicant resides under an agreement that the apartment must be vacant when possession is transferred;

e) Any other legally authorized act that results, or will result, in the withdrawal by the owner of the apartment or structure from the rental market

f) An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced.

G. DOMESTIC VIOLENCE

1. Actual or threatened physical violence directed against the applicant or the applicants family by a spouse or other household member who lives in the apartment with the family. The actual or threatened violence must have occurred within the past six (6) months or be of a continuing nature. To qualify for this preference, the abuser must still reside in the apartment from which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant unless the PHA gives prior approval.

2. The PHA may approve the return of the abuser to the household under the following condition:

a) A counselor, therapist or other knowledgeable professional recommends in writing that the individual be allowed to reside with the family by acknowledging that the abuser has received therapy or counseling that appears to minimize the likelihood of recurrence of violent behavior.

3. If the abuser returns to the family without approval of the PHA, the PHA will deny or terminate assistance for breach of certification.

H. THREAT OF REPRISALS

Threat of reprisals because the family provided information on criminal activities to a law enforcement agency and, after a threat assessment, the law enforcement agency recommends rehousing the family to avoid or reduce risk of violence against the family.

I.   HATE CRIMES

If a member of a family has been the victim of one or more hate crimes and the applicant has vacated the apartment because the crime or the fear of such crime has destroyed the applicant's peaceful enjoyment of the apartment. A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on a person's race, color, religion, sex, national origin, disability or familial status including sexual orientation and occurred within the last 30 days or is of a continuing nature.

J.   MOBILITY IMPAIRED

Displacement by non-suitability of the apartment when a member of the family has a mobility or other impairment that makes the person unable to use critical elements of the apartment and the owner is not legally obligated to make changes to the apartment.

Critical elements are: Entry and egress of the apartment or building; a sleeping area; a full bathroom; a kitchen if the person with a disability must do their own food preparation. HUD Disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978.

K.   DEFINITION OF STANDARD REPLACEMENT HOUSING

In order to receive the displacement preference, applicants who have been displaced must not be living in 'standard, permanent replacement housing'. Standard replacement housing is defined as housing that is decent, safe and sanitary according to Housing Quality Standards, local housing code, and state code, that is adequate for the family size according to Housing Quality Standards and local and state codes, and that the family is occupying pursuant to a written or oral lease or occupancy agreement. Standard replacement housing does not include transient facilities, hotels, motels, temporary shelters and (in the case of victims of domestic violence) housing occupied by the individual who engages in such violence.   It does NOT include any individual imprisoned or detained pursuant to State Law or an Act of Congress.   Shared housing with family or friends is considered temporary and is not considered standard replacement housing.

L.   SUBSTANDARD HOUSING

Applicants who live in substandard housing are families whose dwelling meets one or more of the following criteria provided that the family did not cause the condition:

1. is dilapidated and does not provide safe, adequate shelter, has one or more

critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well-being of family

2. does not have operable indoor plumbing

3. does not have a usable flush toilet or bathtub or shower in the apartment for the exclusive use of the family

4. does not have an adequate, safe source of heat

5. does not have adequate, safe electrical service

6. has been declared unfit for habitation by a government agency

7. is overcrowded according to Housing Quality Standards and local and state codes

8. does not have a kitchen. Single room occupancy is not considered substandard solely because it does not contain sanitary and/or food preparation facilities, a toilet or bathtub.

Applicants living in Public Housing or publicly assisted housing shall not be denied this preference if apartment needs meet the criteria for the substandard preference.

M.   HOMELESS

An applicant who is a "Homeless Family" is considered to be living in substandard housing. Homeless families:

Lack a fixed, regular and adequate nighttime residence; AND have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings. Homeless families may maintain their place on the waiting list while completing a transitional housing program.

Families who are residing with friends or relatives on a temporary basis will be included in the homeless definition.

*For purposes of "c" persons who reside as part of a family apartment shall not be considered a separate household.

N. RENT BURDEN

1. Families paying more than 50% of their income for rent and utilities for at least 90 consecutive days and continuing through the verification of preference will receive this preference. For purposes of this preference, "Family Income" is Gross Monthly Income as defined in the regulations. "Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis without regard to the amount actually paid, plus the monthly amount of resident-supplied utilities which can be either;

   a) The PHA's reasonable estimate of the cost of such utilities, using the Section 8 Utility Allowance Schedule; or

   b) The average monthly payments the family actually made, for these utilities in the most recent 12-month period, or if information is not obtainable for the entire period, the average of at least the past six (6) months.

2. An applicant family may choose which method to use to calculate utilities expense. Any amounts paid to or on behalf of a family under any energy assistance program must be subtracted from the total rent burden if included in Family Income. The applicant must show that they actually paid the utility bills, regardless of whose name the service is under. To qualify for the Rent Burden preference, the applicant must pay rent directly to the landlord or agent.

3. If the applicant pays their share of rent to a co-habitant and is not named on the lease, the PHA will require both verification from the landlord that the applicant resides in the apartment, and verification from the co-habitant of the amount of rent paid by the applicant.

O. DENIAL OF PREFERENCES (24cfr982.210)

If the PHA denies a preference, the applicant will be notified in writing of the reasons why the preference is denied and offer the applicant an opportunity for an informal meeting. If the preference denial is upheld, or the applicant does not request a meeting, the applicant will be placed on the "no preference" waiting list. Applicants may exercise other rights if they feel they have been discriminated against. If the applicant falsifies documents or makes false statements in order to qualify for any preference, they will be removed from the Waiting List.

P. **FACTORS OTHER THAN PREFERENCES THAT AFFECT SELECTION OF APPLICANTS**

1. Before applying its preference system, the PHA will first match the characteristics of the available apartment to the applicants available on the waiting lists. Factors such as size, accessible features, or apartments in housing designated for the elderly or disabled, limit the admission of families to those whose characteristics match the characteristics and features of the vacant apartment available. By matching apartment and family characteristics, it is possible that families who are lower on the waiting list may receive an offer of housing ahead of families with an earlier date and time of application. For example, the next apartment available is a handicapped-accessible apartment and the only applicant family needing such features is in the non-preference pool.

2. The Factors For Selection of Applicants are described below:

   a) When selecting a family for an apartment with <u>accessible features</u>, the PHA will house a family not needing the apartment features subject to the procedures described in the Resident Selection and Assignment Plan. Under this policy a non-disabled family in an accessible apartment can be required to move so that a family needing the apartment features can take advantage of the apartment.

   b) When selecting a family for an apartment in housing <u>designated for elderly</u> families or housing designated for disabled families, the PHA will give preference to elderly or disabled families as described.

   c) When selecting a family for an apartment in a <u>mixed population</u> (property that houses both elderly and disabled families) the PHA will give preference to elderly and disabled families. When selecting a single person for an apartment in a mixed population housing site, elderly or disabled single persons have a preference over singles who are neither elderly nor disabled.

   d) Any admission mandated by court order related to desegregation or Fair Housing and Equal Opportunity will take precedence over the Preference System. Other admissions required by court order will also take precedence over the Preference System.

   e) The PHA's preference system will work in combination with requirements to match the characteristics for the family to the type of apartment available, including apartments with targeted populations. When such matching is required or permitted by current law, the PHA will give preference to the families described below.

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding

RACB Policy

Currently, RACB has a set-aside of 25 vouchers which are allocated for eligible participants who are currently residing in CoC funded permanent supportive housing (PSH) or Rapid Rehousing (RRH). RACB does not waitlist homeless applicants but rather notifies the CoC when these vouchers are available. The CoC refers clients to RACB equal in number to the vouchers available. Upon receipt of the referral, RACB contacts the applicant, has them complete an application, and then gathers information and verification of household composition and income. Eligible applicants' income may not exceed the Section 8 very low income limit for their family size. Referred applicants who are determined to be income eligible attend a briefing, during which they will receive their housing choice voucher.

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

BMHA must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that BMHA will use [24 CFR 982.202(d)].

Local Preferences

[24 CFR 982.207; HCV p. 4-16]

BMHA is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits BMHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with BMHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

> <u>BMHA Policy</u>
>
> The BMHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.
>
> BMHA will grant a Waiting List Preference in voucher allocation NY002, for persons eligible to participate in the Non-Elderly Disabled (NED) Program. Applicants eligible for NED who are referred by local services agencies that assist persons with disabilities shall be given a preference over persons on the general waiting list. Within this preference, pre-applications shall be ordered based upon the date and time of the receipt of the referral and complete pre-application. BMHA shall accept referrals and grant this preference regardless of whether the Waiting List is otherwise open or closed, based on the availability of funding for voucher allocation NY002.
>
> BMHA will grant a Waiting List Preference for persons displaced from FDA I due to being over-income to remain at the site. This preference shall only be for admission to the RAD PBV units in voucher allocation NY002. In order to be granted this preference, the affected household must apply for assistance within three years of displacement and be determined income eligible for the HCV program.
>
> BMHA will grant a Waiting List Preference in voucher allocation NY002, for persons eligible to participate in the Mainstream Voucher Program. Applicants eligible for the Mainstream Program must be disabled and be transitioning out of institutional or other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless. In order to qualify for the preference, the applicant must be within 90 days of successful completion of a residential transitional housing program, and to families who have successfully completed a residential transitional housing program within 90 days, as certified by a qualified third party. Any residential transitional housing program whose purpose is to address the social needs and causes that contribute to homelessness that also have a continuing follow up program intended to aide their graduating clients into making a successful transition to stable housing will be recognized when documentation verifying the qualifying elements of the program is provided.

Eligibility for this preference shall include:

1. Successful completion of a residential transitional housing program or permanent supportive housing program that is utilizing the local Continuum of Care, as recognized by HUD, coordinated entry/assessment system to identify clients. Preference with be granted to persons or individuals and families that are within 90 days of successful completion of a residential treatment program. A residential program will be recognized when verification is provided by the local Continuum of Care lead, the Homeless Alliance of WNY, and a written Memorandum of Understanding between the housing/services agency and BMHA of following up assistance to graduating clients into making a successful transition to stable housing.

2. Participants of the local Continuum of Care Rapid Re-housing programs as identified by local Emergency Solutions Grant funding to municipalities or through the HUD Continuum of Care application process. Preference will be given to families or individuals who have been assessed to be eligible for participation in a Rapid Rehousing program through the CoC coordinated entry/assessment process. An agency would have to verified by the local Continuum of Care lead, the Homeless Alliance of WNY and have a written Memorandum of Understanding between the housing/services agency and BMHA of following up assistance to be provided to clients.

Within this preference, applications shall be ordered based upon the date and time of the receipt of the referral and a completed pre-application. BMHA shall accept referrals and grant this preference regardless of whether the Waiting List is otherwise open or closed.

Income Targeting Requirement

[24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during BMHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a BMHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

BMHA Policy

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

Order of Selection

September 19, 2023

To Whom it may concern,

The CE Assessment Workgroup is a committee dedicated to improving our current
Coordinated Entry assessment tool and process. We are committed to establishing a
client-driven, trauma-informed, equitable, and culturally relevant assessment.

This letter confirms the Coordinated Entry Assessment Workgroup is comprised of
those with lived experience, and we support the ongoing commitment to serving
individuals and families experiencing homelessness with severe service needs in the
NY-508.

Sincerely,
CE Assessment Workgroup lived experience representatives

Housing First Elements are highlighted blue below in the monitoring form

Agency Name:	Spectrum Human Services
Program Name:	Spectrum Chronically Homeless PSH I
EIN #	NY0923L2C082108
Funding Source: (check both if applicable)	☑ CoC ☐ ESG
Operating Year:	2023
Program Type:	☐ Emergency Shelter ☐ Outreach ☐ Transitional Housing ☐ Rapid Re-Housing ☑ Permanent Supportive Housing ☐ Support Services Only ☐ HMIS
Grant Amount	Acquisition/Rehab/Construction _____ Rental Assistance _____$389,760_____ Leasing _____ Support Services ____$198,941_____ HMIS _____ Administration ____$34,395_____ Total _____$623,096_____
Review Date:	9/18/2023

Program and HMIS Monitoring

In-person monitoring overview

The overriding goal of monitoring is to determine compliance, prevent/identify deficiencies, and design corrective actions to improve or reinforce program performance which is especially important for CoC programs as all programs affect the annual competitive application. Monitoring is an ongoing process - both in the monitoring work itself and how we approach the monitoring process. We hope this monitoring will help us improve not only your program performance, but also our monitoring process.

The Homeless Alliance of Western New York (HAWNY) staff will need access to program and client files, HMIS records, and HMIS access requirements. We will also observe program staff and the premises in efforts to complete the monitoring form. These results will be used to determine compliance with the CoC and HMIS regulations and identify findings or concerns. A finding is a program deficiency based on regulation, with corrective action required. A concern is a program deficiency NOT based on regulation and corrective action is only suggested.

HAWNY will use these results to help form corrective actions to better serve the community, our partners, and our clients. HAWNY will issue a monitoring result letter with final conclusions, including any findings or concerns, within 30 days of the on-site monitoring. Your organization will be required to respond within 30 days of the monitoring result letter with a corrective action plan that addresses our initial findings or concerns and any disagreement your organization may have with our conclusion. HAWNY will review this corrective action plan and work with your agency to facilitate corrective action next steps and/or rectify disagreements.

This monitoring form includes categories: client file review, access and input, leases, services and housing, project-specific, HMIS privacy and security, HMIS policy and procedures, and HMIS data intake and exit. HAWNY will discuss with staff and review policy and procedures to see if the standard is being met, and review client files where specified, for empirical evidence to confirm the policy and procedure review. Each question is labeled as a finding or a concern if the criteria is not being met during the monitoring visit. HAWNY thanks you for your cooperation during the on-site monitoring and all other correspondence during the monitoring process.

Program and HMIS Monitoring

Category	Access/Definition	Verified	Note
Client File Review				
HMIS ☐ Finding	Client name, DOB, and SSN are inputted correctly into HMIS.	☑ Client file /HMIS	
HMIS ☐ Finding	Entry/Exit dates match participant program enrollment date, program exit date. Move in date matches date on the lease.	☑ Client file/HMIS	
HMIS ☐ Finding	Household composition is documented and correctly established in HMIS	☑ Client file/HMIS	
HMIS ☑ Finding	ROI date in HMIS matches paper ROI date	☐ Client file/HMIS	2/6 client files in HMIS ROI are missing
HMIS ☑ Finding	ROI covers data entered	☐ Client file/HMIS	2/6 client files in HMIS ROI are missing
HMIS ☐ Finding	Does the participant have a VISPADAT, VIFSPDAT, TAYSPDAT score recorded in HMIS? If yes, what is the score?Does that fit the program criteria based on CE policy?	☑ Client file/HMIS	
Eligibility ☑ Finding	(PSH ONLY) Is there documentation of disability signed by an appropriate credentialed person?	☐ Client file	1/6 client files missing disability
HMIS ☐ Finding	HUD Verification complete in HMIS	☑ HMIS	
HMIS	Entire HMIS assessment complete	☑ HMIS	

Program and HMIS Monitoring

☐ Finding			
HMIS ☐ Finding	Annual Assessment complete in HMIS	☑ HMIS	
HMIS ☑ Finding	All household members 's intake assessment have completed in HMIS Intake assessment matches the latest HMIS Data standards	☐ Client file/HMIS	1/6 client files are missing children 's information
HMIS ☑ Finding	Do homeless history questions in HMIS align with what is documented	☐ Client File/HMIS	2/6 client files homeless documentation inconsistent with what's in HMIS
Services ☐ Concern	**Projects promote participant choice in services-** Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childcare, and education, community connections, and stabilization to maintain housing. These should be provided by linking to community-based services.	☑ Client file ☑ Policy	Spectrum offers vocational services on site, outpatient and health homes through programming. Housing staff is trained in housing first, trauma informed care, and a person centered approach. Monthly training available.
Services ☐ Concern	**Person Centered Planning is a guiding principle of the service planning process -**Person-Centered Planning is a guiding principle of the service planning process	☑ Client File ☑ Policy	Utilizes relias for training. (Printout provided)
Services ☐ Concern	**Service support is as permanent as the housing-** Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participants reside in the unit or bed- and up to 6 months following exit from TH.	☑ Case Notes ☑ Policy	All Spectrum services are voluntary, no cut off time period.

Program and HMIS Monitoring

Services ☐ Concern	**Services are continued despite change in housing status or placement-**Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays.	☑ Client File/N/A ☑ Policy	Spectrum discharge policy states they maintain open units for individuals and families who are institutionalized/receiving treatment for a maximum of 90 days. Spectrum holds bed availability, coordinates service plans, and treatment.
Services ☑ Concern	Projects have a method to promote rental insurance to all clients giving them the option to purchase rental insurance if they so choose. Method of promotion must be easily understandable and accessible for all clients entering into housing.	☐ Client file ☐ Policy	Spectrum speaks about it with clients, but no official form is currently used.
Services ☑ Concern	**Participant engagement is a core component of service delivery-** Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time.	☐ Client File/Case Notes ☐ Policy	Spectrum coordinates Moving on with individuals who are willing to engage. No Moving on Assessment or discharge Assessment to handoff to client.
Service ☐ Concern	Programs regularly conduct home visits with clients in addition to other check in forms. Program Has a system in place to track home visits, when they are conducted, and process for noting any "issues" during the visit.	☑ Client File/Case Notes ☑ Policy	Spectrum Home visit (4-1) procedure #2 outlines the frequency of home visits based on the type of client
Service ☐ Finding	Program has a formal procedure in place for terminating assistance to participants that follows Fair Housing and Housing First.	☑ Client File/Case Notes	Spectrum provided Discharge planning procedure (10-0) that describes formal procedure for all discharges

Program and HMIS Monitoring

		☑ Policy	
Housing ☐ Finding	**Housing is not dependent on participation in services-** Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants.	☑ Client File ☑ Policy	Strongly encouraged but not mandatory
Housing ☐ Finding	**Substance use is not a reason for termination-** Participants are only terminated from the project for violations in the lease or occupancy agreement, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing brief here: https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/	☑ Client File ☑ Policy	Spectrums' Procedure Discharge planning document (10-0) outlines reason for potential discharge such as violating the terms of their occupancy Agreement. Harm reduction methods used, no denial program but no formal policy that states that however
Project ☐ Finding	Agency collects homeless documentation? (Acceptable verification includes HMIS screenshot, 3rd party letter, or client self certify letter)	☑ Client File	
Project ☐ Finding	(Dedicated to CH/ Dedicated Plus program ONLY) Chronic Homeless documentation	☑ Client File	
Project ☐ Finding	Program completes unit inspection? (ESG:Habitability; CoC: HQS)	☑ Client File	

Program and HMIS Monitoring

Leases	**Participant choice is fundamental-** A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project based settings, participants should be offered a choice of units within a particular building, or within the profile of single site properties. In projects that use shared housing, i.e housing with unrelated roommates, participants should be offered their choice of roommates, as available and as practical. Additionally, as applicable participants should be able to choose their roommates when sharing a room or unit.	☑ Client File ☐ Policy	Spectrum discusses options with clients and tries to accommodate being close to family, or regional interest. They also utilize a landlord base. No official form/survey/no print out of available units shown. No policy regarding client choice or tracking of options given to client Case notes shows that program offers different housing choices based on clients' preferences
☑ Finding			
Leases	**Participants receive education about their lease and occupancy agreement terms-** Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities.	☑ Agency Discussion ☑ Policy	Spectrum provided lease agreement procedure (3-0) which outlines the process of executing a lease agreement Potential link to legal aid (Think about providing tenant rights handout)
☐ Concern			
Leases	**Measures are used to prevent eviction-** Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease	☑ Client File ☑ Policy	Spectrum uses communication with the landlord as a preventative

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☐ Concern	violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.		measure, and seeks to move the client to another housing unit if eviction occurs.
Leases ☐ Finding	**Providing stable housing is a priority-** Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit.	☑ Client File ☑ Policy	Spectrum discharge policy states they maintain open units for individuals and families who are institutionalized/receiving treatment for a maximum of 90 days
Leases ☐ Finding	**Rent payment policies respond to tenants' needs (as applicable)-** While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.	☑ Client File ☑ Policy	A Stipend can be used when income decreases, or if income increases time is given to ensure the source of income is stable.
Project ☐ Concern	Project assists clients to remove barriers and move into housing as quickly as possible.	☑ Client File ☑ Policy	Spectrum will reach out to emergency contacts, provide furniture, and attempt to reduce any other barriers on a case by case basis..
Project (RRH ONLY) ☐ Finding	Is Area Median Income (AMI) calculated?	☑ Client File	
Project ☐ Finding	Is rent reasonableness calculated?	☑ Client File	

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Project ☐ Finding	(RRH ONLY) How is rent calculated/how is the determination made for rent increase or graduation?	☑ Client File	
Project ☐ Finding	Income documentation collected?	☑ Client File	
Project (TH ONLY) ☐ Finding	**Transitional housing is focused on safe and quick transitions to permanent housing-**Participants and staff understand that the primary goals of transitional housing are to provide temporary accommodations that are safe, respectful, and responsive to individual needs, address the service needs of participants, and re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns, and as desired by the participant. Participation in transitional housing services does not inhibit participants from moving to permanent housing when they choose to. Assessment and planning for permanent housing placement begins as soon as the individual or family expresses a desire to transition to permanent housing.	☐ Client File ☐ Policy	N/A
Project (TH ONLY) ☐ Finding	**TH projects provide appropriate services-**TH projects provide appropriate services to meet the participants health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations) when there are no permanent housing solutions available (with or without supportive services) or when the participant chooses transitional housing. Services are not required in order to participate in housing.	☐ Client File ☐ Policy	N/A
Population ☐ Concern	**Recovery Housing is offered as one choice among other housing opportunities-** Connection to recovery housing reflects individual choice for their path towards recovery. Abstinence-only spaces are incorporated into a Housing FIrst model whenever possible, thus providing this type of recovery options to those who choose it. Recovery supports are offered, particularly connections to community based treatment options.	☑ Client File ☑ Policy	Spectrum has a process for making referrals when needed. They also hold beds for 90 days to allow space for clients to self resolve or allow for more support.

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Population ☐ Concern	**Services include relapse support-** Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment or direct provision of outpatient services or the ability to hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment.	☑ Client File ☑ Policy	Spectrum discharge planning policy(10-0) states they maintain open units for individuals and families who are institutionalized/receiving treatment for a maximum of 90 days
Population ☐ Concern	**Services support sustained recovery-** Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substances (if that is a personal goal), long term permanent housing stability, and stable income through employment or benefits. Support is offered through connections to community-based treatment options.	☐ Client File ☐ Policy	N/A
HMIS Data Intake & Exit ☑ Finding	100% of clients are entered into the system within 72 hours of intake	☐ Client File/HMIS ☐ Policy	Spectrum needs to add 72 hour intake into HMIS p&p
HMIS ☐ Finding	Discharge location matches what's in file and the program has proper procedure to communicate discharge destination.	☑ Client File/HMIS ☑ Agency discussion	
HMIS ☐ Concerns	Agencies are actively monitoring program participation and existing clients. Clients are exited in HMIS within 30 days of last contact unless program guidelines specify otherwise.	☑ Client File/HMIS	

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Category	Access/Definition	Verified	Note
Access and Input			
Access ☐ Finding	**Projects are low-barrier-**Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, treatment, participation in services, "housing readiness," history or occurrence of victimization, sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source.	☑ CE Lead ☑ Policy	Spectrum Admission Eligibility form (1-0) outlines that only requirements for eligibility are per HUD regulations including proof of disability, verification of homelessness and verification of disability.
Access ☐ Concern	**Accepts Fair Housing Law-** Procedures in place to ensure that information about the program accepts persons of any race, color, religion, sex, age, national origin, familial status or disability who may qualify for admission to the program.	☑ CE Lead ☑ Policy	Spectrum Admission Eligibility form (1-0), Page 1, procedure #1
Access ☐ Finding	**Projects do not deny assistance for unnecessary reasons-** Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1. Project attends by name meeting regularly to ensure enrolment of participants into the program.	☑ CE Lead ☑ Policy	Only returns are people that can't be found Admission eligibility form (1-0): Any referrals deemed inappropriate for admission will be include a documented reason for non-acceptance and require notification to the referral source.

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Access ☑ Finding	**Access regardless of sexual orientation, gender, identity, or marital status-** Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one's sexual orientation or marital status, and in accordance with one's gender identity. Adult-only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need).	☑ CE Lead ☐ Policy	Spectrum Housing P&P needs Equal Access language.
Access ☐ Finding	**Projects do not deny services based on participation in religious activities-** Participation is not required in inherently religious activities and benefits/services are not denied based on participants' religion.	☑ Discussion with program ☑ Policy	No religious activities are required for services.
Access ☑ Finding	**Access and availability-** Project ensures effective communication with individuals with disabilities, including but not limited to the availability of accessible locations of services and electronic formats	☑ Discussion with Program ☐ Policy	Spectrum has access to language line, and ability to interpret and enlarge fonts and computer docs. No written policy.
Access ☐ Concern	**Admission process is expedited with speed and efficiency-** Projects have expedited the admission process, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable.	☑ CE Lead ☑ Policy	Spectrum Admission Eligibility form (1-0), procedure #4: referrals completed within 30 days whenever reasonably possible
Access	**Intake processes are person-centered and flexible-** Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households.	☑ Discussion with Program	Meeting Clients where they are at. Provides transportations

☑ Concern	Assessments are focused on identifying household strengths, resources as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project	☐ Policy	through Uber Health if needed. Meets clients at their own designated location. No written policy.
Access ☐ Finding	**The provider/project accepts and makes referrals directly through Coordinated Entry-** Projects actively participate in the CoC-designated Coordinated Entry processes as part of the streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities' existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.	☑ CE Lead ☑ Policy	
Access ☐ Finding	**Exits to homelessness are avoided-** Projects that can no longer serve particular households utilize the coordinated entry process, or the existing referral processes if coordinated entry processes are not yet implemented, to ensure individuals and families have access to other housing and services desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies' regulations.	☑ CE Lead ☑ Policy	Spectrum Discharge Planning procedure document explains procedure for both planned discharges and unplanned.
Participant Input ☐ Concern	**Participant education is ongoing-** Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.	☑ Agency Discussion ☑ Policy	At intake client is given occupancy agreement, client bill of rights Provides copies of rights to clients and has clients provide an initial that they have received and

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			understand. This is done multiple times throughout intake/acceptance/and during cm/client review.
Participant Input ☐ Concern	**Projects create regular, formal opportunities for participants to offer input-** Input is welcomed regarding the project's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of an participation in surveys and focus groups, planning social gatherings, integrating peer specialist and peer-facilitated support groups to compliment professionals	☑ Agency Discussion ☑ Policy	There is a survey that gets sent out annually, along with use of the Consumer advisory council.

NO.	Access/Definition	Policy	Action
Leases			
Leases ☐ Finding	**Housing is considered permanent (not applicable for transitional housing)-** Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party	☑ Lease ☑ Policy	Spectrum discharge policy- will keep clients enrolled in the program and look for different units even when evicted from one LL.
Leases	**Leases are the same for participants as they are for other tenants.-** Leases do not have any provisions that would not be found in leases held by any other tenants in the property or building and are renewable per the	☑ Lease ☑ Policy	Leases are the same for clients as every other tenant.

☐ Finding	participants' and owners' choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in a normal rental market.	

NO.	Access/Definition	Policy	Notes
Services and Housing			
Services ☑ Finding	**Services are culturally appropriate with translation services available, as needed-** Project staff are sensitive to and support the cultural aspects of a diverse household. Whenever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure dull comprehension of the project. Projects that serve families with children should have family- friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathrooms with them).	☑ Discussion/ Examples ☐ Policy	Translation services are available, will check on policy
Services	**Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma- informed approaches, strength-based)-** Services support a participant's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgemental communication regarding their behavior and are offered	☑ Provider Training ☑ Policy	Staff provided a print out from Relas of training that staff attended. Several days of orientation and ongoing training throughout the year.

☐ Concern	education regarding how to avoid risky behaviors and engage in safer practices.		
Service ☐ Concern	**Housing First centered job descriptions for case managers-** Program utilizes job descriptions for all case managers that include requirements that they focus activities on obtaining housing and housing stabilization, conduct case management in participants' homes and other locations outside the office, and that clients have the ability to get to and from those meetings	☑ Agency Discussion ☑ Policy	Job descriptions describe requirements, transportation, case management, expectations, Etc. Examples of expectations given throughout the interview process as well.
Services ☐ Concern	**Incorporation of Lived Experience-** Program design and decision making incorporates those with Lived Experience	☑ Agency Discussion ☑ Policy	Spectrum has staff that does have lived experience
Housing (Site Based Question) ☐ Concern	**The rules and regulations of the project are centered on participants' rights-** Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets.	☐ Discussion ☐ Policy	N/A
Housing ☑ Concern	**Programs That serve households with children-** The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to the program. Program has a staff person designated as the educational liaison that will ensure that children are enrolled in school, connected to Head Start, Part C of the Disabilities Act.	☐ Staff Position ☐ Policy	No staff member assigned to that role

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Housing	**Participants have the option to transfer to another project-** Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.	☐ Transfer Plan ☐ Policy	Do not have emergency transfer plan
☑ Finding			

NO.	Access/Definition	Verified	Notes
Project Specific			
Project ☐ Finding	Program participate in CE?	☑ CE Lead ☑ Policy	Spectrum admission eligibility procedure (1-0) #3: ECDMH SPOA receives referrals from the CoC's coordinated entry process.
Project ☑ Concern	Program uses moving on assessment, an assessment that determines program participant's readiness to move towards independence.	☐ Assessment ☐ Policy	No moving on assessment currently
Project ☐ Concern	(RRH ONLY) Does the program currently have anyone served over 2 years?	☐ HMIS	N/A
Project ☐ Concern	**(RRH ONLY)services support people in maintaining their housing-** Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers.	☐ Time to Housing (using quarterly performance report)	N/A

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		☐ Policy	

Category	Standard	Verified	Note
**HMIS Privacy/Security**		
HMIS ☐ Finding	HMIS Participation Consumer Notice is posted in a conspicuous location	☑ Observation	HMIS Participation consumer notice was located at the front desk
HMIS	Hard Copy Data Security; Spot check demonstrates:		
	Client files are locked in a drawer or file cabinet	☑ Observation	
	Offices are locked when not occupied	☑ Observation	
	Client files are not visible on desks, counters, etc.	☑ Observation	
	Have anti-Virus and anti-spy protection software	☑ Observation	
	Most recent Windows updates have been downloaded Date of last update: 9/15/2023	☑ Observation	
	Have firewall to protect internal network servers and local user computers	☑ Observation	

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	All workstations in secured location (locked offices)	☐ Observation	Doors for workstations are not able to be locked.
☐ Finding	Workstations are using lock screen savers	☑ Observation	
	All workstations are password protected	☑ Observation	

Category	Standard	Verified	Notes
HMIS Policy and Procedure			
HMIS ☑ Finding	Does the agency have a client privacy policy?	☐ Policy	No privacy policy
HMIS ☑ Finding	Are all employees trained to follow policy?	☐ Agency Discussion	There is no current privacy policy for employees to be trained on.

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HMIS	Does the agency have policies/procedures that address the following:		Agency does not have updated HMIS policy and procedures.
☑ Finding	Use of client data generated from the HMIS	☐ Policy	
	Client information storage and disposal	☐ Policy	
	Remote access and use of HMIS	☐ Policy	
	Use of portable storage tools	☐ Policy	
HMIS ☑ Finding	Agency uses a Privacy Script to standardize the explanation of agency/HMIS privacy rules to clients	☐ Policy	Agency does not have an updated privacy script.

Renewal Scoring Standards

Renewal projects will receive their performance information during the renewal application period. Providers will then have at least two weeks to review and correct their performance data. HAWNY staff will provide technical assistance if needed. Providers are responsible to ensure their performance data is accurate before the set deadline. The Project Review Committee will not accept low performance due to data inaccuracy.

Renewing housing applications **must** meet the following **thresholds**:

- Use Coordinated Entry.
- Use a Housing First approach and low barriers to admission and retention in the program.

Renewal Scoring Sheet (Total Score including bonus is 120 points)

Project Type	Rating Factor	Data Source	Measure	Total Points
Annual Performance (70 Points)				
1. Occupancy				
RRH or Joint RRH-TH	Percent of beds/units filled by households each night during the reporting period	Local HMIS data/Comparable database (entry/exit dates, application capacity info)	>= 95% = 10 90-94% = 8 85-89% = 5	10
PSH	Percent of beds/units filled by clients each night during the reporting period	Local HMIS data (entry/exit dates, provider's bed/unit count)	>= 90% = 10 85-89% = 8 80-84% = 5	
2. Exit to Permanent Housing				
RRH or Joint RRH-TH	Percent of clients who move to permanent housing	APR Q23c - divide the number of exits to permanent destinations by the total number of exits minus excluded	>= 90% = 15 85-89% = 10 80-84% = 5	15
PSH	Percent of clients who remain in or move to permanent housing	Calculation: 1) Refer to Q5a for the number of stayers 2) Refer to Q23c for the number of clients who exit to permanent destinations and 3) Add stayers (Step 1) and leavers to permanent housing destinations (Step 2) and divide by number of participants (Q7) minus the number of excluded leavers in Q23c	>= 95% = 7 90-94% = 5 85-89% = 2	
	Percent of clients who exit to PH (Moving On)	APR Q23c - exits to permanent destination divided by all clients minus excluded leavers	>10%=8	
3. Quickly Housing Clients				
RRH or Joint RRH-TH	Average time to housing based on time between program entry date and move-in date	APR 22c - Average length of time to housing	<= 30 days = 10 31-45 days = 8	10
PSH	Average time to housing based on time between program entry date and move-in date (includes all clients who entered after 10/1/17)	APR 22c - Average length of time to housing	<= 45 days = 10 46-60 days = 8 61-90 days = 5	

4. Returns to Homelessness				
RRH or Joint RRH-TH (non DV providers)	Percent of clients who return to homelessness within 6 months after exiting to permanent housing	Local HMIS Data || Only considers clients who return to homelessness during the reporting period if the new entry is within six months of the original exit date	0-5% = 15 5-10% = 8	15
PSH (non DV providers)	Percent of clients who return to homelessness within 6 months after exiting to permanent housing	Local HMIS Data || Only considers clients who return to homelessness during the reporting period if the new entry is within six months of the original exit date	0-10% = 15 10-20% = 10 20-35% = 5	
5. Domestic Violence Providers only				
DV TH-RRH providers	Reduce the length of stay in transitional housing by 5%	Compare DV data length of stay from previous year to current year	5%=10	15
DV provider	Percentage of clients who have a safety plan	Report provided by DV provider	100% = 5	
6. Adults who maintained/increased earned income				
RRH or Joint RRH-TH and PSH	Percent of Adults who Maintained/Increased Earned Income	APR Q19a1 + Q19a2 – Add "Number of Adults with Earned Income" for "Retained Income Category But Had Less $...", "Retained Income Category and Same $...", "Retained Income Category and Increased $...", and "Did Not Have the Income Category at Start and Gained the Income Category…" for both Q19a1 + Q19a2 and divide by "Total Adults (including those with No Income) for both Q19a1 + Q19a2 + # Adults w/o Required Annual Assessment (Q18)" *APR only considers adults who have exited or have had an annual assessment. Data entered in a general interim "update" is not considered.	PSH 10-19%%=3 >=20%=8 RRH 15%-29%=3 >=30%=8	8
7. Adults who Maintained/Increased Any Income				
RRH or Joint RRH-TH and PSH	Percent of Adults who Maintained/Increased Any Income	APR Q19a1 + Q19a2 – Add "Number of Adults with Any Income" for "Retained Income Category But Had Less $...", "Retained Income Category and Same $...", "Retained Income Category and Increased $...", and "Did Not Have the Income Category at Start and Gained the Income Category…" for both Q19a1 + Q19a2 and divide by "Total Adults (including those with No Income) for both Q19a1 + Q19a2 + # Adults w/o Required Annual Assessment (Q18)" *APR only considers adults who have exited or have had an annual assessment. Data entered in a general interim "update" is not considered.	PSH 60%-79%=5 >=80%=12 RRH 30-49%=5 >=50%=12	12
HMIS data quality (15 Points)				
All Projects	Personally Identifiable Information	CoC APR Q 6a	< 5% =2 5-10% = 1	2
All Projects	Universal Data Elements	CoC APR Q 6b	<5%=2 5-10%=1	2
All Projects	Destination	CoC APR Q 6c	<5% =2	2
All Projects	Income	CoC APR Q 6c	<5% =2	2
All Projects	Timeliness	CoC APR Q.6e. Largest % of data falls the following day range.	%>0-3 days=5 %>4-6 days =3 %>7+ day=0	5
All Projects	HMIS user turnover	HAWNY Staff User Reports	>66%	2
Narrative Responses(questions developed in collaboration with people with lived experience) (25 points)				
Client wellbeing				5
Client safety				5

Involving clients in decision making process				10
Staff retention and continuation of services				5
			TOTAL	**110**

Bonus (10 points)				
PSH				
PSH	Percent of clients with 2+ disabilities	APR Q13b2 & Q13c2	>= 80%	5
PSH	Percent of persons that enter with zero income	APR Q16 clients with no income at entry divided by total number of Adults served	>40%	5
RRH Singles				
RRH or Joint RRH-TH	Percent of clients with 1+ disabilities	APR Q13b2 & Q13c2	>= 50%	5
RRH or Joint RRH-TH	Percent of persons that enter with zero income	APR Q16 clients with no income at entry divided by total number of Adults served	>40%	5
RRH Families				
RRH or Joint RRH-TH	Percent of clients with 1+ disabilities	APR Q13b2 & Q13c2	>= 50%	3
RRH or Joint RRH-TH	Percent of households with 5+ members	Local HMIS data/comparable database data (household ID, entry/exit date)	10%+	2
RRH or Joint RRH-TH	Percent of persons that enter with Zero income	APR Q16 clients with no income at entry divided by total number of Adults served	>40%	5
Total including Bonus			120	

Programs that have been operating for less than 1 year will not be scored based on the measures above.

All projects that are lower-performing but given chances for improvement due to population or region considerations will be put on probation for a year. Projects on probation may be required to meet with the Homeless Alliance of WNY/Project Review Committee regularly.

New Project Scoring Standards

New Projects that do not meet threshold criteria or submit after the deadline stated in the local Request for Proposal (RFP) will not be reviewed or scored.
Threshold criteria:

1. Applicants must meet the eligibility requirement outlined in the Eligibility Requirements for All Applicants of HUD's Grants Programs[1].
2. Project applicants and potential subrecipients must meet the eligibility requirements of the CoC Program as described in the Act and the Rule and provide evidence of eligibility required in the application (e.g., nonprofit documentation).
3. Commitment to only take referrals from CoC Coordinated Entry
4. Using a Housing First and low barrier approach
5. Demonstrate secured minimum match
6. No more than 10% of the program expense budget can be for the administrative cost

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[1]
https://www.hud.gov/sites/dfiles/SPM/documents/EligibilityRequirementsGrantProgramsFiscalYear2022.pdf

7. Must use HMIS. For Victim Service Providers, must use a comparable database.
8. Have acceptable organization audit/financial review

New project scoring		
Alignment with HUD and Local Priority	• Proposed projects meets the local unmet needs • Project proposed outcomes align with CoC system and project outcome	20
Organization Capacity and Experience	• Experience with proposed homeless population and previous performance • Connections to partners and other entities • Experience with grant management • Presents a staffing plan for successful implementation	25
Project Design	• Provide sufficient supports to ensure clients obtain and remain in housing • Assist participants to obtain mainstream benefits(Health, social, employment, childcare) • Cost are reasonable and feasible • Demonstrate program design meets the needs of the targeted population	35
Racial Equity		10
Leveraging Housing and HealthCare resources		10
Total Points		100

New project must meet the thresholds outlined above as well as score over 70% of the points (70 pts) to be considered to move forward in the national application. Projects may be rejected for the following reasons: 1. The proposed project did not meet one of the threshold 2. does not meet the eligibility outline in the local RFP. 3. did not score over 70% of the total points available. 4. maxed out of the bonus category and not able to support a program.

Cazenovia Chronic Homeless Program				PSH
Measure	Performance Standard	Max point	Project Performance	Project Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier3: 80-84%	10	100.0%	10
Remain/Exit to PH	Tier 1: >= 95% Tier 2: 90-94% Tier 3: 85-89%	7	94.7%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	8	10.5%	8
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	10	30.0	10
Recidivism	Tier 1: 0-10% Tier 2: 10-20% Tier 3: 20-35%	15	20.0%	10
Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	8	48.6%	8
Maintained or Increased Any Income	Tier 1: >=80% Tier 2: 60-79%	12	94.3%	12
HMIS - Data Quality/Timeliness	15 Points	15	15	15
Narrative		25		20.5
Bonus - Clients w 2+ Disabilities	>=80%	5	102.5%	5
Bonus - % of clients enter with zero income	>=40%	5	43.9%	5
	Total Score available	120	Project Score	108.50

CoC did not reject or reduce any project.

Kexin Ma <kexinma@wnyhomeless.org>

CoC Project Final Ranking posted

1 message

Kexin Ma <kexinma@wnyhomeless.org>   Tue, Sep 12, 2023 at 6:10 PM
To: "Slocum, Christine" <Christine.Slocum@erie.gov>, "Grieco, John" <John.Grieco@erie.gov>, Alicia Musilli
<Alicia.Delecki@erie.gov>, "Karoleski, Tara" <Tara.Karoleski@erie.gov>, "Skulski, Kadie" <Kadie.Skulski@erie.gov>, Stacy
Arlain <sarlain@cazenoviarecovery.org>, Maria Garzon <mgarzon@hubwny.org>, David Rodriguez
<DaRodriguez@hubwny.org>, Susan santiago <ssantiago@hubwny.org>, Alyssa Hebelera <hebelera@shswny.org>, Thanh
Nguyen <nguyent@shswny.org>, "Pavone, Tiffany" <tpavone@cfsbny.org>, "Gartland, Sara" <sgartland@cfsbny.org>,
Jennifer Seib <JSeib@bestselfwny.org>, grantsmanagement@bestselfwny.org, Jill Mattson <jmattson@gerardplace.org>,
Grant Babcock <gbabcock@communitymissions.org>, "Robyn L. Krueger" <rkrueger@communitymissions.org>, Marilee
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Kimberly Baughan <kbaughan@rsiwny.org>, Nancy Singh <nsingh@rsiwny.org>, Rae Frank <rfrank@wnyil.org>, Sarita
Sanders <ssanders@urbanctr.org>, Lisa Freeman <lfreeman@compasshouse.org>, Mark Mancuso
<mmancuso@compasshouse.org>, Matthew Tice <matthew.tice@jrchc.org>, Anna Ireland <anna.mongo@jrchc.org>,
Annette Lock <Annette.Lock@use.salvationarmy.org>, April Taplin <April.taplin@use.salvationarmy.org>, Taylor Van Ness
<Taylor.VanNess@use.salvationarmy.org>, Mark Baetzhold <m.baetzhold@heartloveandsoul.org>, Kristin Rivera
<krivera@evergreenhs.org>, Laura Gawel <lgawel@pinnaclecs.org>, Larissa Bachman <lbachman@pinnaclecs.org>,
Theodore McDuffie <tmcduffie@pinnaclecs.org>, aaddison@compasshouse.org
Cc: Ashley Matrassi <Matrassi@wnyhomeless.org>

Hi Everyone,
The Project Review Committee has concluded their review on all the renewal and new project applications. Approval
amounts and individual project scores have previously been shared via emails. The final ranking, along with all project
scores and approved funding amounts, has just been posted on our website (Click here)-FY2023 NY508 CoC Local
Ranking and Funding Allocation. Please feel free to check it out.
Thank you so much for your hard work serving those most in need. We greatly appreciate all of you and your teams.

Thank you!

"Shame corrodes the very part of us that believes we are capable of change." --Brene Brown

Kexin Ma, MUP   Executive Director
How to say my name

Homeless Alliance of WNY   960 Main St. Buffalo, NY 14202

7168531101 ext.107 Call or text: 7169704321
kexinma@wnyhomeless.org
https://wnyhomeless.org/

Projects that are eligible for the CoC funding are Joint Transitional Housing and Rapid Rehousing(TH-RRH), Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), Supportive Service Only Coordinated Entry Project (SSO-CE), Homeless Management Information System (HMIS), and CoC Planning. Renewal projects and new projects are reviewed separately based on the criteria and principles detailed in the CoC Funding Guide. The Local Request for Proposal, which details the funding opportunities and application process, will be published on HAWNY's website.

FY2023 NY508 CoC Local Ranking and Funding Allocation

This funding guide outlines the CoC application process, the Rank and Review process and project criteria.

- FY2023 CoC Funding Guide(posted on 5/17/2023)

Competition Timeline and Milestones

FY2023 CoC anticipated timeline (will be updated when event occur and deadlines are set)

May 17 — Release of CoC Funding Guide

May 19– Performance data correction due date

May 24 –Release of local renewal application

May 31– Local renewal application instruction and Q & A webinar

June 21 –Local renewal application due date

July 5– HUD NOFO release

July 14- local new project application request for proposal (RFP) release

Aug 23 –local new project application due date

Sept. 12- All project ranking result release

Sept 26– CoC Collaboration Application and priority listing release (completion of HUD application for this year's competition)

Organization Name	Project Name	Type	Occupancy	Remain/Exit to PH	Days to Housing	Recidivism	Maintained/Increased Earned Income	Maintained/Increased Any Income	Bonus Points	Performance Score	Data Quality	Narrative	Project Score	Final Rank	Application Type	Project Status	Requested amount	Approved Amount	Reallocated fund	Accumulate Amount	
Cazenovia Recovery Inc.	Cazenovia Niagara Falls S+C	PSH	10	15	10	15	8	12	10	80	15	19.8	114.8	1	renewal	Accepted	$140,032	$140,032	$0	$140,032	
Hispanos Unidos de Buffalo, Inc	Hispanos Unidos Rapid Rehousing 1	RRH	10	15	10	15	8	12	3	73	15	21.1	109.1	2	renewal	Accepted	$222,330	$222,330	$0	$362,362	
Cazenovia Recovery Inc.	Cazenovia Chronic Homeless Program	PSH	10	13	10	10	8	12	10	73	15	20.5	108.5	3	renewal	Accepted	$498,531	$498,531	$0	$860,893	
Spectrum Human Services	Spectrum Chronically Homeless PSH I	PSH	10	7	10	10	3	12	10	62	15	21	98	4	renewal	Accepted	$623,096	$623,096	$0	$1,483,989	
Child & Family Services of Erie C	Haven House TH+RRH	RRH-DV bonus	10	15	0	N/A	3	12	25	65	10	19.7	94.7	5	renewal	Accepted	$433,856	$433,856	$0	$1,917,845	
Erie County Department of Mer	consolidation CoC I and CoC II	PSH	10	7	8	15	0	12	5	57	11.3	21.7	91.9	6	renewal	Accepted	$4,941,815	$4,941,815	$0	$6,859,660	
BestSelf Behavioral Health	BestSelf Harambe House	PSH	10	8	10	15	0	12	5	60	8	20.2	88.2	7	renewal	Accepted	$468,604	$468,604	$0	$7,328,264	
Erie County Department of Mer	Continuum of Care III	PSH	10	5	10	15	0	5	5	50	15	21.9	86.9	8	renewal	Accepted	$439,920	$439,920	$0	$7,768,184	
Hispanos Unidos de Buffalo, Inc	Hispanos Unidos Rapid Rehousing 2	RRH	10	0	0	15	3	12	8	48	15	21.2	81.2	9	renewal	Accepted	$303,744	$303,744	$0	$8,071,928	
Erie County Department of Mer	WNY Veterans Housing Coalition S+C VI	PSH	10	7	10	15	0	5	5	52	10	21.8	81.8	10	renewal	Accepted	$408,912	$408,912	$0	$8,480,840	
Gerard Place Housing Developm	Gerard Place PSH for Families	PSH	10	15	10	0	3	12	0	50	10	21.6	81.6	11	renewal	Accepted	$292,288	$292,288	$0	$8,773,128	
Community Missions of Niagara	CMI CoC RRH	RRH	10	5	0	15	3	12	7	53	7	19.7	79.7	12	renewal	Accepted	$340,393	$340,393	$0	$9,113,521	
Polish Community Center of Bu	Matt Urban CoC RRH	RRH	10	5	0	15	8	12	3	53	8	18.5	79.5	13	renewal	Accepted	$280,713	$280,713	$0	$9,394,234	
Restoration Society, Inc.	Restoration Society CoC RRH	RRH	10	5	8	0	3	12	12	43	12	21	76	14	renewal	Accepted	$924,332	$654,332	$0	$10,048,566	
Polish Community Center of Bu	Matt Urban Hope Gardens	PSH	8	5	10	15	0	5	5	48	9	17.7	74.7	15	renewal	Accepted	$504,577	$504,577	$0	$10,553,143	
The Housing Council	ILGR RRH	RRH	10	0	0	15	0	5	10	40	13	21.5	74.5	16	renewal	Accepted	$243,625	$243,625	$0	$10,796,768	
Polish Community Center of Bu	Matt Urban Housing First	PSH	0	5	10	15	3	5	10	48	8	15.1	71.1	17	renewal	Accepted	$855,459	$855,459	$0	$11,652,227	
Compass House	Compass House CoC Joint TH+RRH	TH-RRH	10	0	0	8	8	12	5	43	10	17.1	70.1	18	renewal	Accepted	$295,266	$295,266	$0	$11,947,493	
Jericho Road Ministries, Inc.	Jericho Road Ministries, Inc.	RRH												19	1st year renewal	Accepted	$408,598	$408,598	$0	$12,446,091	
The Salvation Army, a New York	Salvation Army Rapid Rehousing Program	RRH												20	1st year renewal	Accepted	$256,649	$256,649	$0	$12,702,740	
Spectrum Human Services	Dedicated Plus	PSH												21	2nd year renewal	Accepted	$109,445	$109,445	$0	$12,812,185	
Hispanos Unidos de Buffalo, Inc	Domestic Violence	RRH												22	2nd year renewal	Accepted	$310,038	$310,038	$0	$13,122,223	
Heart, Love & Soul, Inc.	Heart, Love & Soul Niagara Coordinated	SSO-CE												23	renewal -CE	Accepted	$107,639	$107,639	$0	$13,229,862	
Restoration Society, Inc.	RSI Coordinated Entry	SSO-CE												24	Renewal-CE	Accepted	$153,458	$153,458	$0	$13,383,320	
Homeless Alliance of Western N	NY508 HMIS	HMIS												25	Renewal-HMIS	Accepted	$210,255	$210,255	$0	$13,593,575	Teir 1
EHS, Inc.	Evergreen Housing First	PSH	8	2	5	15	0	0	5	35	10	20	65	26	renewal	Accepted	$770,311	$770,311	$0	$14,363,886	Teir 2
Erie County Department of Mer	ECDMH Chronic Homeless I	PSH	5	7	8	0	0	12	5	37	8	18	63	27	renewal	Accepted	$499,950	$499,950	$0	$14,863,836	ARD

Protected project based on project type

New Project /Organization	Project Name	Type	HUD and local priority (20)	Org. capacity and Experience (25)	Project Design (35)	Racial Equity (10)	Leveraging housing and healthcare (10)	Project Score (100)	Rank	Project Type	Project Status	Conditional Appro	Conditional Approved amount	Accumulate Amount
Cazenovia Recovery Inc.	PSH expansion	PSH	18.8	21.8	32.8	8.3	8.0	89.8	28	New-PSH expansion	Accepted		$500,000	$500,000	$15,363,836
Child & Family Services of Erie C	Domestic Violence Coordinated entry	SSO-CE	9.2	21.0	29	6.3	8.67	74.2	29	New-SSO-CE	Accepted		$77,484	$77,484	$15,441,320
Bestself Behavioral Health	Family Engagement Team FY 2022	RRH								YHDP	Accepted		$303,750	$303,750	$15,745,070
Compass House	Compass House YHDP 2022	TH-RRH								YHDP	Accepted		$601,733	$601,733	$16,346,803
Pinnacle Community Services, I	Project IN_RN_Applicant	RRH								YHDP	Accepted		$188,835	$188,835	$16,535,638
Community Missions of Niagara	CMI TH-RRH Replacement Project FY202	TH-RRH								YHDP	Accepted		$447,494	$447,494	$16,983,132
Bestself Behavioral Health	Overnight Drop-In for TAY FY 2022	SSO								YHDP	Accepted		$296,785	$296,785	$17,279,917

Ranking is not required for these application types

Funding Summary	Amount	Definition of each category
Final/Preliminary Prorata of Need (F/PPRN)	$22,407,548	The amount of funds a CoC could receive based upon the geographic areas included by the CoC as part of their geography and reviewed by HUD during the CoC Program Registration process.
Annual Renewal Demand(ARD)	$14,863,836	The total amount of all the CoC's projects that will be eligible for renewal in the FY 2023 CoC Program Competition
Tier 1	$13,823,367	Tier 1 is equal to 93 percent of the CoC's Annual Renewal Demand (ARD)
Reallocated amount	$0	
Max coc bonus	$1,568,528	The CoC Bonus allows CoCs to use up to 7 percent of their Final Pro Rata Need (FPRN) to create one or more new project applications.

Project Ranking Table

Organization Name	Project Name	Type	Occupancy	Remain/Exit to PH	Days to Housing	Recidivism	Maintained/Increased Earned Income	Maintained/Increased Any Income	Bonus Points	Performance Score	Data Quality	Narrative	Project Score	Final Rank	Application Type	Project Status	Requested amount	Approved Amount	Reallocated fund	Accumulate Amount
Cavenovia Recovery Inc.	Cazenovia Niagara Falls S+C	PSH	10	15	10	15	8	12	10	80	15	19.8	114.8	1	renewal	Accepted	$140,032	$140,032	$0	$140,032
Hispanos Unidos de Buffalo, Inc	Hispanos Unidos Rapid Rehousing 1	RRH	10	15	10	15	8	12	3	73	15	21.1	109.1	2	renewal	Accepted	$222,330	$222,330	$0	$362,362
Cazenovia Recovery Inc.	Cazenovia Chronic Homeless Program	PSH	10	13	10	10	8	12	10	73	15	20.5	108.5	3	renewal	Accepted	$498,531	$498,531	$0	$860,893
Spectrum Human Services	Spectrum Chronically Homeless PSH I	PSH	10	7	10	10	3	12	10	62	15	21	98	4	renewal	Accepted	$623,096	$623,096	$0	$1,483,989
Child & Family Services of Erie C	Haven House TH+RRH	RRH-DV bonus	10	15	0	N/A	3	12	25	65	10	19.7	94.7	5	renewal	Accepted	$433,856	$433,856	$0	$1,917,845
Erie County Department of Mer	consolidation CoC I and CoC II	PSH	10	7	8	15	0	12	5	57	13.2	21.7	91.9	6	renewal	Accepted	$4,941,815	$4,941,815	$0	$6,859,660
BestSelf Behavioral Health	BestSelf Harambe House	PSH	10	8	10	15	0	12	5	60	8	20.2	88.2	7	renewal	Accepted	$468,604	$468,604	$0	$7,328,264
Erie County Department of Mer	Continuum of Care III	PSH	10	5	10	15	0	5	5	50	15	21.9	86.9	8	renewal	Accepted	$439,920	$439,920	$0	$7,768,184
Hispanos Unidos de Buffalo, Inc	Hispanos Unidos Rapid Rehousing 2	RRH	10	0	0	15	3	12	8	48	15	21.2	84.2	9	renewal	Accepted	$303,744	$303,744	$0	$8,071,928
Erie County Department of Mer	WNY Veterans Housing Coalition S+C VI	PSH	10	7	10	15	0	5	5	52	10	21.8	83.8	10	renewal	Accepted	$408,912	$408,912	$0	$8,480,840
Gerard Place Housing Developm	Gerard Place PSH for Families	PSH	10	15	10	0	3	12	0	50	10	21.6	81.6	11	renewal	Accepted	$292,288	$292,288	$0	$8,773,128
Community Missions of Niagara	CMI CoC RRH	RRH	10	5	0	15	3	12	8	53	7	19.7	79.7	12	renewal	Accepted	$340,393	$340,393	$0	$9,113,521
Polish Community Center of Buf	Matt Urban CoC RRH	RRH	10	5	0	15	8	12	3	53	8	18.5	79.5	13	renewal	Accepted	$280,713	$280,713	$0	$9,394,234
Restoration Society, Inc.	Restoration Society CoC RRH	RRH	10	5	8	0	3	12	5	43	12	21	76	14	renewal	Accepted	$924,332	$654,332	$0	$10,048,566
Polish Community Center of Buf	Matt Urban Hope Gardens	PSH	8	5	10	15	0	5	5	48	9	17.7	74.7	15	renewal	Accepted	$504,577	$504,577	$0	$10,553,143
The Housing Council	ILGR RRH	RRH	10	0	0	15	0	5	10	40	13	21.5	74.5	16	renewal	Accepted	$243,625	$243,625	$0	$10,796,768
Polish Community Center of Buf	Matt Urban Housing First	PSH	0	5	10	15	3	5	10	48	8	15.1	71.1	17	renewal	Accepted	$855,459	$855,459	$0	$11,652,227
Compass House	Compass House CoC Joint TH+RRH	TH-RRH	10	0	0	8	8	12	5	43	10	17.1	70.1	18	renewal	Accepted	$295,266	$295,266	$0	$11,947,493
Jericho Road Ministries, Inc.	Jericho Road Ministries, Inc.	RRH												19	1st year renewal	Accepted	$498,598	$498,598	$0	$12,446,091
The Salvation Army, a New York	Salvation Army Rapid Rehousing Program	RRH												20	1st year renewal	Accepted	$256,649	$256,649	$0	$12,702,740
Spectrum Human Services	Dedicated Plus	PSH												21	2nd year renewal	Accepted	$109,445	$109,445	$0	$12,812,185
Hispanos Unidos de Buffalo, Inc	Domestic Violence	RRH												22	2nd year renewal	Accepted	$310,038	$310,038	$0	$13,122,223
Heart, Love & Soul, Inc.	Heart, Love & Soul Niagara Coordinated	SSO-CE												23	Renewal -CE	Accepted	$107,639	$107,639	$0	$13,229,862
Restoration Society, Inc.	RSI Coordinated Entry	SSO-CE												24	Renewal-CE	Accepted	$153,458	$153,458	$0	$13,383,320
Homeless Alliance of Western N	NY508 HMIS	HMIS												25	Renewal-HMIS	Accepted	$210,255	$210,255	$0	$13,593,575
EHS, Inc.	Evergreen Housing First	PSH	8	2	5	15	0	0	5	35	10	20	65	26	renewal	Accepted	$770,311	$770,311	$0	$14,363,886
Erie County Department of Mer	ECDMH Chronic Homeless I	PSH	5	7	8	0	0	12	5	37	8	18	63	27	renewal	Accepted	$499,950	$499,950	$0	$14,863,836

"Protected project based on project type" (rows 19–25)

Tier 1 (row 25), Teir 2 (row 26), ARD (row 27)

New Project Table

New Project /Organization	Project Name	Type	HUD and local priority (20)	Org. capacity and Experience (25)	Project Design(35)	Racial Equity (10)	Leveraging housing and healthcare (10)	Project Score (100)	Rank	Project Type	Project Status	Conditional Approved amount	Conditional Approved amount	Accumulate Amount
Cazenovia Recovery Inc.	PSH expansion	PSH	18.8	21.8	32.8	8.3	8.0	89.8	28	New-PSH expansion	Accepted	$500,000	$500,000	$15,363,836
Child & Family Services of Erie C	Domestic Violence Coordinated entry	SSO-CE	9.2	21.0	29	6.3	8.67	74.2	29	New-SSO-CE	Accepted	$77,484	$77,484	$15,441,320
Bestself Behavioral Health	Family Engagement Team FY 2022	RRH								YHDP	Accepted	$303,750	$303,750	$15,745,070
Compass House	Compass House YHDP 2022	TH-RRH								YHDP	Accepted	$601,733	$601,733	$16,346,803
Pinnacle Community Services, I	Project IN_RN_Applicant	RRH								YHDP	Accepted	$188,835	$188,835	$16,535,638
Community Missions of Niagara	CMI TH-RRH Replacement Project FY202	TH-RRH								YHDP	Accepted	$447,494	$447,494	$16,983,132
Bestself Behavioral Health	Overnight Drop-In for TAY FY 2022	SSO								YHDP	Accepted	$296,785	$296,785	$17,279,917

"Ranking is not required for these application types"

Funding Summary

Funding Summary	Amount	Definition of each category
Final/Prelimilary Prorata of Need (F/PPRN)	$22,407,548	The amount of funds a CoC could receive based upon the geographic areas included by the CoC as part of their geography and reviewed by HUD during the CoC Program Registration process.
Annual Renewal Demand(ARD)	$14,863,836	The total amount of all the CoC's projects that will be eligible for renewal in the FY 2023 CoC Program Competition
Tier 1	$13,823,367	Tier 1 is equal to 93 percent of the CoC's Annual Renewal Demand (ARD)
Reallocated amount	$0	
Max CoC bonus	$1,568,528	The CoC Bonus allows CoCs to use up to 7 percent of their Final Pro Rata Need (FPRN) to create one or more new project applications.
Approved CoC bonus	$500,000	
Max DV bonus	$2,240,755	The DV Bonus allows CoCs to use up to 10 percent of their Final Pro Rata Need (FPRN) to create one or more new project applications.
Approved DV bonus	$77,484	
Total request	$17,279,917	
New Project Total Amount	$577,484	
Renewal Project Amount	$14,863,836	
YHDP Project Total Amount	$1,838,597	Youth Homelessness Demostration Project is a special program under CoC, no ranking required this year.
CoC Planning Project	$1,120,377	CoC Planning fund is designated to CoC Collaborative Applicant and Collaborative Applicant can apply up to 5% of Final Pro Rata Need (FPRN)

2023 HDX Competition Report

PIT Count Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	872	696	856	1560
Emergency Shelter Total	621	472	570	1147
Safe Haven Total	0	0	0	0
Transitional Housing Total	218	191	264	382
Total Sheltered Count	839	663	834	1529
Total Unsheltered Count	33	33	22	31

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	29	55	50	92
Sheltered Count of Chronically Homeless Persons	21	47	44	82
Unsheltered Count of Chronically Homeless Persons	8	8	6	10

2023 HDX Competition Report

PIT Count Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**95**	**67**	**97**	**163**
Sheltered Count of Homeless Households with Children	95	67	97	163
Unsheltered Count of Homeless Households with Children	0	0	0	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**33**	**66**	**66**	**60**	**77**
Sheltered Count of Homeless Veterans	20	63	63	59	76
Unsheltered Count of Homeless Veterans	13	3	3	1	1

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

2023 HDX Competition Report

HIC Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	1,102	986	1,071	92.06%	31	31	100.00%	1,017	92.29%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	444	365	431	84.69%	13	13	100.00%	378	85.14%
RRH Beds	410	401	401	100.00%	9	9	100.00%	410	100.00%
PSH Beds	1,263	1,263	1,263	100.00%	0	0	NA	1,263	100.00%
OPH Beds	70	70	70	100.00%	0	0	NA	70	100.00%
Total Beds	3,289	3,085	3,236	95.33%	53	53	100.00%	3,138	95.41%

2023 HDX Competition Report

HIC Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

2023 HDX Competition Report

HIC Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.
**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.
In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	371	431	323	324

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

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	107	89	101	59

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	465	423	545	410

2023 HDX Competition Report

HIC Data for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	3403	4191	42	44	54	10	25	26	31	5
1.2 Persons in ES, SH, and TH	3569	4386	72	70	78	8	29	29	36	7

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3815	4699	257	257	290	33	67	66	93	27
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	3975	4878	261	262	297	35	91	77	104	27

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2021	FY 2022	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	168	106	34	25	24%	17	7	7%	11	9	8%	41	39%
Exit was from ES	1508	1087	204	167	15%	92	49	5%	74	81	7%	297	27%
Exit was from TH	133	106	7	12	11%	6	3	3%	11	4	4%	19	18%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	644	560	46	29	5%	15	17	3%	34	17	3%	63	11%
TOTAL Returns to Homelessness	2453	1859	291	233	13%	130	76	4%	130	111	6%	420	23%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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

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

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		856	
Emergency Shelter Total	472	570	98
Safe Haven Total	0	0	0
Transitional Housing Total	191	264	73
Total Sheltered Count	663	834	171
Unsheltered Count		22	

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	3795	3966	4998	1032
Emergency Shelter Total	3633	3801	4798	997
Safe Haven Total	0	0	0	0
Transitional Housing Total	301	306	344	38

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

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

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	658	678	664	-14
Number of adults with increased earned income	40	29	38	9
Percentage of adults who increased earned income	6%	4%	6%	2%

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	658	678	664	-14
Number of adults with increased non-employment cash income	270	280	266	-14
Percentage of adults who increased non-employment cash income	41%	41%	40%	-1%

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	658	678	664	-14
Number of adults with increased total income	287	289	286	-3
Percentage of adults who increased total income	44%	43%	43%	0%

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

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	320	368	397	29
Number of adults who exited with increased earned income	43	50	51	1
Percentage of adults who increased earned income	13%	14%	13%	-1%

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	320	368	397	29
Number of adults who exited with increased non-employment cash income	118	131	114	-17
Percentage of adults who increased non-employment cash income	37%	36%	29%	-7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	320	368	397	29
Number of adults who exited with increased total income	151	174	158	-16
Percentage of adults who increased total income	47%	47%	40%	-7%

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

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

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3553	3659	4564	905
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1108	1025	922	-103
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2445	2634	3642	1008

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	4043	4197	5227	1030
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1292	1180	1073	-107
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2751	3017	4154	1137

FY2022 - Performance Measurement Module (Sys PM)

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

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

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

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	330	338	557	219
Of persons above, those who exited to temporary & some institutional destinations	48	52	49	-3
Of the persons above, those who exited to permanent housing destinations	130	144	223	79
% Successful exits	54%	58%	49%	-9%

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

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3121	3091	3726	635
Of the persons above, those who exited to permanent housing destinations	1186	1196	1337	141
% Successful exits	38%	39%	36%	-3%

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	1224	1268	1278	10
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1204	1251	1252	1
% Successful exits/retention	98%	99%	98%	-1%

2023 HDX Competition Report

FY2022 - SysPM Data Quality

NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	588	565	583	187	196	245	1265	1297	1322	465	420	482			
2. Number of HMIS Beds	556	547	563	181	190	239	1265	1297	1322	465	420	482			
3. HMIS Participation Rate from HIC (%)	94.56	96.81	96.57	96.79	96.94	97.55	100.00	100.00	100.00	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	4782	3888	5090	339	319	357	1397	1414	1412	1259	1378	1804	335	262	660
5. Total Leavers (HMIS)	4464	3459	4169	184	149	179	172	145	145	702	692	996	255	187	448
6. Destination of Don't Know, Refused, or Missing (HMIS)	801	725	1013	13	23	52	1	3	9	6	40	64	74	46	196
7. Destination Error Rate (%)	17.94	20.96	24.30	7.07	15.44	29.05	0.58	2.07	6.21	0.85	5.78	6.43	29.02	24.60	43.75

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for NY-508 - Buffalo, Niagara Falls/Erie, Niagara, Orleans, Genesee, Wyoming Counties CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/27/2023	Yes
2023 HIC Count Submittal Date	5/2/2023	Yes
2022 System PM Submittal Date	2/28/2023	Yes

BELMONT HOUSING
RESOURCES FOR WNY

Central Office
2393 Main Street
Buffalo, NY 14214
716-884-7791
Fax: 716-884-8026

Niagara County Office
33 Spruce Street
North Tonawanda, NY 14120
716-213-2784
Fax: 716-213-2787

Sept 19, 2023

Lindsay Herndon
Chief Executive Officer
2495 Main St, Suite 417, Buffalo, NY 14214

Dear Lindsay Herndon,

I am writing to confirm our commitment to the Cazenovia Recovery Chronically Homeless Expansion Program. As the administrators of Housing Choice Vouchers in Erie and Niagara Counties, we are dedicated to working with community agencies to eradicate homelessness. If the Cazenovia Recovery Chronically Homeless Expansion Program is awarded in the FY2023 CoC funding competition, we pledge to provide five vouchers to support five eligible participants for this program. These participants must meet the homeless preference criteria and follow the protocol outlined in our Administrative Plan for NY091.

Sincerely,

Joyelle Tedeschi, MSW

Joyelle Tedeschi, Vice President of Housing Programs
Belmont Housing Resources for WNY, Inc.
2393 Main Street, Buffalo, NY 14214
(716) 884-7791 x 191 (716) 884-8026 fax

HOPE LIVES HERE

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2495 Main St, Suite 417
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716-852-4331

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200 Albany St
Buffalo, NY 14213
716-882-2108

Cazenovia Manor
486 N. Legion Dr
Buffalo, NY 14210
716-822-8932

Housing Programs
2211 Main St
Buffalo, NY 14214
716-894-7298

Madonna House
5586 Niagara St Ext
Lockport, NY 14094
716-438-9131

Somerset House
7397 Lake Rd
Appleton, NY 14008
716-795-3719

Sundram Manor
431 Memorial Pkwy
Niagara Falls, NY 14303
716-284-6228

Step Toward Success
2671 Main St
Buffalo, NY 14214
716-894-7274

Turning Point House
9136 Sandrock Rd
Eden, NY 14057
716-992-4972

Unity House
923 Sycamore St
Buffalo, NY 14212
716-884-4952

Catherine M. Braniecki,
President

Lindsay Herndon,
CEO

CAZENOVIA RECOVERY SYSTEMS, INC.

August 17, 2023

Cazenovia Recovery Systems, Inc. (Caz Recovery) is a 501(c)3 organization that empowers individuals with substance use disorders to build healthier lives and reach their full potential. The organization has supported individuals in need throughout Western New York since its founding in 1980.

As part of this application, we are seeking to expand our current HUD-funded supported housing program. In addition to supported housing services, Caz Recovery also offers a wide range of substance use treatment and support services programs.

Potential match / in-kind services:
- Potential Rehabilitation in-kind services: $149.68 (daily rate of Caz Recovery Rehabilitation treatment) x 8 (potentially 8 individuals out of 20 expanded units who may need treatment) x 90 days = **$107,770**
- Other Salaries: portion of 2 Harm Reduction Specialists funded by other sources: **$43,848**
- Total potential match / in-kind services: **$151,618**

Attestation

As the Chief Executive Officer of Caz Recovery, I attest that I have itemized the above estimates of matching services based on services required to operate the program that would otherwise be eligible for reimbursement if charged directly to the grant. These services will be directly provided by Caz Recovery and are above and beyond any administrative or program services being directly reimbursed by the project. All time, effort and expense allocations to verify these services will be monitored on a monthly basis, documented and maintained on file for audit and inspection by HUD.

Sincerely,

Lindsay Herndon, CEO

cazenoviarecovery.org