

## 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 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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 2024 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- 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, 2023 to April 30, 2024:	
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	No
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)	No	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.				
35.				

By selecting "other" you must identify what "other" is.

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

Our CoC collaborates closely with organizations rooted in Black and Brown communities, such as the Buffalo Urban League and Jericho Road, to ensure our programs equitably benefit underserved populations. Through ESG and CoC funding, we support projects specifically targeting Black and Brown individuals, who are disproportionately impacted by homelessness. Additionally, Jericho Road provides tailored services to asylum seekers, including trauma-informed care, legal assistance, and culturally competent health services, addressing the unique challenges faced by this population.

We engage with community leaders and residents through the Program Advisory Committee (PAC), composed largely of individuals with lived experience, and through targeted focus groups. Based on feedback from these sessions, we implemented targeted training for Coordinated Entry (CE) access points, especially for those showing bias in their scoring. Members from the PAC are actively involved in revising the CE assessment tool, ensuring it is culturally appropriate and client-centered.

Our CoC has made significant strides in advancing racial equity by embedding it in funding and decision-making processes. For example, we closely monitor CE referral data to ensure that projects are accepting clients based on CoC priorities and without bias. As a result, the racial composition of participants across projects now more accurately reflects the demographics of people experiencing homelessness. Furthermore, 54% of our Project Review Committee members are people of color, ensuring that racial equity is prioritized in project selection and ranking.

To support ongoing education, we have purchased bulk training slots for case managers and directors to attend the Action Steps to Address Racial Disparities in Homelessness System and Program training offered by the National Alliance to End Homelessness (NEAH). These efforts, combined with regular monitoring and feedback loops, have led to more inclusive and equitable program designs, ensuring that Black, Brown, and other underserved communities benefit equitably from our CoC's initiatives.

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 your CoC's 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 attract new members. We encourage individuals to join directly through the CoC lead agency's website, where the membership sign-up is always available to the public. Our membership meetings are open to all, and anyone interested in our work can attend and participate. We also redistribute open invitations quarterly through public channels, including community events and newsletters. Our quarterly newsletter highlights CoC member experiences and projects to showcase the value of participation. Annual recruitment is conducted via the website, social media, emails, and direct mail to reach a broad audience.

2. To ensure accessibility for persons with disabilities, our CoC offers several options for meeting participation and information access. Meetings are available via teleconferencing and in handicap-accessible locations. All forms, minutes, and reports are available on the CoC lead's website in accessible formats compatible with screen readers. We provide closed captioning for virtual meetings and recorded sessions to ensure full participation. Individuals can also request specific accommodations to meet their needs.

3. Our CoC actively engages organizations serving Black, Latino, Indigenous, LGBTQ+, New Americans, refugees, and persons with disabilities to ensure equity is embedded in our work. We invite these groups to CoC meetings, committees, and workgroups, where their input directly shapes planning and decision-making processes. Our outreach includes tailored communications to culturally-focused groups, offering personalized approaches to engage them in meaningful ways. For example, this year, our outreach efforts resulted in a Black-led organization applying for CoC funding for the first time, marking their initial engagement with the program and showcasing the effectiveness of our inclusive strategies. We also partner with these organizations to provide cultural competence training within the CoC, enhancing inclusivity and ensuring that our programs meet the diverse needs of our community.

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 employs multiple strategies to gather feedback from organizations and individuals with knowledge of homelessness or an interest in its prevention. We engage through public meetings, committees, workgroups, focus groups, one-on-one interviews, and community events. People with lived experience actively participate in these groups, contributing their perspectives. Public meetings are held monthly in various locations to reach urban, suburban, and rural residents. We attend local and national gatherings, such as regional Coalition for the Homeless and DV coalitions, to understand the challenges people face within the homeless system. Additionally, we participate in events like the National Alliance to End Homelessness to stay informed about best practices and emerging trends in homelessness prevention and response.
2. The CoC maintains an open dialogue with the public through monthly meetings, workshops, social media, and events. We proactively share updates on issues like employment, public safety, healthcare, and housing. For example, after the SCOTUS ruling on City of Grants Pass, Oregon vs. Johnson, we held a public meeting with legal experts to discuss its local impact. Community input led us to invite law enforcement and political representatives to collaborate on addressing unsheltered homelessness.
3. To ensure accessibility, we provide multiple platforms for public input, including our website, which supports accessible formats like plain text, large fonts, and audio. We conduct outreach to disability organizations to promote these options. Public meetings are held in ADA-compliant venues and online, with auto transcription available, ensuring full participation for individuals with disabilities.
4. Feedback from public meetings, focus groups, and interviews directly informs our strategies to prevent and end homelessness. We regularly review this feedback to identify areas for improvement and test new approaches. For example, we implemented the Coordinated Entry (CE) Open Management Tool, which allows partners to report openings and holds providers accountable for assigned clients. This tool has enhanced both equity and transparency in the process. Additionally, based on feedback from focus groups with individuals with lived experience, we identified a growing demand for more flexible and affordable housing options. In response, our CoC began promoting shared housing as a viable solution.

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. Our CoC lead made the local CoC Request for Proposal (RFP) publicly available by posting it on the CoC lead agency's website. We actively promoted the RFP to organizations without prior CoC funding experience and sent direct emails to community partners, stakeholders, and interested groups. The RFP was announced at community-wide meetings, with walk-through sessions and Q&A events to support new applicants. CoC lead staff provided one-on-one assistance to agencies, especially those with experience serving special populations, to encourage first-time applicants. This outreach resulted in 14 new project submissions, including PSH projects for youth, reentry populations, substance use disorders, rural areas, and survivors of domestic violence, demonstrating our commitment to engaging new organizations. The CoC lead staff spent significant amounts of time training and assisting new applicants in esnaps to ensure applicants are able to submit an accurate application.
2. Project applications are submitted in Word/PDF format via email to the CoC lead staff by the local deadline. Clear instructions on this process are provided during public meetings, on our website, and through direct communication to ensure all potential applicants understand the submission requirements.
3. Applications that meet the CoC's thresholds are reviewed by the Project Selection Committee, which includes non-funded peers and individuals with lived experience. Minimum requirements include adherence to Housing First principles, use of HMIS or comparable databases, Coordinated Entry, a 25% funding match, and achieving at least 70% of the total points available. The committee scores applications based on factors like organizational capacity, service delivery using best practices, racial equity, cost-effectiveness, and experience managing public funds. Projects must meet these criteria and fall within the CoC bonus allowance to be considered for submission to HUD.
4. We ensured effective communication and access for persons with disabilities by providing application materials in accessible formats on our website and offering Q&A webinars with closed captioning. Public meetings are held in ADA-compliant locations, and materials are available in alternative formats upon request, ensuring that all individuals can fully engage in the application process.



## 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- 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	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Nonexistent
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	No
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.	

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

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 family members are not separated?	Yes
3.	Worked with CoC and 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 Who Have Recently Begun 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 have recently begun experiencing homelessness 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)	Yes	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 Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking--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.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Local DV coalition and housing programs that are funded by the State and CoC.	Yes

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

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to 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 Service Providers (VSPs) and local domestic violence (DV) coalitions to update CoC-wide policies that apply to both CoC and ESG programs. For example, Child and Family Services, a VSP, plays a key role in the CoC Coordinated Entry (CE) Oversight Committee, ensuring CE procedures align with the needs of survivors. They recently led efforts to revise the CE prioritization criteria, working closely with the CoC lead, CE lead, other victim service providers, and people with lived experience to streamline prioritization and referrals. We will be launching a new prioritization criteria and assessment tailored to DV survivors within the next two months, focusing on danger assessments, considering their fleeing history, and prioritizing their child's safety. Additionally, the HMIS Lead partnered with DV providers to update consent forms to better protect survivors' privacy and confidentiality. These efforts ensure that our policies reflect best practices and provide a safer, more supportive approach for survivors.

2. To ensure all housing and services are trauma-informed and meet the needs of survivors, the CoC works closely with VSPs like Child and Family Services and Pinnacle to deliver annual training to all CoC and ESG partner organizations. These trainings focus on trauma-informed care, victim-centered approaches, and best practices for supporting survivors. During the training, we also review and update Emergency Transfer Plans to ensure rapid response capabilities. VSPs actively participate in Rapid Rehousing (RRH) meetings, offering expertise in program design, case conferencing, and strategies for serving survivors. This collaborative approach helps embed trauma-informed principles throughout CoC and ESG programs, fostering a supportive environment that prioritizes the safety, autonomy, and dignity of survivors.

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

	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:
1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

The CoC collaborates closely with local victim service providers (VSPs) to develop culturally relevant and trauma-informed assessment tools that prioritize physical and emotional safety, privacy, and confidentiality for survivors. The goal is to ensure that the Coordinated Entry (CE) process is inclusive and meets the unique needs of all individuals.

1. Safety Planning Protocols: All survivors have immediate access to safe shelters, and VSP intake staff conduct the CE assessment and Danger Assessment within 48 business hours. Survivors can access both DV-specific and non-DV programs, based on their risk level. High-risk survivors are prioritized for shelters designated for victim services, while those at lower risk may be referred to non-DV shelters with enhanced security protocols. Survivors can also choose to relocate to shelters in other counties for added safety. For those not entering shelters, 24/7 DV hotlines and separate safe access points provide support, with additional intakes scheduled at secure times and locations. Non-DV providers are trained to refer households at imminent risk to VSPs, who then offer crisis support, immediate safety planning, and necessary referrals.

2. Confidentiality Protocols: All assessments are conducted in private settings to ensure confidentiality, with information gathered only with the client's consent. Survivors accessing non-DV programs have the option to be included in HMIS anonymously, selectively sharing which agencies can view their data. For those working with VSPs, a comparable database collects their information to maintain privacy. During referrals, only minimal information (client number, # of bedrooms needed, VI-SPDAT score, Danger Assessment score, and referring agency) is shared with the CE lead, excluding any personally identifiable information (PII). When a housing opening becomes available, the program contacts the referral agency to arrange a secure meeting with the client, ensuring no direct contact information is disclosed.

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

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes

5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

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

Describe in the field below:

1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1.The Emergency Transfer Plan is outlined in our CoC Written Standards, and all CoC and ESG-funded programs are required to adopt and follow this plan. It includes eligibility criteria for transfer, documentation requirements, confidentiality protections, and the management of emergency transfers. The plan also details internal and external transfer processes, ensuring that tenants can request safe housing if they are in fear of imminent harm.

2.Our CoC ensures that all households seeking or receiving CoC/ESG Program assistance are informed about their rights to an emergency transfer under VAWA, regardless of survivor status. Information on the Emergency Transfer Plan is provided at multiple touchpoints, including intake, orientation, recertification, and anytime an incident or request for transfer arises. The CoC requires all recipients and subrecipients to distribute a copy of the Emergency Transfer Plan and provide a detailed explanation of rights, procedures, and protections. In addition to written communication, verbal explanations are provided to ensure full understanding. Case managers and service providers are encouraged to review emergency transfer options with clients regularly, ensuring they remain informed as circumstances change.

3.Households can request an emergency transfer by completing a standardized Emergency Transfer Request Form (HUD-5383) or by making a verbal request, which staff will assist in documenting. Survivors are not required to provide proof of survivor status beyond self-certification, and all requests are handled with strict confidentiality. Additionally, survivors are informed that they can request a transfer at any time, even if they have not experienced a new incident of violence recently.

4.Upon receiving an emergency transfer request, the CoC takes immediate action to move the survivor to safe housing as quickly as possible. If no unit is available within the same program, the CoC collaborates with other CoC and ESG providers to find alternative housing, including non-CoC resources. The CoC ensures that survivors are offered housing options that match their preferences and are located in areas that promote their safety. Survivors receive ongoing case management support throughout the transfer process to help them settle into their new housing safely and securely.

1C-5e.	Facilitating Safe Access to Housing and Services 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 ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

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.) Our CoC's Written Standards explicitly prioritize client choice and empowerment, ensuring that all individuals, including survivors of domestic violence, dating violence, sexual assault, or stalking, have equal access to housing and services available in the CoC. Survivors are empowered to choose the programs and services that best meet their needs, with a trauma-informed approach guiding every interaction. These standards ensure that survivors can access housing safely, with their confidentiality, physical security, and emotional well-being prioritized at every step of the process. 2.) Our Coordinated Entry (CE) Policies and Procedures are inclusive, allowing survivors to access housing and services through both DV-specific access points and general CE access points, or by contacting the CE lead directly. For confidentiality and safety, the CE lead only has access to the client ID, assessment score, length of homelessness, and household size, ensuring sensitive information about the survivor's identity is protected. This system enables survivors to be listed in either the DV priority list or the general CE list, depending on their choice. The DV list, being shorter, often results in quicker housing placements. All victim service providers are trained on the full range of housing and services within the CoC and can make appropriate referrals to the CE lead to ensure survivors are connected to available housing and services while maintaining their safety and confidentiality. 3) All staff at access points, including shelters and service providers, are trained in trauma-informed care, harm reduction, and victim-centered approaches to ensure survivors feel safe and supported throughout their engagement with services. This includes ensuring physical safety measures, such as safe spaces in shelters and access to emergency transfer plans if needed, along with emotional safety by offering counseling, legal assistance, and support services designed to rebuild trust and stability for survivors.

1C-5f.	Identifying and Removing Barriers 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 ensures survivors receive safe housing and services by:

1.	identifying barriers specific to survivors; and
2.	working to remove those barriers.



**(limit 2,500 characters)**

1. Our CoC proactively identifies system-level barriers that prevent survivors of domestic violence, dating violence, sexual assault, and stalking from accessing safe housing and services through a collaborative and systematic approach.

1)The CoC lead, Coordinated Entry (CE), the local Department of Social Services (DSS), and victim service providers (VSPs) maintain regular communication and have strong working relationships to identify and reduce barriers for survivors. VSPs serve on the CE Oversight Committee and actively contribute to identifying challenges and modifying policies to better meet the needs of survivors. The CoC lead also attends local DV Coalition meetings to stay informed about emerging issues identified by VSPs. 2) Regular focus groups and listening sessions are held by the CoC to gather feedback from participants, including recruitment from DV programs. Specific sessions are organized for survivors to share their unique experiences, providing valuable input that helps us identify barriers to safe housing and services. 3)Resource allocation is continuously monitored by the CoC lead and VSPs to ensure survivors receive the resources they need. These efforts help identify disparities in service delivery and resource access for survivors.

2. Our CoC actively removes identified barriers to ensure survivors receive safe housing and services. One example of success in resource allocation is that DV survivors are placed on a separate priority list, which is proportionally shorter than the general list due to the availability of DV-specific funding, such as DV bonuses. This results in significantly reduced wait times for survivors seeking housing. We also recognized gaps in housing access in certain parts of our CoC, particularly in rural areas where no providers were applying for CoC grants. To address this, we have proactively recruited both VSP and non-VSP providers. As a result, a VSP organization, under new leadership, applied for CoC program funding this year and, if awarded, will provide services in rural counties. Additionally, based on feedback from listening sessions held with survivors currently in shelters and those who have gone through the CE process, we are working to revise the CE prioritization criteria to simplify the process for survivors. These changes are expected to be implemented in the upcoming year, improving the overall accessibility and responsiveness of the CE system for survivors.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings.	
	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 or Housing Choice Voucher Program During FY 2023 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	24%	Yes-HCV	No
Niagara Falls Housing Authority	29%	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)

We have been actively collaborating with our PHA partners to adopt homeless admission preferences.

1)Town of Amherst (NY091): The Town of Amherst's Housing Choice Vouchers (HCVs) are administered by Belmont, which has set aside 225 vouchers specifically for individuals currently experiencing homelessness. All referrals come directly from people who are residing in shelters. Belmont also administers the VASH voucher program, supporting at-risk and homeless veterans.

2)City of Buffalo(NY409): RAC administers vouchers for the City of Buffalo and has committed 25 vouchers to support our Moving On Initiative since 2019. They also prioritize mainstream vouchers for individuals who are currently or recently homeless. RAC has further strengthened its impact by partnering with local child welfare agencies to receive Foster Youth to Independence (FYI) vouchers.

3)NYS Housing Trust Fund Corporation (NY904): New York State Homes and Community Renewal (HCR) has received Stability Vouchers, which are managed by three local administrators (LAs). Coordinated Entry works directly with these LAs to prioritize individuals experiencing homelessness, ensuring that these vouchers reach those who need them the most.

4) Buffalo Municipal Housing Authority (NY002): BMHA has been a key partner since April 2017, accepting referrals from our Coordinated Entry for people moving on from Permanent Supportive Housing (PSH) and those in Transitional Housing (TH) or Rapid Rehousing (RRH). BMHA amended its Admissions and Continued Occupancy Policy to include a homeless preference in both its housing units and HCV program.

5)Niagara Falls Housing Authority (NY011) and City of North Tonawanda(NY405): Both the Niagara Falls Housing Authority and the City of North Tonawanda have incorporated a homeless preference into their Admissions and Continued Occupancy Plans (ACOP) and Admin Plans for HCVs and Public Housing units, further supporting our CoC's efforts to prioritize homeless individuals.

These collaborative efforts demonstrate our CoC's commitment to engaging with local PHAs to establish and expand homeless admission preferences, creating more housing opportunities for individuals and families experiencing homelessness.

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)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	Yes
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.	FUP

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

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

## 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	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 2024 CoC Program Competition.	34
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	34
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 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;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1.Our CoC evaluates each project's adherence to the Housing First (HF) approach during the local competition process. Applicants must answer specific questions regarding HF principles, such as low-barrier access and no preconditions like sobriety or service participation. Projects that do not align with these principles are educated on HF and must agree to adopt this model to proceed in the local competition. This initial evaluation sets expectations for HF adherence, which is later confirmed during routine monitoring.

2.During monitoring, we use HUD's Housing First Assessment Tool, which evaluates indicators such as access, leases, services, and housing practices. Coordinated Entry (CE) referral data is also reviewed to ensure projects maintain low-barrier policies and do not reject participants for reasons like criminal history, domestic violence, substance use, or refusal to participate in services. We also examine discharge practices to ensure compliance with HF principles.

3.Outside of the local competition, we evaluate projects through biennial site visits and daily monitoring via Coordinated Entry. During site visits, we review policies, procedures, and case files to verify that Housing First principles are consistently applied throughout the program. As the CoC lead and CE lead, we closely monitor referrals and discharges daily, ensuring ongoing adherence to HF and providing immediate feedback when necessary.

4.To improve fidelity to Housing First, projects found out of compliance must submit a corrective action plan within 30 days, and we offer follow-up training and support. After monitoring visits, we conduct 1:1 and group meetings where case managers discuss challenges and receive support for implementing HF and harm reduction strategies. Our focus on staff training includes Housing First 101, trauma-informed care, motivational interviewing, and harm reduction. We also foster collaboration between agencies through CE meetings and outreach sessions, sharing best practices and promoting problem-solving. These efforts have resulted in improved compliance and a reduction in clients returning to homelessness, demonstrating our strong commitment to HF principles.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

Our CoC uses a multidisciplinary, collaborative approach to street outreach, prioritizing engagement with individuals least likely to request assistance. Our outreach teams actively engage people across urban, suburban, and rural areas, targeting locations such as public parks, abandoned buildings, transit stations, and food distribution centers. Regardless of immediate placement, we offer shelter and services to everyone encountered, ensuring that each individual is documented in HMIS and linked to support through coordinated entry. Warm hand-offs facilitate smooth transitions into housing and service programs.

Our diverse outreach team—comprising 75% BIPOC individuals and LGBTQ+ representatives—reflects the communities we serve and helps break down cultural and social barriers to assistance. We have a strong presence at key transit hubs like the NFTA station, working closely with NFTA police to engage vulnerable individuals. We also partner with university medical students and mobile clinics to deliver onsite healthcare services, ensuring that individuals who avoid formal healthcare systems can still access vital medical care.

Our outreach teams include licensed behavioral health clinicians, Master of Social Work (MSW) practitioners, providing a holistic network of support that combines healthcare, mental health services, and housing coordination. Staff are trained annually in harm reduction, trauma-informed care, and motivational interviewing, enabling them to deliver sensitive, person-centered support without preconditions such as sobriety or participation in services.

To overcome communication barriers, we provide resource guides, hygiene kits, and language interpretation services, including sign language and support for non-English speakers. Our teams meet individuals where they are, both physically and emotionally, ensuring services are accessible to all.

Our CoC also works closely with local law enforcement, ensuring that unsheltered individuals are directed to services rather than criminalized. We use the 211 call center and a dedicated Veterans Administration hotline to report sightings of unsheltered individuals, enabling outreach teams to respond quickly.

Our data collection captures all individuals, even those who didn't end up enrolling in the program, which hurts the performance outcome, but this approach allows us to monitor and engage them over time, ensuring no one is overlooked.

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

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

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1. Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	No
2. Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	No



3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	No
4.	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.i.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	410	419

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.	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1.Our CoC collaborates with project staff to bring healthcare organizations onsite at homeless service provider locations to assist clients with enrolling in medical insurance and re-certifying coverage to prevent lapses. We organize joint outreach events where healthcare providers and homeless services collaborate to help clients secure healthcare coverage and make referrals to necessary services such as mental health, substance abuse treatment, and primary care. Health Homes provides case management for Medicaid and Medicare recipients, linking clients to primary care, specialists, pharmacies, and other services while helping them navigate the healthcare system. They also offer referrals for counseling, housing programs, employment resources, and LGBTQ-affirming programs. Our reach has expanded to include bringing Managed Care Organizations (MCOs) and Medicaid providers directly to shelters and hosting tabling events in libraries; to engage individuals who might not regularly visit healthcare facilities. These initiatives offer immediate support for Medicaid enrollment and provide access to services in accessible community locations. We also work closely with hospital systems to coordinate treatment and discharge planning with specialized social workers. This collaboration ensures proper placement and benefits assessments for homeless clients, helping them access follow-up care and reducing readmission rates. Through these efforts, and by collaborating with DSS, SPOA, outreach teams, and healthcare providers, our CoC ensures participants receive comprehensive, wraparound care that addresses both health and housing needs. This holistic approach leads to improved health outcomes and sustainable housing stability.

2. Our CoC works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff through ongoing promotion of SOAR training. Most CoC programs have 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.

ID-7.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. We adhere to New York State shelter standards, which require health assessments within 24 hours of admission to shelters. If symptoms of communicable diseases are detected, individuals are promptly isolated and referred to medical services, while the public health agency is alerted to manage outbreak containment.

In the event of an outbreak, the DOH activates its Emergency Management Team, which provides critical guidance to shelters and service providers. This includes screening procedures, sanitation protocols, and isolation guidelines. Information is rapidly disseminated via email, virtual meetings, and phone calls to ensure all service providers are equipped to respond quickly and appropriately. To ensure our response is comprehensive, we maintain open communication channels with shelters, outreach teams, and housing providers. We ensure all personnel are trained in basic infection control, hand hygiene, and the proper use of personal protective equipment (PPE). These practices are reinforced through ongoing training sessions and regular updates from public health partners.

2. Our CoC proactively prevents disease outbreaks by regularly collaborating with public health agencies to promote vaccination clinics and host onsite health events, including screenings. Public health messaging on hygiene, vaccinations, and disease prevention is also distributed through shelters, outreach teams, and community centers.

In addition, we work with the CDC and local health departments to share educational materials and guidelines, ensuring that hygiene practices and vaccination promotion are tailored to the specific needs of the homeless population. We also provide hygiene kits and ensure shelters maintain proper sanitation protocols to limit disease transmission.

This year, at Project Homeless Connect, we saw the impact of these efforts through the number of people who participated and received onsite health screenings. This coordinated approach involves key stakeholders and integrates feedback from individuals with lived experience to ensure our efforts are inclusive and responsive to the community's needs.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
	1. effectively 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.Our CoC uses multiple channels to ensure that public health measures are effectively communicated to service providers and the homeless population. We regularly distribute educational materials, including flyers and posters, provided by the CDC and the New York State Department of Health, in shelters, resource centers, and outreach locations to promote hygiene practices and vaccinations. Public presentations are organized, and Project Homeless Connect provides a platform for health departments to educate people experiencing homelessness about the impact of public health concerns on their well-being. This year, for example, at Project Homeless Connect, vaccination clinics and screenings were offered to hundreds of participants, allowing direct engagement with critical health services.

2.To strengthen coordination, our CoC works closely with local health departments and healthcare organizations to ensure that service providers, including shelters and street outreach teams, receive real-time guidance on preventing and responding to infectious disease outbreaks through regular meetings. The CoC lead ensures that service providers are consistently updated with the latest public health information and recommendations via email blasts, virtual trainings, and in-person workshops.

In addition, we partner with healthcare organizations and public health agencies to provide onsite healthcare services in shelters and during outreach activities.

These services include wound care, vaccinations, and health screenings, aimed at preventing the spread of infectious diseases among program participants.

Health agencies coordinate with street outreach teams and shelters to ensure that all providers are equipped with the necessary tools and resources to limit the spread of diseases. The CoC also facilitates focus groups to incorporate feedback from service providers and individuals experiencing homelessness into the planning and execution of these health services, ensuring that the approach remains responsive to the needs of the community.

By maintaining these strong relationships with public health agencies, we can ensure timely responses to public health concerns and proactively prevent the spread of infectious diseases among our most vulnerable populations.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

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

1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1.Our CoC's Coordinated Entry (CE) system ensures comprehensive access to housing and services across the entire geographic area through a "no wrong door" approach. We provide multiple access points, including shelters, resource centers, libraries, and CE lead offices in all 5 counties throughout the CoC. We also maintain CE lead phone lines to ensure that individuals can easily access the system, regardless of location. Street outreach teams engage unsheltered individuals in urban, rural, and encampment settings, completing coordinated entry assessments to connect them to available resources. The CoC widely promotes 211 to inform individuals about housing and services available in the area.

2.All CE access points utilize the CoC Coordinated Entry Assessment, with data entered into the Homeless Management Information System (HMIS), except for DV survivors who use a comparable database. By-name list meetings are held regularly to coordinate placements, and providers work from a shared list to ensure fairness in prioritization. The CoC lead monitors the assessment process by reviewing clients and coordinating with providers to address any issues immediately. Any non-compliance is met with corrective actions such as outreach and training.

3.Our CoC ensures that personal information is collected in a trauma-informed manner. Staff are trained in trauma-informed care to make the assessment process respectful and supportive. Questions are asked with sensitivity, minimizing the risk of re-traumatization and building trust with participants.

4.The Coordinated Entry Oversight Committee is responsible for collecting and reviewing feedback from providers and participants, as well as incorporating changes based on this feedback. At least annually, a formal evaluation is conducted. Throughout the year, feedback is gathered through focus groups and input from access points and housing providers. This year, changes included creating a new prioritization criterion to better serve survivors of DV. A CE 101 training was also developed to encourage more access points and ensure that all access points conduct the assessment correctly and are informed about CoC housing resources. Additionally, the CE lead was replaced, resulting in increased transparency, reduced bias, and quicker referrals.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	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 needs and preferences; and
4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1.Our CoC uses a "no wrong door" approach with multiple access points, including shelters, resource centers, libraries, and CE lead locations across urban, suburban, and rural areas. Specialized outreach efforts target individuals least likely to seek assistance; those in encampments, rural areas, or facing language barriers. Our outreach teams, which include BIPOC and LGBTQ+ representatives, partner with local agencies and specific providers (e.g., veterans, LGBTQ+, youth, families) to engage disconnected populations. Additionally, we provide materials in multiple languages and offer interpretation services. Annual community-wide training ensures all providers understand CE and engage hard-to-reach individuals.

2.Our CE system prioritizes individuals based on the length of homelessness, particularly those who are unsheltered or have severe health/behavioral challenges. The Vulnerability Index is used as a tiebreaker when necessary, ensuring that those with the greatest needs receive housing first. By-name list meetings are held regularly to review cases and ensure the most vulnerable clients are consistently prioritized. This includes focused case conferencing with providers serving specific populations to ensure equitable prioritization across all demographics.

3.Assessments are conducted upon client engagement with shelters or outreach teams, with no requirement for shelter stays. We use an opening management doc to track and identify housing vacancies to expedite housing placements. CE prioritizes clients who have been homeless the longest and most vulnerable for RRH or PSH. If a client meets multiple criteria, options are explained to the client. "Warm handoffs" from outreach to housing providers, along with partnerships with hospitals and social services, ensure timely, wraparound support that reduces delays in permanent housing.

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 from the community. Our goal is to create an assessment that better represents our community. We also collected and analyzed data 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 creating a validation model to ensure the new assessment will be racially equitable and reflective of participants' vulnerability.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its 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 ensures inclusive marketing of housing and services to all persons experiencing homelessness, regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability, in accordance with federal nondiscrimination and equal access requirements. We produce multilingual materials in English, Spanish, and other languages based on community needs, distributed via social media, libraries, outreach teams, and community centers to ensure broad urban and rural coverage. We partner with diverse organizations, including faith-based groups, BIPOC networks, schools, health providers, and rural agencies, to reach underserved populations. Staff with lived experience ensure culturally competent service delivery, and all providers undergo annual fair housing training. Fair Housing and Equal Opportunity posters are displayed at all access points to raise awareness of participants' rights and housing options.

2.Program participants receive written materials on their rights and remedies under fair housing laws, including the Fair Housing Act and ADA. Caseworkers verbally inform participants during assessments, especially for those with limited literacy or language barriers, and materials are made accessible to individuals with disabilities using large print and assistive technologies. Participants are connected to legal resources like Housing Opportunities Made Equal (HOME) and Neighborhood Legal Services, which provide legal counseling and support for housing discrimination. Participants are encouraged to report violations, with follow-up support available through caseworkers and legal aid partners.

3.Our CoC has a clear process for reporting fair housing violations, documenting them and submitting reports to the appropriate jurisdiction, such as the City, County, or HUD. Erie County collaborates with HOME, which investigates complaints, and our CoC partners with Neighborhood Legal Services and the Attorney General's Office to address systemic barriers. During the consolidated planning process, our CoC identifies and reports fair housing impediments, submits feedback, and collaborates with jurisdictions to develop corrective action plans. We also ensure that violations are tracked and resolved through the appropriate agencies.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

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.	02/07/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
----	---

- |    |   |
|----|---|
| 2. | how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance. |
|----|---|

(limit 2,500 characters)

1. Our process for analyzing racial disparities includes customized reports built within HMIS to track the racial composition of all new admissions and exits within CoC-funded projects on an annual basis. We examine the racial composition of all people experiencing homelessness and their outcomes, such as exits to permanent housing, for each racial group. Additionally, our local mental health-funded residential programs conduct a similar racial equity review to ensure that their systems align with racial equity standards. We use HUD's CoC Racial Equity Analysis Tool and Stella P to compare system pathways and outcomes across different racial groups. In parallel, we gather qualitative input through focus groups and surveys of program participants, including questions about whether they experienced racial barriers in accessing services.

2. In addition to in-house reviews of the above-mentioned data, in 2023-24, we hired an independent evaluator to evaluate our programs, with part of the evaluation focused on identifying racial disparities in CoC program-funded homeless assistance and coordinated entry practices. This comprehensive analysis utilized HMIS data, focusing on CE assessments, locations, referrals, and outcomes. The analysis revealed several key findings, with examples including the observation that Black households had lower average CE assessment scores than White households, particularly in locations like libraries where Black households were disproportionately represented. Additionally, while Black households accounted for 52% of those assessed, they only made up 48% of those receiving permanent housing placements. The evaluator used a different method compared to our annual in-house method, leading to different outcomes, which prompted us to review data from various angles for a more thorough analysis. Moreover, when examining exit rates, the analysis found that Black households exited homelessness at a rate consistent with their representation in the service population, demonstrating that despite some inequities in the assessment process, the outcomes remained largely equitable across racial groups. Focus groups with people with lived experience provided qualitative data, offering insights into perceived racial disparities in service delivery. This feedback was incorporated into ongoing evaluation and policy adjustments to ensure a more equitable provision of services across racial lines.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
--------	--	--

NOFO Section V.B.1.p
----------------------

Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.
--

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	No
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes



5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC 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.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

The CoC's plan for the ongoing evaluation of system-level processes, policies, and procedures for racial equity includes:

1) CoC Written Standards include racial equity outcomes and benchmarks, which are regularly monitored to ensure all CoC-funded programs meet racial equity goals. Our standards prioritize those who have been homeless the longest and are the most vulnerable, using a standardized assessment tool to minimize bias or selective service provision. Additionally, feedback from BIPOC communities is gathered through the Program Advisory Committee (PAC) and focus groups. This input informs the continuous refinement of standards to meet the evolving needs of underserved populations.

2) We ensure individuals with lived experience, particularly from underserved racial and ethnic communities, play a key role in shaping and evaluating our system. They actively contribute to the development of the Coordinated Entry Assessment, evaluation processes, and project selection, embedding racial equity in decision-making.

3) Our CoC continuously evaluates the Coordinated Entry (CE) process to ensure equity, particularly in assessment, prioritization, housing placement, and outcomes. We regularly review CE data to check for disparities and actively make adjustments when issues are identified.

4) The CoC provides ongoing training to service providers to maintain racial equity as a priority. This includes cultural competence training and guidance on how to evaluate and address internal practices that may contribute to racial disparities. Providers are taught to assess their service delivery models through an equity lens and receive support in tracking their own performance data to address any racial disparities that arise.

5) Beyond the CoC program, we advocate for system-wide changes in mainstream programs and government practices to reduce racial discrimination. This includes collaboration with housing authorities, healthcare providers, and local governments to address barriers that disproportionately affect BIPOC communities. Our advocacy focuses on promoting equitable access to housing, employment, and services while pushing for systemic reforms that tackle the root causes of racial inequity.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(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. To continuously track racial equity progress, we use a combination of data tools, including the HUD CoC Racial Equity Analysis Tool, Stella P, the PIT count, and customized HMIS reports. These tools enable us to regularly monitor disparities in access, housing outcomes, and service delivery. By utilizing real-time data from HMIS and combining it with quarterly data analysis, we can track progress and adjust strategies throughout the year to ensure racial equity remains a priority. Feedback loops through focus groups and community meetings provide qualitative data to complement our quantitative analysis, ensuring a comprehensive approach to addressing disparities.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	

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 decisionmaking processes.

(limit 2,500 characters)

Our CoC values the input of individuals with lived experience of homelessness and prioritizes their involvement in decision-making processes. We use a variety of outreach efforts to engage these individuals in leadership roles and decision-making processes:

1)Collaborating with service providers, we host tabling and recruitment events at shelters, resource centers, and community events where participants can learn about the CoC, the Youth Action Board, the Program Advisory Committee, and other CoC committees. Flyers and in-person outreach are used to promote these opportunities.

2)We also host focus groups and listening sessions to gather feedback, using these opportunities to encourage participants to join the Program Advisory Committee. Invitations to these events are sent via email to CoC/ESG-funded programs. We emphasize compensation in all outreach materials and offer additional points for service providers who successfully recruit clients, encouraging participation.

3)We hired a bilingual lived experience coordinator to manage the outreach process and facilitate events. This ensures that our outreach effectively reaches non-English-speaking participants, further supporting inclusivity.

4)We utilize peer outreach, with current members of the Youth Action Board co-hosting events. This approach builds trust and credibility, encouraging more participation from individuals with lived experience.

These efforts have led to significant success in both retention and an increase in the number of participants across CoC's various committees. By actively involving individuals with lived experience, we are creating a more inclusive and representative system that addresses homelessness effectively through service delivery and decision-making.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter 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.	Routinely included in the decisionmaking processes related to addressing homelessness.	19	4
2.	Participate on CoC committees, subcommittees, or workgroups.	4	4
3.	Included in the development or revision of your CoC's local competition rating factors.	3	3
4.	Included in the development or revision of your CoC's coordinated entry process.	47	1

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

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)

Our CoC offers comprehensive professional development and employment opportunities for individuals with lived experience of homelessness, embedded within our CoC and member organizations. We provide peer positions on advisory boards, such as the Youth Action Board (YAB), where individuals receive training in public speaking, workplace skills, boundary setting, and advocacy. Participants are compensated, and many transition into paid roles within the CoC network, contributing their lived experience to critical decision-making processes. We also offer paid internships and skill-based training programs, such as certifications in peer advocacy, trauma-informed care. Additionally, we provide training in computer literacy, job readiness, resume writing, and interview skills to increase employability. To support long-term career growth, we offer access to continuing education, including workshops, webinars, and conferences, which further expand participants' professional skill sets.

Within the Youth Task Force (YTF), we are developing a mentorship program that pairs individuals with lived experience with professionals in leadership roles to help them navigate their career paths and develop leadership skills. This program focuses on communication, leadership development, and career progression, preparing individuals for permanent roles within the CoC. Through advocacy, our CoC has influenced hiring practices across member organizations by encouraging the prioritization of candidates with lived experience and removing unnecessary degree requirements. Our job postings are written to be culturally inclusive, and we use diverse interview panels to ensure a fair and equitable hiring process. We actively recruit BIPOC candidates to ensure a broad representation within our workforce.

We also provide public speaking and advocacy opportunities at local, state, and national levels for individuals with lived experience, giving them platforms to share their insights and advocate for homeless populations while building professional skills. Participants are compensated for their involvement in focus groups, surveys, and community forums that help shape CoC policies. Our CoC tracks the success of these initiatives by monitoring how individuals transition into permanent employment, ensuring that they are not only given opportunities but are empowered to build sustainable careers and contribute meaningfully to the CoC's mission of ending homelessness.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:

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

**(limit 2,500 characters)**

- 1.Our CoC regularly gathers feedback from people with lived experience of homelessness through various methods. We host focus groups and surveys at shelters, resource centers, and community events. The Youth Action Board (YAB) and Program Advisory Committee (PAC) consist of roughly 70% of individuals involved with CoC/ESG/YHDP programs, while 30% are not.
- 2.We conducted three focus groups at shelters and resource centers over the past year. Additionally, we ran a healthcare access survey to understand the needs of people experiencing homelessness.
- 3.For individuals receiving assistance through the CoC Program or ESG Program, service providers conduct surveys and exit interviews. HAWNY also hosted focus groups exclusively for CoC participants. The YAB, PAC, and those who have been assisted are regularly invited to participate in the committees shaping CoC policies.
- 4.The YAB and PAC meet monthly as separate groups. We also hosted five focus groups in the past year with CoC/ESG participants.
- 5.Our CoC has taken several steps to address challenges raised by individuals with lived experience:
  - a) In response to feedback on the CE process, we created a workgroup to revise the CE tool. Feedback from survivors of domestic violence also reshaped our DV Coordinated Entry priority.
  - b)We presented findings from focus groups at monthly membership meetings to educate service providers. Feedback included the need for financial education, improvements in housing quality, and adoption of shared housing. The healthcare access survey highlighted how housing impacts mental health and the importance of transportation for healthcare access.
  - c)The YAB identified a critical need for peer support. In response, they hosted a Youth Roundtable Discussion to address this issue and are developing a roundtable series across YHDP providers.
  - d) In response to language barriers raised in focus groups, the Homeless Alliance submitted a formal letter supporting the Language Access Bill in Erie County, aiming to improve access for non-English speakers.
  - e)Focus groups and the PAC emphasized the need for a resource fair to reduce stigma and improve access to services. The PAC is organizing a fair scheduled for 2025 to address service gaps.
  - f)In light of Johnson v. Grant Pass, our outreach team developed best practices for encampments. The PAC reviewed these practices to ensure they align with lived experience, ensuring a compassionate, person-centered approach.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two 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.CoC members have actively participated in meetings with elected officials and attended zoning hearings at both the town and city levels to advocate for increasing affordable housing. For example, during the City of Buffalo's downtown revitalization plan, we advocated for the inclusion of more affordable housing units, rather than solely focusing on high-end residential developments. We emphasized the need for affordable housing to support populations with significant housing barriers, such as individuals with extremely low incomes or those recovering from substance use.

2.In alignment with Governor Hochul's new initiatives under the 2024 budget, our CoC engaged in statewide advocacy, particularly supporting zoning reforms that promote the development of affordable housing and multifamily units. Governor Hochul's recent \$25 billion housing plan includes provisions such as tax incentives for affordable housing, conversion of commercial properties to residential use, and the development of 100% affordable housing in localities outside NYC. CoC members have attended conferences and public hearings to support the creation of accessory dwelling units (ADUs) and encouraged municipalities to opt into programs like the Pro-Housing Communities Program, which rewards cities working toward affordable housing development. These discussions have specifically focused on advocating for fewer zoning restrictions in suburban areas and increasing residential density to allow for multifamily housing projects.

## 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	09/13/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	06/14/2024

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?	25
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.	the severe barriers your CoC considered.

(limit 2,500 characters)

1.The CoC uses HMIS and comparable databases to evaluate project outcomes, specifically analyzing exit destination data to assess whether participants maintain or exit to permanent housing. RRH clients are expected to achieve a 90% successful exit rate. PSH is measured by 96% retention or exit to permanent housing, with 10% of participants utilizing the moving-on strategy.

2.We evaluate the time it takes to house participants by calculating the days between program entry and move-in date. PSH projects are expected to house participants within 45 days, while RRH projects are expected to do so within 35 days.

3.All programs are required to follow Housing First and Coordinated Entry, ensuring comparability within program types. We award bonus points to reflect the severity of client needs. However, our CoC understands many factors could impact project score as well. Renewal applicants are asked to describe such challenges in the local application, especially in areas where points were lost. While these cases may not affect the program's overall score or rank, the Project Selection Committee considers them when making reallocation decisions.

4.Severity of needs and vulnerabilities considered in scoring include: projects with 80% of clients with 2+ disabilities (PSH) or 50% with 1+ disability (RRH/TH) receive 5 points; projects with over 40% of households with zero income receive 5 points; and projects with over 10% of households with five or more members receive 2 points. These barriers—such as disabilities, lack of income, and household size—make securing and maintaining housing more difficult. Regional barriers/needs, like limited housing stock or projects serving unique populations, are also considered when evaluating lower-performing projects. Individual challenges, such as participants being in jail during the housing search, sobriety issues affecting landlord meetings, or discharges due to violent behavior, are also considered through narrative applications and interviews with lower-ranked project providers.

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 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 that proposed 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 steps the projects took or will take 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 36.6% (10.9% of the general population v 47.5% of the homeless population), and the percent over-representation for Hispanic persons is 12.7% (5.4% general v 18.1% homeless). The percent over-representation for American Indian, Alaska Native, or Indigenous persons is 1.2% (0.4% general v 1.6% homeless). The CoC obtained input from people with lived experience through consultations with the Program Advisory Committee (PAC), whose feedback helped inform revisions to the rating factors. Currently PAC consists of 67% Black, 11% Latinx.Hispanic and 22% White members. In the Rating Factors review meeting, members emphasized the need for projects to serve all populations, not only a subset of the population. They also value the capacity of the project after witnessing many organizations have capacity issues during and post Covid. All this feedback results in increasing point value in related areas.

2. The Project Review Committee, responsible for reviewing, scoring, selecting, and ranking projects, is composed of 54% People of Color, including 46% Black, 7% Hispanic, and 7% Indigenous members. Additionally, 38% of the members are individuals with lived experience. Each member reviews and scores applications independently, followed by a group meeting to finalize the ranking and funding decisions. We had one of the best Review meetings by having such a diverse committee who brings valuable insights, particularly regarding racial equity and lived experiences, into the decision-making process. When opinions are divided, especially around reallocation, members are asked to share their perspectives and equally cast their votes to make the final decision.

3. We encourage all projects to include participants in program design and specifically ask them to report on barriers faced by people of different races and ethnicities and how they address these barriers. The Project Review Committee reviews these answers and assigns points based on the actions taken. For example, one applicant addressed language barriers by hiring bilingual staff. Equity criteria, such as actions taken to reduce barriers for over-represented racial and ethnic groups, are one of the factors in the scoring process and can positively influence a project's ranking.

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. Yes, there are three projects that are reallocated.

4. We reallocated low performing/less needed projects.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	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?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/20/2024

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 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	09/20/2024
--	--	------------

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 Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; 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.	10/25/2024
--	--	------------

1E-5d.	Notification to Community Members and Key Stakeholders by Email 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.	10/25/2024
--	---	------------

## 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 2024 HIC data into HDX.	05/10/2024
--	---	------------

2A-4.	Comparable Databases 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; and
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 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. All 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.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	1,331	40	1,242	93.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	375	2	351	94.00%
4. Rapid Re-Housing (RRH) beds	419	23	419	95.00%
5. Permanent Supportive Housing (PSH) beds	1,237	0	1,210	98.00%
6. Other Permanent Housing (OPH) beds	75	0	75	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)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 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 January 24, 2024, 11:59 p.m. EST?		No



## 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 2024 PIT count.	01/24/2024
--	---	------------

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

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024
--	---	------------

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. The youth count was conducted at the same time as the full PIT count to ensure full participation and integration.

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 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

- 1.For the 2024 sheltered PIT count, we implemented an extended verification procedure for HMIS providers to more efficiently check accuracy, including client counts, bed inventories, and subpopulation data quality.
- 2.For the 2024 unsheltered PIT count, we modified our survey tool design to make it easier for PIT volunteers to use in the field, reducing duplication and data errors. We also re-centered our PIT training based on feedback from previous years to better align volunteers on how to collect data accurately.
- 3.The number of asylum seekers and migrants transported from NYC remained about the same between 2023 and 2024. While this impacted our overall numbers, it did not affect the change in counts between these two years.
- 4.The changes outlined in points 1 and 2 allowed us to more accurately conduct the 2024 PIT count.

## 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing 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. By analyzing our data, we identified that relocation remains the primary reason for first-time homelessness in 2023, driven by the ongoing influx of migrants into our CoC, particularly those being redistributed from NYC. This relocation process has significantly increased the number of first-time homeless individuals within our system. Evictions are the second leading cause of first-time homelessness, largely due to the backlog of cases following the expiration of the eviction moratorium. Additionally, factors like job loss, family breakdown, and mental health challenges continue to contribute to housing instability in our region. We use our HMIS system to monitor these risk factors, allowing for early identification and targeted interventions.

2. Local agencies have secured additional funding to provide rental assistance for migrants, helping them stabilize their housing situation. For individuals at risk of homelessness due to evictions, legal agencies, with additional resources, provide direct financial assistance, covering rent and arrears to prevent eviction. In 2023, over 2,000 eviction cases were addressed. The CoC also works closely with health insurance providers, hospitals, and local food pantries, ensuring these entities are aware of available housing resources, which helps them refer high-risk individuals. Health insurance organizations have also assigned navigators to assist at-risk clients by helping them apply for benefits, secure housing, and access needed services.

Further strategies include providing pre- and post-release support to incarcerated individuals through housing coordination and job training to reduce their risk of homelessness upon release. The Department of Social Services (DSS) plays a crucial role by offering services such as emergency utility shut-off prevention, foreclosure assistance, home repairs, and heating/cooling assistance. Additionally, the CoC is actively supporting the development of affordable housing to address long-term housing shortages, ensuring that individuals and families at risk of homelessness have access to stable housing options.

3. The Homeless Alliance of Western New York (HAWNY) oversees the CoC's strategy to reduce first-time homelessness. HAWNY coordinates with service providers, legal agencies, and DSS to implement prevention efforts. HAWNY also analyzes HMIS data and adapts strategies based on trends to ensure responsive interventions.

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 CoC's geographic area?	Yes

(limit 2,500 characters)

A new provider serving the migrant population was added to our 2023 Point In Time (PIT) Count due to the significant influx of migrants redistributed to our CoC from New York City. This population had not been included in the 2022 System Performance Measure (SPM) submission, which led to an apparent increase in first-time homelessness in 2023. When we analyzed and adjusted the 2022 SPM internally to account for this new provider, we observed a 7% decrease in first-time homelessness, suggesting that without the influx of migrants, the rate of first-time homelessness would have declined.

We have been collecting reasons for homelessness for over 10 years locally. Upon further analysis, when excluding this provider from the data, we found that the number of clients identifying relocation as their reason for homelessness had doubled compared to 2021 data. This increase in relocation-based homelessness seems to be driven by multiple factors. Discussions with case workers, outreach workers, and local business owners suggest that many of these individuals moved into our CoC due to perceptions of better benefits systems and social services available in our region. Additionally, increasing criminalization of homelessness and displacement from other states and counties have pushed individuals to relocate to our CoC in search of more stable housing and supportive services.

These analyses suggest that without the impact of external policy changes, the data indicates we would have seen a reduction in first-time homelessness, demonstrating the success of our local prevention and intervention strategies.

2C-2.	Reducing Length of Time Homeless—CoC's Strategy.	
	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 to reduce the length of time individuals and persons in families remain homeless including:

a) prioritizing those who experience homelessness the longest. Both CoC and ESG funded PSH and RRH prioritized people who experienced homelessness the longest. Town of Amherst and City of Buffalo PHA also adopted this priority in the selection of Emergency Housing Vouchers(EHV).

b) increase housing options. Besides CoC/ESG/VA funded programs, we are able to assist people who are in shelter to utilize EHV, housing choice vouchers, mental health beds and State funded affordable housing. Housing Navigators and case managers have been actively recruiting landlords and sharing vacancies with participants.

c) remove barriers to housing. Housing First approach and no denial policy is required in all CoC/ESG programs. Utilized ESG-CV funds, we are able to provide risk mitigation funds as a landlord incentive, especially for those who have higher barriers in housing. We also utilize United Way EFSP funds to pay for first month rent, Department of Social services also provides moving cost, utility arrears, security agreement, storage assistance, water assistance and start up household items.

d) Shared housing, although it is still in its infancy implementation, our community partners have been trained in the concept and best practices in shared housing. This strategy provides more quality housing options and affordability.

2. Coordinated Entry leads utilize HMIS data and proof of homeless history provided by third parties to identify people who have the longest homeless history. The by-name list is being updated weekly. At the by-name meeting, CE leads, shelter staff, outreach workers, housing case managers, and other partners develop solutions to assist clients with the longest homeless history and ensure they are being referred to any available openings and appropriate housing.

3.Coordinated Entry Oversight Committee.

2C-3.	Successful Permanent Housing Placement or Retention –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.	Reducing Returns to Homelessness—CoC's Strategy.	
	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 that individuals and families return 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.Our CoC uses HMIS, where 95% of providers track client information. Data-sharing agreements allow providers to identify clients who return to homelessness through their service history. As part of Built for Zero (BFZ), we produce monthly reports tracking individuals and families added to or returning to the By-Name list. Using Stella P's data, we identify subpopulations—such as youth, Black individuals, and people with disabilities—who are at higher risk of returning to homelessness.

2. We recognize that youth are more likely to return to homelessness, often seeking temporary shelter as a safety net while believing they have secured long-term family support. Rather than viewing this solely as a setback, it reflects the trust youth place in our system to provide stability when needed. To address this, we use Youth Homelessness Demonstration Program (YHDP) funding to offer ongoing support and ensure youth can achieve permanent stability beyond short-term assistance.

Using Stella P, we learned that during COVID, return rates increased, especially among Black individuals and people with disabilities, likely due to economic challenges. However, we've seen these rates decline for the first time, which we attribute to a combination of economic recovery and our targeted efforts:

1)partnership with outside resources to support people with disability: We are able to prioritize people experiencing homelessness to non-elderly disabled vouchers and state-funded supportive permanent housing

2)align other resources with CE prioritization such as stabilization vouchers and housing choice vouchers

3)Eviction prevention is provided at court for free by local legal agencies including representation and financial support.

4)Trauma-Informed Case Management: Case managers undergo training to recognize risk factors for returns and provide ongoing services. Using a collaborative, trauma-informed approach, they connect participants to mental health, employment, and financial services to reduce the risk of returns.

5)Dept. Of Social Services plays a key role in preventing recidivism by offering a robust safety net of services that help stabilize at-risk households. These services include emergency utility assistance, rent arrears, home repairs, and heating/cooling assistance, which ensure that individuals and families can remain housed even when facing unexpected financial hardships.

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)Encouraging all CoC programs to have a SOAR-trained staff member to assist with SSI/SSDI applications.
  - 2)Providing comprehensive annual training for all case managers on eligibility and application processes for mainstream cash benefits, covering programs like Safety-Net, TANF, SNAP, and utility assistance such as HEAP, as well as effective client advocacy techniques.
  - 3)Ensuring that when individuals apply for emergency shelter through the Department of Social Services (DSS) in NYS, they simultaneously apply for public assistance benefits like TANF, SNAP, and Medicaid.
  - 4)Collaborating with local legal aid organizations, including Neighborhood Legal Services and the Legal Aid Bureau of Buffalo, to support participants in applying for benefits like SSI, SSDI, and TANF, especially during appeals when initial claims are denied.
  - 5)Improving access to benefits by offering multiple application methods, including online, mail-in, in-person, and walk-in appointments.
  - 6)Utilizing data from the custom made report to continuously assess gaps in access to non-employment income and adapt strategies based on evidence and participant outcomes.
  - 7)DSS has improved access by offering multiple methods: 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. Homeless Alliance of WNY in partnership with a dedicated Income and Benefits Committee, oversees and coordinates these strategies, ensuring that efforts are data-driven, collaborative, and continuously evaluated for effectiveness.

## 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) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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
The Salvation Arm...	PH-RRH	29	Housing
PSH 2025	PH-PSH	27	Healthcare

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

1. What is the name of the new project? The Salvation Army Rapid Rehousing Program  
(NY1432L2C082200) Expansion

2. Enter the Unique Entity Identifier (UEI): KMXNXV2SBAQ3

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 29

5. Select the type of leverage: Housing

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

1. What is the name of the new project? PSH 2025

2. Enter the Unique Entity Identifier (UEI): XG8SNBCMT7C7

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 27

5. Select the type of leverage: Healthcare

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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.r.	

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

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

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

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

(limit 2,500 characters)

N/A

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 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 Serve 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.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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

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

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

(limit 2,500 characters)

N/A

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	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.j.	

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 2024 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

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.j.(3)	

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

1.	Applicant Name	Child & Family Services of Erie County
2.	Project Name	CFS DV Bonus Domestic Violence Coordinated Entry Expansion FY 2024



4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.j.(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. Our CoC has encountered challenges in encouraging providers to apply for the Domestic Violence (DV) bonus, particularly in counties without a central urban hub. Despite efforts to promote these funding opportunities, providers have shown limited interest in these underserved areas. However, with a recent leadership change, we successfully introduced the new Executive Director of a Victim Service Provider in a rural area to CoC funding and the DV bonus. This resulted in their application for Rapid Rehousing (RRH) under the DV bonus for three rural counties: Genesee, Orleans, and Wyoming. If awarded, this project will significantly increase the need of Coordinated Entry (CE) efforts in these rural communities, providing a more robust safety net for survivors.

2. The proposed project expands our current CE for DV by offering more support in Genesee, Orleans, and Wyoming counties. It includes additional well trained Housing Assessment Specialist who will work with survivors of DV, dating violence, sexual assault, and stalking, with a focus on safety planning and lethality assessment.

The proposed project includes a secure, undisclosed location for in-person services, with options for telephonic and video support to maintain flexibility and safety. This expansion ensures that victims have access to a trauma-informed, culturally competent assessment process that prioritizes their safety and needs, filling critical gaps in our current system.

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.j.(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. Involvement of Survivors with Lived Expertise: The applicant, a Victim Service Provider (VSP), has a strong history of integrating survivor input into service design and operations. In this project expansion, the applicant will continue to host listening sessions with survivors who have experienced homelessness and are survivors of domestic violence, dating violence, sexual assault, or stalking. These sessions will involve survivors from shelters, housing programs, and other service areas, ensuring the inclusion of individuals with varied experiences. Additionally, the applicant will recruit survivors from diverse racial, ethnic, cultural, and socioeconomic backgrounds to ensure a wide range of lived expertise is represented. This feedback will play a vital role in shaping and refining the program to better meet the needs of all survivors and ensure their voices remain central to the program's ongoing development and operations.

2. Inclusion in Policy and Program Development: As part of this expansion, the project will extend these listening sessions to include survivors from Genesee, Orleans, and Wyoming counties, addressing their specific needs in rural areas. Special sessions will focus on challenges unique to these communities. Clients who have completed the Coordinated Entry (CE) process will be invited to share their insights during these sessions, guiding improvements to program procedures and policies. Follow-up sessions will then assess the effectiveness of implemented changes.

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	1,783
2.	Enter the number of survivors your CoC is currently serving:	278
3.	Unmet Need:	1,505

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	

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

(limit 2,500 characters)

1.Element 1 was calculated by combining the number of individuals seeking shelter through both the DV hotline and HMIS, along with the number of individuals seeking referrals to rapid rehousing without accessing shelter. Element 2 was calculated by adding the number of survivors who received rapid rehousing services in 2023 and the number of individuals served in domestic violence shelters.

2.The source of this information includes data from comparable databases used by DV shelters and HMIS.

3.There are not enough shelter beds or rapid rehousing program slots to meet the needs of all individuals requiring these services. Funding limitations remain the primary barrier to expanding shelter capacity. In terms of housing, one of the challenges is the capacity and willingness of providers to expand services. Fortunately, this year we successfully encouraged a DV program in a rural area to request funding for rapid rehousing. Once funded, this will help address the need. We will also continue to work with providers to encourage applications for additional funding.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	
Applicant Name		
The YWCA of Genes...		

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	The YWCA of Genesee County, Inc
2.	Rate of Housing Placement of DV Survivors–Percentage	60%
3.	Rate of Housing Retention of DV Survivors–Percentage	90%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

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

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

(limit 1,500 characters)

1.The project applicant, while primarily operating a shelter, calculated the housing placement rate using Apricot, the DV-specific database. This rate is based on the total number of survivors referred to external safe housing or placed in permanent housing.

2.Yes, the placement rate includes exits to safe housing destinations. Since the applicant does not operate a housing program, they make referrals to trusted providers, and these placements are counted as successful exits.

3.Housing retention is tracked in Apricot, monitoring survivors who stayed at the shelter until they transitioned to stable housing. The retention rate reflects those who remained at the shelter and were then moved into permanent or safe housing. This data includes individuals supported throughout their stay until a stable housing solution was secured.

4.All housing placement and retention metrics are sourced from Apricot, a secure database tracking shelter placements and external housing referrals. Two staff members manage access to ensure data accuracy and confidentiality.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
3.	determined survivors' supportive services needs;	
4.	connected survivors to supportive services; and	
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1. The project applicant has provided domestic violence services since 1992, offering over 30 years of experience operating a temporary safe space for survivors. The applicant quickly moves DV survivors experiencing homelessness into safe, affordable housing by connecting them to housing resources such as Housing Choice Vouchers, USDA-funded properties, and using internal funding sources for security deposits and rent. Staff actively search for housing with survivors, utilizing monthly housing lists provided by PHA local administrator-Pathstone and other housing partners, such as Independent Living of the Genesee region.

2. Survivors are prioritized through a needs-based system, with safety being the primary determining factor. Survivors at the highest risk are housed first, as long as their presence does not compromise the safety of others in the shelter. Although the applicant does not currently receive CoC/ESG funding, once funded, it is committed to using Coordinated Entry and the CoC's prioritization criteria.

3. Survivor supportive service needs are assessed through a trauma-informed intake process, which addresses immediate needs using a client-centered approach. The applicant aims to meet survivors' needs through internal services whenever possible. If needs cannot be met internally, survivors are referred to local resources with which the applicant has established partnerships, including Genesee and Orleans County Mental Health Agencies, and Genesee County Office for the Aging.

4. Survivors receive comprehensive supportive services, such as temporary shelter, supportive counseling, a 24-hour crisis hotline, court advocacy, psycho-educational support groups, a childcare center in the county courthouse, and enhanced safety and transition planning. Additionally, the applicant conducts community prevention and awareness activities.

5. As survivors prepare to exit the safe house, the applicant ensures they are linked to sustainable funding sources and affordable housing solutions. Staff help connect survivors to public benefits, assist in the development of life skills, including budgeting and resume writing, and work toward self-sufficiency. Survivors moving into their own housing receive support in securing permanent housing options, contributing to long-term housing stability after leaving the program.

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

(limit 2,500 characters)

The project applicant ensures the safety and confidentiality of domestic violence (DV) survivors experiencing homelessness by implementing the following measures:

- 1.Ensuring Privacy and Confidentiality During Intake and Interviews: Intake interviews are conducted privately to ensure survivors feel safe and to reduce the risk of coercion. If survivors feel at risk by physically visiting the facility, remote communication options (e.g., phone or video calls) are made available. Intake procedures are trauma-informed, focusing on the survivor's autonomy and comfort throughout the process.
- 2.Making Determinations and Placements into Safe Housing:Survivors are offered immediate safehousing at a confidential location based on their geographic needs and safety requirements. The placement is determined with input from the survivor to ensure the housing meets their specific needs. If additional placements are required, only vetted hotels with lobby access are used, and hotels with direct exterior access are avoided to maintain safety.
- 3.Keeping Survivors' Information and Locations Confidential:All survivor records are kept securely locked in the applicant's facility, and any information shared with outside agencies or individuals is done only with the survivor's written consent. The confidentiality of the survivor's location is strictly maintained, with information disclosed only upon survivor-approved release agreements.
- 4.Training Staff on Safety and Confidentiality Policies and Practices:All staff, including direct service providers and office personnel, receive training on confidentiality policies and safety protocols. This training is provided verbally, in practice, and through the employee handbook to ensure staff understand and adhere to these critical policies.
- 5.Taking Security Measures for Housing Units:The applicant's safehouse is equipped with a comprehensive security system, including surveillance cameras and instant access to emergency services like police and fire departments. When survivors are placed in local hotels as a supplemental measure, the project only partners with hotels that ensure controlled entry through lobby access, further protecting survivors from potential harm.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

The applicant is a certified domestic violence (DV) provider, and all services follow a trauma-informed model. Every case manager and service provider receives ongoing training in safety protocols, trauma-informed language, and confidentiality. To ensure confidentiality, meetings with survivors are conducted in private office spaces.

As part of the intake process, staff work with survivors to determine safe methods and times for communication, ensuring that all engagement aligns with their safety needs. Staff also guide survivors through safe housing, employment, and service options, tailoring their recommendations to fit each individual's life circumstances.

Evaluation of safety protocols is embedded throughout the project's operation:

1.Survivor Feedback and Input: Survivors are encouraged to provide feedback through anonymous surveys, focus groups, and follow-up interviews. This input is reviewed regularly to identify potential gaps in safety practices.

2.Incident Review Process: Any safety-related incidents are logged and reviewed by leadership to evaluate staff responses and improve safety protocols as needed.

3.Partnership with VSPs and Experts: The applicant collaborates with local victim service providers and subject-matter experts to stay updated on best practices, ensuring the project meets evolving safety standards.

4.Ongoing Staff Evaluation: Supervisors conduct regular audits of staff performance, including reviews of how safety protocols are implemented in daily practice. Refresher training is provided if gaps are identified.

Through this continuous feedback loop and evaluation process, the project ensures it adapts to survivors' evolving needs and improves service delivery over time. For example, a recent evaluation identified the need to offer virtual counseling options, which were implemented to better serve survivors who cannot safely attend in-person meetings.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below the project applicant's experience in:
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

All domestic violence (DV) staff apply trauma-informed, survivor-centered approaches to support survivors' needs throughout their shelter stay and transition to stable housing. Policies are designed to prioritize the safety, autonomy, and preferences of survivors. The applicant focuses on empowering survivors through individualized support and connecting them with housing resources.

1. Staff work closely with survivors to develop personalized safety and housing plans. Survivors are prioritized based on immediate safety needs, using danger assessments to guide referrals to safe housing. Survivors receive continuous case management to stabilize them during their stay, with plans developed to address long-term safety and stability.

2. While the shelter does not directly operate housing programs, it maintains strong partnerships with local housing providers and funding resources. Case managers assist survivors with accessing housing opportunities, such as transitional housing or permanent options offered by community partners. Survivors are supported in making smooth transitions from shelter to housing.

3. The applicant emphasizes self-determination by supporting survivors in choosing their preferred housing location and type. Whether survivors wish to remain in Genesee County or relocate elsewhere, staff provide referrals and logistical support to help them access housing that aligns with their preferences.

4. Placing and Stabilizing Survivors Consistent with Their Stated Needs: Staff work closely with survivors to understand their unique needs—such as employment, childcare, or transportation—and incorporate these needs into the housing search process. Survivors receive ongoing case management and referrals to supportive services, ensuring they have the resources needed to maintain long-term stability.

By using trauma-informed care and prioritizing survivor autonomy, the applicant ensures that survivors not only find housing but also achieve greater independence and stability over time.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)



All survivors accessing services have open access to staff members of their choice, promoting agency and mutual respect. Staff emphasize trauma-informed, survivor-centered approaches to empower survivors and minimize power imbalances. Survivors are actively involved in their care decisions, with all interactions based on equality and trust.

1.Staff receive training to ensure non-punitive practices are used, emphasizing mutual respect and equality between survivors and staff. Survivors are given control over their care, including choosing their preferred staff contact and participating in case planning, reinforcing autonomy.

2.Staff participate in trauma-informed care training, learning to provide survivors with information on the effects of trauma. This education helps survivors understand how trauma influences their recovery journey and supports them in developing coping strategies. Staff ensure survivors can make informed decisions through the ongoing availability of crisis counselors.

3.Survivors work with staff to create case plans that focus on their strengths, aspirations, and self-determined goals. Strength-based assessments guide the process, helping survivors identify personal resources and skills. Staff employ strength-based coaching to encourage progress and independence.

4.Staff receive regular cultural competency training to serve diverse communities, including LGBTQ+ individuals and Native American populations. Services are designed to be inclusive, providing language access where needed and ensuring survivors receive non-discriminatory, trauma-informed care.

5.Survivors have access to crisis counselors and multiple support group options, such as art therapy. Peer support groups offer opportunities to build connections with others who have shared similar experiences. A list of local religious and spiritual organizations is provided to residents of the safehouse, helping meet their spiritual needs. These connections foster a sense of belonging and community during the recovery process.

6.Survivors can participate in Parenting After Violence classes, which help parents navigate family transitions after leaving abusive relationships. Access to free legal services through Neighborhood Legal Services or the Legal Assistance for Victims grant ensures survivors receive support with custody or other family-related legal matters. Childcare services are also offered to ease the burden on parents as they rebuild their lives.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

The YWCA of Genesee County, the applicant, provides trauma-informed, survivor-centered services to domestic violence survivors, focusing on safety, stabilization, and self-sufficiency. Below are the key services offered to meet the needs of survivors:

#### Childcare Services:

The YWCA provides affordable and reliable childcare through its Childcare in the Courts program, designed specifically for DV survivors. This service offers flexibility and consistency, ensuring children are cared for in safe, nurturing environments. Providers are trained to identify signs of trauma in children, offering emotional support to those experiencing upheaval at home. The childcare program enables survivors to access legal services or attend appointments, knowing their children are in a safe space.

#### Transportation Assistance:

The YWCA addresses the critical transportation needs of survivors, particularly those in rural areas with limited or no public transportation. The applicant provides emergency transportation for survivors fleeing dangerous situations and assists with transportation to appointments, shelters, or advocacy services. Reliable transportation is essential in ensuring survivors can safely access resources and take steps toward long-term independence.

#### Advocacy and Crisis Support:

The YWCA offers 24/7 crisis support through trained domestic violence advocates. These advocates provide free, confidential support, helping survivors develop safety plans, access emergency shelter, and navigate restraining order processes. Advocates also offer emotional support and educate survivors about the dynamics of abuse, empowering them to recognize signs of abuse and seek help.

#### Case Management Services:

Case managers at the YWCA conduct comprehensive assessments to identify survivors' needs, risks, and safety concerns. They work collaboratively with survivors to develop personalized safety plans and set achievable goals. Case managers coordinate with external professionals, including law enforcement, healthcare providers, and legal professionals, to ensure survivors have access to the full range of supportive services.

#### Access to Legal Services:

Survivors are connected to free legal services through partnerships with Neighborhood Legal Services and the LAV grant program, helping them pursue custody, protection orders, and other legal needs. Legal support is tailored to ensure survivors can address challenges while maintaining safety and confidentiality.

#### Parenting Support:

The YWCA offers Parenting After Violence classes, equipping survivors with the tools to navigate parenting challenges after leaving abusive relationships. These classes address trauma-informed parenting practices, helping survivors create stable, healthy environments for their children. Childcare is provided during classes, ensuring participation without additional burdens.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below how the project(s) will:	
1.	prioritize placement and stabilization of program participants;	
FY2024 CoC Application	Page 74	10/25/2024

2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

The project will use trauma-informed, survivor-centered approaches to prioritize the placement and stabilization of survivors in permanent housing by:

1.The project will utilize the CoC Coordinated Entry (CE) system to ensure survivors are prioritized for housing based on their individual needs and safety risks. Through CE, survivors will receive danger assessments and be connected to appropriate housing providers quickly. Case managers will collaborate with the CE system to monitor referrals and ensure participants receive prompt support, particularly those facing the highest risks. Additionally, participants will develop personalized safety and stabilization plans that incorporate coping strategies, helping them remain stable throughout the process. Regular follow-ups will reinforce emotional well-being and ensure participants feel supported during their transition.

2.The project will leverage community partnerships with housing providers to quickly connect participants with permanent housing options. Survivors will receive ongoing case management and advocacy to help navigate housing applications and secure suitable units. Transportation and logistical support will also be provided, ensuring participants can access housing with minimal barriers.

3.Survivors will be empowered to choose housing that aligns with their preferences and goals, including location, type of housing, and proximity to services or family. The project will ensure participants have full informed consent throughout the process, allowing them to decide on the services and referrals they wish to access. Staff will work collaboratively with survivors to honor their choices and adjust plans as their needs evolve.

4.The project will focus on the individual needs of participants by conducting comprehensive assessments at intake. Case managers will create individualized support plans tailored to survivors' mental health, employment, and childcare needs. Services will be trauma-informed and culturally responsive, addressing barriers such as transportation or language access. Ongoing emotional and practical support will ensure participants maintain stability in their new housing and build the confidence needed for long-term success.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:

1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;

5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

The project will adopt trauma-informed, survivor-centered practices by:

1.Establishing and Maintaining an Environment of Agency and Mutual Respect:

The project will build trusting relationships with participants, supporting them in regaining control of their lives. Staff will minimize power differentials by treating participants as equals, and interactions will be free from punitive interventions. Individual and group support sessions will focus on promoting autonomy and well-being.

2.Providing Program Participants Access to Information on Trauma:Staff will undergo mandatory trauma-informed training to effectively communicate the effects of trauma to participants. Participants will receive educational materials about trauma and its impact on behavior and recovery, empowering them to understand their experiences and make informed decisions about their care.

3.Emphasizing Program Participants' Strengths: Case plans will be developed collaboratively with participants, using strength-based assessments that focus on their skills, preferences, and aspirations. Staff will provide coaching and goal-setting support tailored to survivor-defined objectives, fostering independence and self-confidence.

4.Centering on Cultural Responsiveness and Inclusivity: The project will incorporate cultural-specific training to equip staff with the knowledge to address lifestyle and cultural-driven barriers. This training will be integrated into trauma-informed practices to enhance cultural competence. The project will ensure access to services for diverse populations, including LGBTQ+ individuals, and use language access services to support non-English-speaking participants.

5.Providing Opportunities for Program Participants' Connections:The project will engage with community networks to offer participants emotional, social, and financial assistance. Survivors will have access to peer support groups, mentorship programs, and spiritual resources to foster meaningful connections.

6.Offering Support for Survivor Parenting: Trauma-informed parenting classes will help survivors navigate challenges after leaving abusive relationships. The project will provide childcare services during classes and connect participants with legal support for custody cases through partnerships with local legal organizations.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

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

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

(limit 2,500 characters)

The YWCA of Genesee County recognizes the transformative value of incorporating the insights of survivors with lived experience into program development, operations, and evaluation. The new project will actively engage survivors in the following ways:

1. Involving Survivors with a Range of Lived Expertise: The project will recruit peer advocates with direct experience of domestic violence to provide firsthand knowledge about what strategies are most effective in meeting survivors' needs. These advocates will offer valuable insights into service delivery, promoting more empathetic and practical solutions. Survivors will be encouraged to share their experiences and perspectives through focus groups, advisory meetings, and regular feedback sessions. This approach ensures that diverse survivor voices are heard, reflecting a wide range of experiences, including survivors from marginalized communities such as LGBTQ+ and immigrant populations.

2. Involving Survivors in Policy and Program Development, Operations, and Evaluation: The applicant will co-create policies and programs with survivors by establishing an advisory committee composed of individuals with lived experience, staff members, and community partners. This committee will meet regularly to review existing policies, propose new initiatives, and provide input on program design. Survivors will also participate in program evaluation efforts, helping to assess the effectiveness of services and identify areas for improvement. Their feedback will be integrated into continuous improvement processes, ensuring services evolve to meet survivors' changing needs. Peer advocates will serve as liaisons between staff and survivors, ensuring survivors feel comfortable sharing their perspectives. This collaborative approach promotes an inclusive, respectful, and trauma-informed environment, ensuring survivors play an active role in shaping the services they receive.

## 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	admin plan from t...	10/23/2024
1C-7. PHA Moving On Preference	No	Admin plan from PHA	10/23/2024
1D-10a. Lived Experience Support Letter	Yes	Letter signed by ...	10/18/2024
1D-2a. Housing First Evaluation	Yes	Monitor result fr...	10/23/2024
1E-2. Local Competition Scoring Tool	Yes	local scoring tool	10/23/2024
1E-2a. Scored Forms for One Project	Yes	1E-2aScored form ...	10/23/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	individual email ...	10/24/2024
1E-5a. Notification of Projects Accepted	Yes	Individual email ...	10/18/2024
1E-5b. Local Competition Selection Results	Yes	Local competition...	10/18/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HDX competition r...	10/18/2024
3A-1a. Housing Leveraging Commitments	No	Local Department ...	10/18/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare levera...	10/08/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: admin plan from two PHAs

Attachment Details

Document Description: Admin plan from PHA

Attachment Details

Document Description: Letter signed by Program Advisory Committee members.

Attachment Details

Document Description: Monitor result from one program

Attachment Details

Document Description: local scoring tool

Attachment Details



**Document Description:** 1E-2aScored form for one project

## Attachment Details

**Document Description:** individual email and group email for reject and reduced notification

## Attachment Details

**Document Description:** Individual email notification for all approved renewal projects and one single email for all accepted new projects.

## Attachment Details

**Document Description:** Local competition selection result chart, include program name, project type, score, rank, application tyep (renewal, new, coc bonus, relocation, or dv bonus) , status, application request amount, amount requested from HUD, reallocated funds, and accumulate amount.

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** HDX competition report

## Attachment Details

**Document Description:** Local Department of Social services provide rental subsidies to support The Salvation Army Rapid Rehousing Program Expansion. 3 participants out of 12 anticipated to be served household will be served using this subsidies.

## Attachment Details

**Document Description:** Healthcare leverage from 3 organizations to Transitional Services, Inc 's PSH 2025 project. Total \$170,096.4 in value. It is 45% of the total request-\$376,603.

## 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	09/20/2024
1B. Inclusive Structure	10/24/2024
1C. Coordination and Engagement	10/24/2024
1D. Coordination and Engagement Cont'd	10/25/2024
1E. Project Review/Ranking	10/24/2024
2A. HMIS Implementation	10/24/2024
2B. Point-in-Time (PIT) Count	10/23/2024
2C. System Performance	10/23/2024
3A. Coordination with Housing and Healthcare	10/23/2024
3B. Rehabilitation/New Construction Costs	10/23/2024
3C. Serving Homeless Under Other Federal Statutes	10/23/2024

<b>4A. DV Bonus Project Applicants</b>	10/24/2024
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	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 discussed 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 ELIGIBILITY & 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. ELIGIBILITY**

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 cohabitating 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 definitely not be returned to the household (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 is 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 find 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



Section IV  
Resident Selection and Assignment

C. BROAD RANGE OF INCOME

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. INCOME TARGETING

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. DECONCENTRATION

(24CFR 9602.202; Quality Housing & Work Responsibility Act of 1988(QHWRA))

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.

Section IV  
Resident Selection and Assignment

4. De-concentration incentives: 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. INVOLUNTARY DISPLACEMENT PREFERENCE

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. For purposes of this definitional element, 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;

Section IV  
Resident Selection and Assignment

- 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.

Section IV  
Resident Selection and Assignment

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

Section IV  
Resident Selection and Assignment

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.~~

Section IV  
Resident Selection and Assignment

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.

Section IV  
Resident Selection and Assignment

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 accessible features, 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 designated for elderly 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 mixed population (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.

##### BMHA Policy

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 will 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 be 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**

October 9th, 2024

To Whom It May Concern,

As members of the Program Advisory Committee (PAC), we stand united in our support of the NY-508 Continuum of Care's (CoC) priorities for serving individuals and families who are experiencing homelessness with severe service needs. Each of us has faced homelessness ourselves within the last seven years, and those lived experiences have shaped not only our perspectives but our commitment to making real changes in how services are provided.

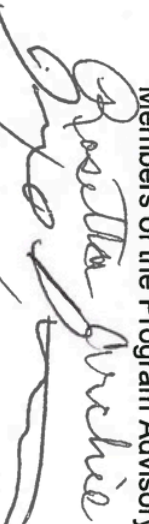



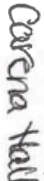
We have walked the path and understand the challenges in a way that only someone with lived experience can. That's why we are proud to play an active role in shaping decisions that impact people in our communities. We know firsthand what works, what doesn't, and where the gaps are. It is important to us that our voices are heard because we believe the programs and services should reflect the real needs of the people they are meant to serve.

Being part of this committee is more than a responsibility; it's personal. We are committed to ensuring that decisions made by homeless service providers are informed by the realities of homelessness, especially for those with the greatest barriers and service needs. Together, we are helping to create solutions that are not only effective but grounded in the lived experiences of people who have been through it.

We fully support the CoC's mission to improve the homeless response system, and we will continue to actively participate in creating a future where services truly meet the needs of our most vulnerable.

Sincerely,

Members of the Program Advisory Committee (PAC)

 Rosetta Archie  
 J. Lavelle Ward  
 Nelson Rivera  
 Corina Hall  
 Corina Hall

  
Philip Aguilar



<b>Agency Name:</b>	Cazenovia Recovery
<b>Program Name:</b>	Chronic Homeless Program
<b>EIN #</b>	
<b>Funding Source: (check both if applicable)</b>	<input checked="" type="checkbox"/> CoC <input type="checkbox"/> ESG
<b>Operating Year:</b>	
<b>Program Type:</b>	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Street Outreach <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Rapid Re-Housing <input checked="" type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Supportive Services Only <input type="checkbox"/> HMIS
<b>Grant Amount</b>	Acquisition/Rehab/Construction _____ <b>Rental Assistance \$566,592</b> Leasing _____ <b>Support Services \$401,099</b> HMIS _____ <b>Administration \$68,592</b> <b>Operations \$16,875</b> <b>Total \$1,053,158</b>
<b>Performance Scores</b>	
<b>Agency Representative(s) at review</b>	Stacy Arlain, Angela Angora, Morgan
<b>Review Date:</b>	October 17, 2024
<b>HAWNY Staff at review:</b>	Katrina Cropo, Katey Soellers, Ashley Matrassi



## 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
<b>Client File Review</b>			
HMIS <input type="checkbox"/> Finding	Client name, DOB, and SSN in HMIS match what is in the client file. Household composition is documented and correctly established in HMIS.	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	
Eligibility <input type="checkbox"/> Finding	History of Homelessness questions in HMIS align with what is documented (CE referral letter, HMIS history, etc.) in paper/client file.	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	N/A to Client #12167 b/c was enrolled prior to CE
HMIS <input type="checkbox"/> Finding	Entry date and, if applicable, Exit date in HMIS match participant program enrollment date and program exit date on applicable paper assessment	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	
HMIS <input type="checkbox"/> Finding	If Client is in Permanent Housing: A valid Housing Move-in Date is in HMIS in the appropriate location for the date HMIS matches the date the lease was signed unless there is documentation indicating a different move-in date	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	
HMIS <input type="checkbox"/> Finding	ROI date in HMIS matches paper ROI date and release choice	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	
HMIS <input type="checkbox"/> Finding	ROI covers the data range of the data entered in HMIS	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	
HMIS <input type="checkbox"/> Finding	VI-SPDAT, VI-FSPDAT, TAY-VI-SPDAT responses are recorded in HMIS	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	N/A to Client #12167 b/c was enrolled prior to CE



## Program and HMIS Monitoring

HMIS ( <b>RRH and PSH</b> ) <input type="checkbox"/> Finding	VI-SPDAT, VI-FSPDAT, or TAY_VI_SPDAT score is appropriate for the project type	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	N/A to Client #12167 b/c was enrolled prior to CE
Eligibility ( <b>PSH ONLY</b> ) <input type="checkbox"/> Finding	Is there documentation of disability signed by an appropriate credentialed person?	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	
HMIS <input type="checkbox"/> Finding	Entire HMIS Entry Assessment is complete, including HUD verifications and relationship to Head of Household	<input checked="" type="checkbox"/> HMIS <input checked="" type="checkbox"/> Client File	
HMIS <input type="checkbox"/> Finding	Annual Assessment complete in HMIS if client has been in program for at least a year	<input checked="" type="checkbox"/> HMIS	
HMIS <input type="checkbox"/> Finding	Paper intake assessment and, if applicable, Annual Assessment and Exit Assessment forms used meets the relevant HMIS Data standards	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> HMIS	Update intake forms to match databases (concern)
Services <input type="checkbox"/> Concern	<b>Projects promote participant choice in services-</b> 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, childhood and education, community connections, and stabilization to maintain housing. These should be provided by linking to community-based services.	<input checked="" type="checkbox"/> Client file <input checked="" type="checkbox"/> Policy	735.0 Harm Reduction Services - P&P  Stated not mandated, totally optional program -Vocational training present every Tuesday 1pm -All know the staff and feel comfortable coming for help -Send a newsletter every month
Services	<b>Person Centered Planning is a guiding principle of the service planning</b>	<input checked="" type="checkbox"/> Client File	510.0 Annual Service



## Program and HMIS Monitoring



<input type="checkbox"/> Concern	<b>process-</b> A service/goal/housing plan is developed in collaboration with the client and documented in the client file	<input checked="" type="checkbox"/> Policy	Plans and Quarterly Update - P&P  "Able to have whatever they want as their goal." "This was offered to them and it was declined."
Services  <input type="checkbox"/> Concern	<b>Service support is as permanent as the housing-</b> 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.	<input checked="" type="checkbox"/> Client File/Case Notes <input checked="" type="checkbox"/> Policy	Client file #12167 good example of this -currently in hospital
Services  <input type="checkbox"/> Concern	<b>Services are continued despite change in housing status or placement-</b> 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.	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Policy	Harm Reduction hands walks them to recovery, continue to speak with case manager and follow ups, we know their discharge date, 3 way phone calls
Services	<b>Participant engagement is a core component of service delivery-</b> Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground,	<input checked="" type="checkbox"/> Client File/Case Notes	510.0 Annual Service Plans and Quarterly Update - P&P



## Program and HMIS Monitoring



<input type="checkbox"/> Concern	<p>making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time.</p>	<input checked="" type="checkbox"/> Policy	<p>Harm Reduction HUB - "Caz Clubhouse" - invite new referrals to hang out on site</p>
<p>Service</p> <input type="checkbox"/> Concern	<p>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.</p>	<input checked="" type="checkbox"/> Client File/Case Notes <input checked="" type="checkbox"/> Policy	<p>115.0 Bi-Monthly Visit Requirements - P&amp;P</p>
<p>Service</p> <input type="checkbox"/> Finding	<p>Program has a formal procedure in place for terminating assistance to participants that follows Fair Housing and Housing First.</p>	<input checked="" type="checkbox"/> Client File/Case Notes/ <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Policy	
<p>Housing</p> <input type="checkbox"/> Finding	<p><b>Housing is not dependent on participation in services</b>-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.</p>	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> Policy	
<p>Housing</p> <input type="checkbox"/> Finding	<p><b>Substance use is not a reason for termination</b>-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: <a href="https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/">https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/</a></p>	<input checked="" type="checkbox"/> Client File <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Policy	<p>735.0 Harm Reduction Services - P&amp;P</p>



## Program and HMIS Monitoring

[illegible]

## Program and HMIS Monitoring

<input type="checkbox"/> Concern	by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.		
Leasing  <input type="checkbox"/> Finding	<b>Providing stable housing is a priority-</b> 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.	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> Policy	
Leasing  <input type="checkbox"/> Finding	<b>Rent payment policies respond to tenants' needs (as applicable)-</b> 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.	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> Policy	615.0 Rental Stipend - P&P
Project <input type="checkbox"/> Concern	Project assists clients to remove barriers and move into housing as quickly as possible.	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> Policy	310.0 Housing Search and Selection - P&P Section 3 Target date for move-in is 30 days after intake
Project <b>(RRH ONLY)</b> <input type="checkbox"/> Finding	Area Median Income (AMI) is calculated and documented in client file	<input type="checkbox"/> Client File <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Policy	
Project <input type="checkbox"/> Finding	Is rent reasonableness calculated and documented in the client file?	<input checked="" type="checkbox"/> Client File	
Project <b>(RRH ONLY)</b> <input type="checkbox"/> Finding	Documentation of how rent is calculated/how the determination is made for rent increase or graduation is in client file	<input type="checkbox"/> Client File <input type="checkbox"/> Policy / Agency Discussion <input checked="" type="checkbox"/> N/A	

## Program and HMIS Monitoring



Project <input type="checkbox"/> Finding	Income documentation is in the file (paystubs, SSI award letter, etc.)	<input checked="" type="checkbox"/> Client File	
Project <b>(TH ONLY)</b>  <input type="checkbox"/> Finding	<b>Transitional housing is focused on safe and quick transitions to permanent housing</b> -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.	<input type="checkbox"/> Client File <input type="checkbox"/> Policy <input checked="" type="checkbox"/> N/A	
Project <b>(TH ONLY)</b>  <input type="checkbox"/> Finding	<b>TH projects provide appropriate services</b> -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.	<input type="checkbox"/> Client File <input type="checkbox"/> Policy <input checked="" type="checkbox"/> N/A	
Population  <input type="checkbox"/> Concern	<b>Recovery Housing is offered as one choice among other housing opportunities</b> -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.	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> Policy	735.0 Harm Reduction Services - P&P
Population  <input type="checkbox"/> Concern	<b>Services include relapse support</b> -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	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> Policy	735.0 Harm Reduction Services - P&P

## Program and HMIS Monitoring



	hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment.		
Population  <input type="checkbox"/> Concern	<b>Services support sustained recovery</b> -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.	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> Policy	735.0 Harm Reduction Services - P&P
HMIS Data Intake & Exit  <input type="checkbox"/> Concern	100% of clients are entered into the system within 72 hours of intake	<input checked="" type="checkbox"/> Annual Performance Report <input checked="" type="checkbox"/> Policy	
HMIS Data Intake & Exit  <input type="checkbox"/> Finding	Client was entered into the HMIS system within 72 hours of intake.	<input checked="" type="checkbox"/> Client File	
HMIS <input type="checkbox"/> Finding	Discharge location in HMIS matches what's in the client file and the program has proper procedure to communicate discharge destination.	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> HMIS <input checked="" type="checkbox"/> Agency discussion	
HMIS <input type="checkbox"/> Concerns	Agencies are actively monitoring program participation and exiting clients. Clients are exited in HMIS within 30 days of last contact unless program guidelines specify otherwise. Evidence of last contact is in the client file.	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> HMIS <input type="checkbox"/> N/A	

## Program and HMIS Monitoring



Category	Access/Definition	Verified	Note
<b>Access and Input</b>			
Access  <input type="checkbox"/> Finding	<b>Projects are low-barrier-</b> 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.	<input checked="" type="checkbox"/> CE Lead <input checked="" type="checkbox"/> Policy	
Access  <input type="checkbox"/> Concern	<b>Accepts FairHousing Law-</b> 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.	<input checked="" type="checkbox"/> CE Lead <input checked="" type="checkbox"/> Policy	
Access  <input type="checkbox"/> Finding	<b>Projects do not deny assistance for unnecessary reasons-</b> 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.	<input checked="" type="checkbox"/> CE Lead <input checked="" type="checkbox"/> Policy	
Access  <input type="checkbox"/> Finding	<b>Access regardless of sexual orientation, gender, identity, or marital status-</b> 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	<input checked="" type="checkbox"/> CE Lead <input checked="" type="checkbox"/> Policy	

## Program and HMIS Monitoring

	determine if these project types are needed and work with providers to accommodate the need).		
Access  <input type="checkbox"/> Finding	<b>Projects do not deny services based on participation in religious activities-</b> Participation is not required in inherently religious activities and benefits/services are not denied based on participants' religion.	<input checked="" type="checkbox"/> Discussion with program <input checked="" type="checkbox"/> Policy	
Access  <input type="checkbox"/> Finding	<b>Access and availability-</b> Project ensures effective communication with individuals with disabilities, including but not limited to the availability of accessible locations of services and electronic formats	<input checked="" type="checkbox"/> Discussion with Program <input checked="" type="checkbox"/> Policy	
Access  <input type="checkbox"/> Concern	<b>Admission process is expedited with speed and efficiency-</b> 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.	<input checked="" type="checkbox"/> CE Lead <input checked="" type="checkbox"/> Policy	
Access  <input type="checkbox"/> Concern	<b>Intake processes are person-centered and flexible-</b> 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. 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	<input checked="" type="checkbox"/> Agency Discussion <input checked="" type="checkbox"/> Policy	220 Intake Assessment
Access  <input type="checkbox"/> Finding	<b>The provider/project accepts and makes referrals directly through Coordinated Entry-</b> 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	<input checked="" type="checkbox"/> CE Lead <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> HMIS	

## Program and HMIS Monitoring



	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 referral letter is in the file and, if not a DV client, CE referral in HMIS is closed.		
Access  <input type="checkbox"/> Finding	<b>Exits to homelessness are avoided-</b> 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.	<input checked="" type="checkbox"/> CE Lead <input checked="" type="checkbox"/> Policy	
Participant Input  <input type="checkbox"/> Concern	<b>Participant education is ongoing-</b> 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.	<input checked="" type="checkbox"/> Agency Discussion <input checked="" type="checkbox"/> Policy	
Participant Input  <input type="checkbox"/> Concern	<b>Projects create regular, formal opportunities for participants to offer input-</b> 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	<input checked="" type="checkbox"/> Agency Discussion <input checked="" type="checkbox"/> Policy	

NO.	Access/Definition	Policy	Action
-----	-------------------	--------	--------



## Program and HMIS Monitoring



Leases			
Lease  <input type="checkbox"/> Finding	<b>Housing is considered permanent (not applicable for transitional housing)-</b> Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party	<input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Policy	
Leasing  <input type="checkbox"/> Finding	<b>Leases are the same for participants as they are for other tenants.-</b> 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 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.	<input checked="" type="checkbox"/> Lease <input checked="" type="checkbox"/> Policy	

NO.	Access/Definition	Policy	Notes
Services and Housing			
Services  <input type="checkbox"/> Finding	<b>Services are culturally appropriate with translation services available, as needed-</b> 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 full 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	<input checked="" type="checkbox"/> Agency Discussion <input checked="" type="checkbox"/> Policy	Language Line Policy and Procedure 160 - Language Access

## Program and HMIS Monitoring



	children being in the bathrooms with them).		
Services  <input type="checkbox"/> Concern	<b>Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma- informed approaches, strength-based)-</b> 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 education regarding how to avoid risky behaviors and engage in safer practices.	<input checked="" type="checkbox"/> Evidence of Provider Training <input checked="" type="checkbox"/> Policy	"Oasis Learning Thursdays"  Training Schedule Provided  Some examples of offered trainings: Ethical dilemmas, de escalation, TIC, boundaries
Service  <input type="checkbox"/> Concern	<b>Housing First centered job descriptions for case managers-</b> 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	<input checked="" type="checkbox"/> Agency Discussion <input checked="" type="checkbox"/> Policy	
Services  <input type="checkbox"/> Concern	<b>Incorporation of Lived Experience-</b> Program design and decision making incorporates those with Lived Experience	<input checked="" type="checkbox"/> Agency Discussion <input checked="" type="checkbox"/> Policy - in NOFO and bylaws	-Resident Satisfaction Surveys -Has hired two previous participants -Individuals with Lived Experience on Board
Housing (Site Based Question)  <input type="checkbox"/> Concern	<b>The rules and regulations of the project are centered on participants' rights-</b> 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.	<input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Policy	

## Program and HMIS Monitoring



Housing  <input type="checkbox"/> Concern	<b>Programs That serve households with children-</b> 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.	<input type="checkbox"/> Staff Position <input type="checkbox"/> Policy <input checked="" type="checkbox"/> N/A	
Housing  <input type="checkbox"/> Finding	<b>Participants have the option to transfer to another project-</b> 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.	<input checked="" type="checkbox"/> Transfer Plan <input checked="" type="checkbox"/> Policy	Utilize Coordinated Entry transfer committee

NO.	Access/Definition	Verified	Notes
<b>Project Specific</b>			
Project <input type="checkbox"/> Finding	Program participate in CE?	<input checked="" type="checkbox"/> CE Lead <input checked="" type="checkbox"/> Policy	
Project <input type="checkbox"/> Concern	Program uses moving on assessment, an assessment that determines program participant's readiness to move towards independence.	<input checked="" type="checkbox"/> Client File <input checked="" type="checkbox"/> Policy	
Project <b>(RRH ONLY)</b> <input type="checkbox"/> Concern	Does the program currently have anyone served for over 24 months?	<input type="checkbox"/> HMIS / APR <input checked="" type="checkbox"/> N/A	

## Program and HMIS Monitoring



Project <b>(RRH ONLY)</b>  <input type="checkbox"/> Concern	<b>Services support people in maintaining their housing-</b> 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.	<input type="checkbox"/> Time to Housing (using quarterly performance report) <input type="checkbox"/> Policy <input checked="" type="checkbox"/> N/A	
---	--	---	--

Category	Standard	Verified	Note									
<b>HMIS Privacy/Security</b>												
HMIS <input type="checkbox"/> Finding	HMIS Participation Consumer Notice is posted in a conspicuous location	<input checked="" type="checkbox"/> Observation										
HMIS  <input type="checkbox"/> Finding	Hard Copy Data Security; Spot check demonstrates: <table border="1" style="width: 100%;"> <tr> <td>Client files are locked in a drawer or file cabinet</td> </tr> <tr> <td>Offices are locked when not occupied</td> </tr> <tr> <td>Client files are not visible on desks, counters, etc.</td> </tr> <tr> <td>Have anti-Virus and anti-spy protection software</td> </tr> <tr> <td>Most recent Windows updates have been downloaded</td> </tr> </table>	Client files are locked in a drawer or file cabinet	Offices are locked when not occupied	Client files are not visible on desks, counters, etc.	Have anti-Virus and anti-spy protection software	Most recent Windows updates have been downloaded	<table border="1" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Observation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Observation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Observation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Observation</td> </tr> </table>	<input checked="" type="checkbox"/> Observation	<input checked="" type="checkbox"/> Observation	<input checked="" type="checkbox"/> Observation	<input checked="" type="checkbox"/> Observation	
Client files are locked in a drawer or file cabinet												
Offices are locked when not occupied												
Client files are not visible on desks, counters, etc.												
Have anti-Virus and anti-spy protection software												
Most recent Windows updates have been downloaded												
<input checked="" type="checkbox"/> Observation												
<input checked="" type="checkbox"/> Observation												
<input checked="" type="checkbox"/> Observation												
<input checked="" type="checkbox"/> Observation												

## Program and HMIS Monitoring



	Date of last update:	<input checked="" type="checkbox"/> Observation	
	Have firewall to protect internal network servers and local user computers	<input checked="" type="checkbox"/> Observation	
	All workstations in secured location (locked offices)	<input checked="" type="checkbox"/> Observation	
	Workstations are using lock screen savers	<input checked="" type="checkbox"/> Observation	
	All workstations are password protected	<input checked="" type="checkbox"/> Observation	

Category	Standard	Verified	Notes
HMIS Policy and Procedure			
HMIS <input type="checkbox"/> Finding	Does the agency have a client privacy policy?	<input checked="" type="checkbox"/> Policy	
HMIS <input type="checkbox"/> Finding	Are all employees trained to follow policy?	<input checked="" type="checkbox"/> Agency Discussion	

## Program and HMIS Monitoring



HMIS   <input type="checkbox"/> Finding	Does the agency have policies/procedures that address the following:  <table border="1" data-bbox="359 464 1362 808"> <tr> <td data-bbox="359 464 1362 548">Use of client data generated from the HMIS</td> </tr> <tr> <td data-bbox="359 548 1362 633">Client information storage and disposal</td> </tr> <tr> <td data-bbox="359 633 1362 717">Remote access and use of HMIS</td> </tr> <tr> <td data-bbox="359 717 1362 808">Use of portable storage tools</td> </tr> </table>	Use of client data generated from the HMIS	Client information storage and disposal	Remote access and use of HMIS	Use of portable storage tools	<table border="1" data-bbox="1392 464 1673 808"> <tr> <td data-bbox="1392 464 1673 548"><input checked="" type="checkbox"/> Policy</td> </tr> <tr> <td data-bbox="1392 548 1673 633"><input checked="" type="checkbox"/> Policy</td> </tr> <tr> <td data-bbox="1392 633 1673 717"><input checked="" type="checkbox"/> Policy</td> </tr> <tr> <td data-bbox="1392 717 1673 808"><input checked="" type="checkbox"/> Policy</td> </tr> </table>	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Policy	
Use of client data generated from the HMIS											
Client information storage and disposal											
Remote access and use of HMIS											
Use of portable storage tools											
<input checked="" type="checkbox"/> Policy											
<input checked="" type="checkbox"/> Policy											
<input checked="" type="checkbox"/> Policy											
<input checked="" type="checkbox"/> Policy											
HMIS <input type="checkbox"/> Finding	Agency uses a Privacy Script to standardize the explanation of agency/HMIS privacy rules to clients	<input checked="" type="checkbox"/> Policy	Program Participant Handbook - Participants Rights and Responsibilities								

# 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	
YHDP	# of client serve/# of people proposed to served in application	APR/Quarterly	85%=10 pt	
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	
YHDP	Percent of clients exited to permanent destination	Q23c	>60%=15	
3. Quickly Housing Clients				
RRH or Joint	Average time to housing based on time	APR 22c - Average length of time to housing	<= 30 days = 10	10

RRH-TH	between program entry date and move-in date		31-45 days = 8	
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	
YHDP	Number of people who are return to homelessness/people exited to permanent housing priori	SAP/Quarterly- Provided by HAWNY	0-10%=15	
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
<b>Narrative Responses(questions developed in collaboration with people with lived experience) (25 points)</b>				
Client wellbeing				5
Client safety				5
Involving clients in decision making process				10
Staff retention and continuation of services				5
<b>TOTAL</b>				<b>110</b>
<b>Bonus (10 points)</b>				
<b>PSH</b>				
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
<b>RRH Singles</b>				
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
<b>RRH Families</b>				
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<sup>1</sup>.

---

<sup>1</sup>

<https://www.hud.gov/sites/dfiles/SPM/documents/EligibilityRequirementsGrantProgramsFiscalYear2022.p>

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

<b>New project scoring</b>		
Organization Capacity and Experience	<ul style="list-style-type: none"> <li>• Experience with proposed population and activities</li> <li>• Connections to partners and other entities</li> <li>• Experience with grant management</li> <li>• Presents a staffing plan for successful implementation</li> </ul>	30
Project Design	<ul style="list-style-type: none"> <li>• Program Design meet the target populations</li> <li>• Program outcome align with local and HUD expectations</li> <li>• Provide sufficient supports to ensure clients obtain and remain in housing</li> <li>• Assist participants to obtain mainstream benefits(Health, social, employment, childcare)</li> </ul>	30
Cost	<ul style="list-style-type: none"> <li>• Cost are reasonable and feasible</li> </ul>	5
Racial Equity		10
Housing: Leveraging Housing and HealthCare resources CE: Partnership with non-CoC/ESG housing		10
Bonus Point- Align with local needs		15
<b>Total Points</b>		<b>100</b>

New project must meet the thresholds outlined above as well as score over 70% of the points (70pts) 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 funding available for the CoC to apply and not able to move a program forward to the federal process.

Spectrum Chronic Homeless			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier3: 80-84%	100.00%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	100.00%	7
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	33	10
Recidivism	Tier 1: 0-20% Tier 2: 8-19%	25.00%	5
Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	4.90%	0
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	78.00%	12
Bonus - Clients w 2+ Disabilities	>=80%	88.40%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	4.30%	0
HMIS - Data Quality/Timeliness	15 Points	13	13
Bonus - % of clients enter with zero income	>=40%	64.40%	5
Participation in CoC Training	5		3
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative on actions taken in address barriers that people with lived experienced identified.	20 pts (Median score: 16)		17.6
Total Score	120	<b>Your Program's Score</b>	<b>87.6</b>



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## FY2024 Local Renewal Application Result

3 messages

Kexin Ma &lt;kexinma@wnyhomeless.org&gt;

Wed, Jul 3, 2024 at 9:57 AM

To: Kimberly Baughan &lt;kbaughan@rsiwny.org&gt;, Nadia Pizarro &lt;npizarro@rsiwny.org&gt;, Nancy Singh &lt;nsingh@rsiwny.org&gt;

Cc: Ashley Matrassi &lt;Matrassi@wnyhomeless.org&gt;, Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Dear Kimberly,

We regret to inform you that the Project Selection Committee has voted 7:3 not to fund your FY2024 Renewal Restoration Society Inc. (RSI) Rapid Rehousing for Singles project. Please understand that the HAWNY staff who participated in the meeting were non-voting members and did not cast any votes.

The Committee acknowledged the efforts your organization has made in the past years. However, they expressed concerns regarding the unresolved challenges in your finance system and staffing stability, including the prolonged vacancy of a critical position, recent executive retirements, high turnover among service staff, and a lack of trust in the organization's hiring decisions. These issues have impeded the organization's ability to restructure effectively to support the ongoing program, raising concerns about the impact on the people in the programs.

We deeply appreciate your organization's mission and dedication to serving this population. The Committee hopes to see your organization successfully rebuild its structure in the near future and return to service.

In the meantime, please plan to use the current contract year (FY2022) and the next contract year (FY2023) to transition existing clients and, if possible, service additional clients. The funding will be reallocated via RFP this year (FY2024), and we hope that a new organization, once selected, could potentially take over a part of the FY2023 contract, subject to HUD's approval, to avoid returning funds to HUD.

If you wish to appeal this decision, please submit your written request within three business days (by the end of July 9th), including new evidence to support your appeal.

Below is your rank and score:

Rank: 22 out of 22

Projects Performance chart:

Restoration Society CoC RRH			
Measure	Performance Standard/max pt	Your Performance	Your Program's Score
Occupancy	>= 95%=10 90-94%=8 85-89%=5	100.0%	10(Adjusted based on lower capacity requested)
Remain/Exit to PH	>= 90% = 15 85-89% = 10 80-84% = 5	77.8%	0
Days to Housing	<= 35 days = 10 36-60 days = 8	77.0	0

Recidivism	0-8% = 10 9-15% = 5	0.0%	10
Maintained or Increased Earned Income	>=30% = 8 15%-29% = 3	4.8%	0
Maintained or Increased Any Income	>50% = 12 40-49% = 8 30-39% = 5	42.9%	8
Bonus - Clients w 1+ Disabilities	>=50%=5	74.2%	5
HMIS - Data Quality/Timeliness	15 pt		6
Bonus - % of clients enter with zero income	>=40%=5	58.1%	5
Participate in CoC training	5		3
Enrolled client involved in CoC focus group and committees	5		0
Narrative	20		15.22
<b>Total Possible Score</b>	<b>120</b>	<b>Your Program's Score</b>	<b>62.22</b>

Thank you,

**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](mailto:kexinma@wnyhomeless.org)

<https://wnyhomeless.org/>

---

**Kimberly Baughan** <kbaughan@rsiwny.org>

Wed, Jul 10, 2024 at 1:11 PM

To: Kexin Ma <kexinma@wnyhomeless.org>

Cc: Nadia Pizarro <npizarro@rsiwny.org>, Nancy Singh <nsingh@rsiwny.org>, Ashley Matrassi <Matrassi@wnyhomeless.org>, Tracy Schmidt <schmidt@wnyhomeless.org>

Hi Kexin,

Thanks for informing us of the decision. Of course we regret the outcome, but understand.

Please clarify with the current and FY23 contracts, we will continue operations/services per the contract; what do you mean by transitioning existing clients?

*Kim Baughan*  
*Chief Operating Officer*  
*Restoration Society, Inc.*  
 716.832.2141, ext 215  
[rsiwny.org](http://rsiwny.org)



Kexin Ma <kexinma@wnyhomeless.org>

Local CoC Application Results

Kexin Ma <kexinma@wnyhomeless.org>

Fri, Sep 20, 2024 at 3:21 PM

To: Ashley Matrassi <Matrassi@wnyhomeless.org>, Tracy Schmidt <schmidt@wnyhomeless.org>

Cc: David Barto <dbarto@alignwny.org>, Anna Ireland <anna.mongo@jrhc.org>, Mark Lazzara <markplazzara@gmail.com>, Lawrence Moore <pastormoore86@gmail.com>

Hi,

Thank you so much for the time and effort you put into your application. Unfortunately, we regret to inform you that your application did not meet our thresholds this year, or there were more applications than we could move forward to HUD. This year's competition was extremely competitive, with many strong submissions.

You can view the applications, scores, approval statuses, and rankings on our website: <https://wnyhomeless.org/wp-content/uploads/FY2024-Local-CoC-Competition-Ranking-and-Score-Results.pdf>.

We truly value your commitment to this important work, and we encourage you to apply again in the future. We're here to support you, so please don't hesitate to reach out. We'd be happy to discuss how we can work together to strengthen your application for the coming years.

Thank you once again for your dedication and hard work.

Warm regards,

Kexin Ma, MUP    Executive Director

[How to say my name](#)

Homeless Alliance of WNY    625 Delaware Ave. Suite 410, Buffalo NY 14202

7168531101 ext.107 Call or text: 7169704321

[kexinma@wnyhomeless.org](mailto:kexinma@wnyhomeless.org)

<https://wnyhomeless.org/>



## Local Application Results

Kexin Ma <kexinma@wnyhomeless.org>

Fri, Sep 20, 2024 at 3:17 PM

To: Collette Graham <cgraham@tsiwny.org>, Douglas Usiak <dusiak@wnyil.org>, Taylor Van Ness <taylor.vanness@use.salvationarmy.org>, Jill Mattson <jmattson@gerardplace.org>, Beverly Moore <bmoore@bulny.org>, j.lapi@savethemichaels.org, e.buteyn@savethemichaels.org, j.locicero@savethemichaels.org, Elizabeth Woike-Ganga <ewoike@bestselfwny.org>, Christian Holdridge <choldridge@peaceprintswny.org>, Carol Murphy <cmurphy@harvesthousebuffalo.org>, "Gartland, Sara" <sgartland@cfsbny.org>, Jamie Beedham-Rada <jbrada@ywcagenesee.org>, Rae Frank <rfrank@wnyil.org>  
Cc: Ashley Matrassi <Matrassi@wnyhomeless.org>, Tracy Schmidt <schmidt@wnyhomeless.org>

Hi everyone

Congratulations! The Project Review Committee has reviewed and accepted your application to proceed to the next step in the application process. Friendly reminder that HUD ultimately approves all projects upon funding availability, and typically announces awards in the Spring. All the applications, scores, approved amounts, and rankings have been posted on our website: <https://wnyhomeless.org/wp-content/uploads/FY2024-Local-CoC-Competition-Ranking-and-Score-Results.pdf>

The next step is to complete your application via the HUD platform called e-snaps. To create a user account and organization profile, please refer to the following guide: <https://www.hud.gov/sites/dfiles/CPD/documents/CoC/Accessing-the-FY-2024-Project-Application.pdf>.

The deadline for submitting your e-snaps application is **October 11th**.

I will be hosting an e-snaps training session for **new** users on **September 30, 2024, from 10:00 – 11:00 am**. You can join the video call using this link: <https://meet.google.com/bvz-qyvt-roz>. During this session, I will walk you through the process step-by-step. Please ensure that you have access to e-snaps **before the training**. It is recommended to use two screens or two computers for easier navigation and follow along.

If you have any questions or need further assistance, feel free to reach out.

Best regards,

Kexin Ma, MUP Executive Director

[How to say my name](#)

Homeless Alliance of WNY 625 Delaware Ave. Suite 410, Buffalo NY 14202

7168531101 ext.107 Call or text: 7169704321

[kexinma@wnyhomeless.org](mailto:kexinma@wnyhomeless.org)

<https://wnyhomeless.org/>



Kexin Ma &lt;kexinma@wnyhomeless.org&gt;

---

## Coordinated Entry Project Review Results

---

**Szewc, Daniel** <Daniel.Szewc@erie.gov>  
To: "mhill@viawny.org" <mhill@viawny.org>  
Cc: "jstarks@buffalony.gov" <jstarks@buffalony.gov>

Fri, Sep 20, 2024 at 4:03 PM

Good afternoon Michael,

Thank you so much for the time and effort you put into your application. The Coordinated Entry Project Review Committee has reviewed all applications submitted to us, and we regret to inform you that your application for 211 WNY Coordinated Entry was not approved for funding. Your application scored 73.33 and was ranked #2. Unfortunately, we were not able to support more than one CE project this year due to funding limitations.

You can access all project rankings, scores, and requested amounts here:

<https://wnyhomeless.org/wp-content/uploads/FY2024-Local-CoC-Competition-Ranking-and-Score-Results.pdf>.

We truly value your commitment to this important work, and we encourage you to apply again in the future. Thank you once again for your dedication and hard work.

Warm regards,

Daniel Szewc

Jessica Starks

--

**Daniel Szewc** | Executive Director of Social Services Family Independence

Erie County | Department of Social Services

95 Franklin St., Room 864 | Buffalo, NY 14202

P: +1(716)858-8720 | F: +1(716)858-8812

[Daniel.Szewc@erie.gov](mailto:Daniel.Szewc@erie.gov) | <http://www.erie.gov>





Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## CoC Renewal Application Update

1 message

Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Fri, Aug 30, 2024 at 8:24 AM

To: Stacy Arlain &lt;SArlain@cazenoviarecovery.org&gt;, AAngora@cazenoviarecovery.org

Cc: Kexin Ma &lt;kexinma@wnyhomeless.org&gt;, Ashley Matrassi &lt;matrassi@wnyhomeless.org&gt;, Nathan Pyzikiewicz &lt;pyzikiewicz@wnyhomeless.org&gt;

Dear Stacy,

We are pleased to inform you that the local renewal project application review process has been completed. All renewal projects were thoroughly reviewed by the Project Selection Committee.

The Project Selection Committee has approved your project to proceed to the next step of the renewal process. The next step is to complete your application in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: Cazenovia Chronic Homeless Program

Approval amount: \$1,053,158

Preliminary ranking: 1

Cazenovia Chronic Homeless Program			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	100%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	97.5%	15
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	9.0	10
Recidivism	Tier 1: 0-20% Tier 2: 8-19%	14.3%	10
Maintained or Increased Earned	Tier 1: >=20% Tier 2: 10-19%	40.6%	8

Income			
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	96.9%	12
Bonus - Clients w 2+ Disabilities	>=80%	102.6%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	10%	8
HMIS - Data Quality/Timeliness	15 Points	15	15
Bonus - % of clients enter with zero income	>=40%	52.5%	5
Participation in CoC Training	5		5
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative	20 pts (Median score: 16)		15.33
Total Score	120	<b>Your Program's Score</b>	<b>110.3</b>

Project Name: Cazenovia Niagara County Shelter Plus Care

Approval amount: \$154,888

Preliminary Ranking: 2

Cazenovia Niagara County Shelter Plus Care			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier3: 80-84%	100.0%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	88.9%	0
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	31.0	10
Recidivism	Tier 1: 0-20% Tier 2: 8-19%	0.0%	10
Maintained or Increased Earned	Tier 1: >=20% Tier 2: 10-19%	46.7%	8

Income			
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	100%	12
Bonus - Clients w 2+ Disabilities	>=80%	100%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	16.7%	8
HMIS - Data Quality/Timeliness	15 Points	15	15
Bonus - % of clients enter with zero income	>=40%	57.9%	5
Participation in CoC Training	5		5
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative	20 pts (Median score: 16)		16.8
Total Score	120	<b>Your Program's Score</b>	<b>104.80</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

**Homeless Alliance of WNY**

**Office:** (716) 853-1101 x124

**Direct:** (716) 923-4477

**Fax:** (716) 853-1750

**Hours:** Mon-Thurs, 8:00 AM to 4:00 PM



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## CoC Renewal Application Update

1 message

Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Thu, Aug 29, 2024 at 1:56 PM

To: Alyssa Hebelar &lt;hebelara@shswny.org&gt;, Thanh Nguyen &lt;nguyent@shswny.org&gt;, Nicholas Jerome

&lt;jeromen@shswny.org&gt;, Julie Notaro &lt;notaroj@shswny.org&gt;

Cc: Kexin Ma &lt;kexinma@wnyhomeless.org&gt;, Ashley Matrassi &lt;matrassi@wnyhomeless.org&gt;, Nathan Pyzikiewicz &lt;pyzikiewicz@wnyhomeless.org&gt;

Dear Mr. Jerome and Ms. Hebelar,

We are pleased to inform you that the local renewal project application review process has been completed. All renewal projects were thoroughly reviewed by the Project Selection Committee.

The Project Selection Committee has approved your projects to proceed to the next step of the renewal process. The next step is to complete your applications in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program scores, preliminary ranking, and approval amounts. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: Spectrum Chronic Homeless Program

Approval amount: \$669,176

Preliminary ranking: 8

Spectrum Chronic Homeless			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier3: 80-84%	100.0%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	100.0%	7
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	33.0	10
Recidivism	Tier 1: 0-20% Tier 2: 8-19%	25.0%	5

Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	4.9%	0
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	78.0%	12
Bonus - Clients w 2+ Disabilities	>=80%	88.4%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	4.3%	0
HMIS - Data Quality/Timeliness	15 Points	13	13
Bonus - % of clients enter with zero income	>=40%	64.4%	5
Participation in CoC Training	5		3
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative	20 pts (Median score: 16)		17.6
Total Score	120	<b>Your Program's Score</b>	<b>87.6</b>

Project Name: Spectrum Dedicated First

Approval amount: \$114,929

Preliminary ranking: 6

Spectrum Dedicated First			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	100.0%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	100.0%	7
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	40.0	10
Recidivism	Tier 1: 0-20% Tier 2: 8-19%	0.0%	10
Maintained or Increased Earned	Tier 1: >=20% Tier 2: 10-19%	0%	0

Income			
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	100.0%	12
Bonus - Clients w 2+ Disabilities	>=80%	114.3%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	0%	0
HMIS - Data Quality/Timeliness	15 Points	10	10
Bonus - % of clients enter with zero income	>=40%	55.6%	5
Participation in CoC Training	5		3
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative	20 pts (Median score: 16)		18.2
Total Score	120	<b>Your Program's Score</b>	<b>90.2</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

**Homeless Alliance of WNY**

**Office:** (716) 853-1101 x124

**Direct:** (716) 923-4477

**Fax:** (716) 853-1750

**Hours:** Mon-Thurs, 8:00 AM to 4:00 PM



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## CoC Renewal Application Update

1 message

Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Thu, Aug 29, 2024 at 1:41 PM

To: "Tanner, Kristin" &lt;ktanner@cfsbny.org&gt;, "Pavone, Tiffany" &lt;tpavone@cfsbny.org&gt;, sgartland@cfsbny.org

Cc: Kexin Ma &lt;kexinma@wnyhomeless.org&gt;, Ashley Matrassi &lt;matrassi@wnyhomeless.org&gt;, Nathan Pyzikiewicz &lt;pyzikiewicz@wnyhomeless.org&gt;

Dear Tiffany Pavone,

The Project Selection Committee (PSC) decided not to score the narrative portion of your application due to it being submitted past the due date. However, the PSC approved to move this project forward. Your score and ranking will be impacted and you will be in tier 2. However, your funding should be secured as long as HUD funding does not experience significant fiscal cuts.

The next step is to complete your application in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: Child and Family Services Haven House Joint Transitional Housing and Rapid Rehousing Project

Approval amount: \$468,044

Preliminary ranking: 23

Child and Family Services Haven House Joint Transitional Housing- Rapid Rehousing Project			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 95% Tier 2: 90-94% Tier 3: 85-89%	800%	8
Remain/Exit to PH	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	0%	10
Days to Housing	Tier 1: <= 35 days Tier 2: 36-60 days	0	0
Recidivism	Tier 1: 0-8% Tier 2: 9-15%	N/A	N/A

Maintained or Increased Earned Income	Tier 1: >=30% Tier 2: 15-29%	8	8
Maintained or Increased Any Income	Tier 1: >=50% Tier 2: 40-49% Tier 3: 30-39%	12	12
Bonus - Clients w 1+ Disabilities	>=50%	14.3%	0
Bonus - Serving Large Families	>=10%	0.0%	0
HMIS - Data Quality/Timeliness	15 Points		10
Bonus - % of clients enter with zero income & DV	>=40%	33.3%	12
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		5
Narrative	20 pts (Median score: 16)		0
Total Score	120	<b>Your Program's Score</b>	<b>65</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

**Homeless Alliance of WNY**

**Office:** (716) 853-1101 x124

**Direct:** (716) 923-4477

**Fax:** (716) 853-1750

**Hours:** Mon-Thurs, 8:00 AM to 4:00 PM





Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

---

## CoC Renewal Application Update

2 messages

---

**Tracy Schmidt** <schmidt@wnyhomeless.org>

Fri, Aug 30, 2024 at 8:21 AM

To: Grant Babcock <gbabcock@communitymissions.org>

Cc: Kexin Ma <kexinma@wnyhomeless.org>, Ashley Matrassi <matrassi@wnyhomeless.org>, Nathan Pyzikiewicz <pyzikiewicz@wnyhomeless.org>

Dear Grant,

The Project Selection Committee, composed of 10 community members, has reviewed the recent application and has expressed concerns. This project received a low ranking in the matrix below and lost a significant number of points this year. Unfortunately, the narrative provided did not adequately explain the reasons for the low score or demonstrate concrete efforts to address these issues.

The Project Selection Committee underscored the importance of staff stability and ensuring the quality of staff and supervisors for the program. They recommend actions such as reviewing the budget and potentially increasing pay to enhance staff stability. Providing adequate supervision and support to employees, supporting case managers' professional growth, and helping them overcome barriers are also critical steps.

Additionally, the Committee emphasized the need to improve data quality. They request that you meet with HAWNY every other month to ensure compliance and to continue monitoring performance until improvements in performance and data quality are achieved.

Another crucial point made by the Committee is the need for an internal mechanism that incorporates feedback from individuals enrolled in the program into decision-making and program improvement processes.

The Committee is hopeful for significant improvements this year and will be closely monitoring progress. If the program remains in the bottom 20% next year, the Committee will have to strongly consider reallocating funds.

The next step is to complete your application in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: Community Missions COC RRH

Approval amount: \$367,921

Preliminary ranking: 24

CMI CoC RRH			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 95% Tier 2: 90-94% Tier 3: 85-89%	91.4%	8
Remain/Exit to PH	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	68.8%	0
Days to Housing	Tier 1: <= 35 days Tier 2: 36-60 days	88.0	0
Recidivism	Tier 1: 0-8% Tier 2: 9-15%	0.0%	10
Maintained or Increased Earned Income	Tier 1: >=30% Tier 2: 15-29%	34.6%	8
Maintained or Increased Any Income	Tier 1: >=50% Tier 2: 40-49% Tier 3: 30-39%	69.2%	12
Bonus - Clients w 1+ Disabilities	>=50%	70.3%	3
Bonus - Serving Large Families	>=10%	2.7%	0
HMIS - Data Quality/Timeliness	15 Points	4	4
Bonus - % of clients enter with zero income	>=40%	25.6%	0
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		5
Narrative	20 pts (Median score: 16)		13.89
Total Score	120	<b>Your Program's Score</b>	<b>63.9</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

Homeless Alliance of WNY

Office: (716) 853-1101 x124

Direct: (716) 923-4477

Fax: (716) 853-1750

Hours: Mon-Thurs, 8:00 AM to 4:00 PM

**Grant Babcock** <gbabcock@communitymissions.org>  
 To: Tracy Schmidt <schmidt@wnyhomeless.org>

Fri, Aug 30, 2024 at 9:06 AM



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## CoC Renewal Application Update

2 messages

Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Thu, Aug 29, 2024 at 1:51 PM

To: Lisa Freeman <lfreeman@compasshouse.org>, Alexis Addison <aaddison@compasshouse.org>, Mark Mancuso <mmancuso@compasshouse.org>

Cc: Kexin Ma <kexinma@wnyhomeless.org>, Ashley Matrassi <matrassi@wnyhomeless.org>, Nathan Pyzikiewicz <pyzikiewicz@wnyhomeless.org>

Dear Lisa Freeman:

We are pleased to inform you that the local renewal project application review process has been completed. All renewal projects were thoroughly reviewed by the Project Selection Committee.

The Project Selection Committee has approved your project to proceed to the next step of the renewal process. The next step is to complete your application in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: Compass House Rapid Rehousing Program

Approval amount: \$313,842

Preliminary ranking: 5

Compass House CoC Joint TH+RRH			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 95% Tier 2: 90-94% Tier 3: 85-89%	100.0%	10
Remain/Exit to PH	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	100.0%	15
Days to Housing	Tier 1: <= 35 days Tier 2: 36-60 days	81.0	0
Recidivism	Tier 1: 0-8% Tier 2: 9-15%	0%	10
Maintained or Increased Earned Income	Tier 1: >=30% Tier 2: 15-29%	40.0%	8

Maintained or Increased Any Income	Tier 1: >=50% Tier 2: 40-49% Tier 3: 30-39%	60.0%	12
Bonus - Clients w 1+ Disabilities	>=50%	50.0%	0
HMIS - Data Quality/Timeliness	15 Points	13	13
Bonus - % of clients enter with zero income	15 Points	58.8%	5
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		5
Narrative	20 pts (Median score: 16)		16.8
Total Score	120	<b>Your Program's Score</b>	<b>94.8</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

Homeless Alliance of WNY

Office: (716) 853-1101 x124

Direct: (716) 923-4477

Fax: (716) 853-1750

Hours: Mon-Thurs, 8:00 AM to 4:00 PM

**Mark Mancuso** <mmancuso@compasshouse.org>

Thu, Aug 29, 2024 at 5:03 PM

To: Tracy Schmidt <schmidt@wnyhomeless.org>

Cc: Lisa Freeman <lfreeman@compasshouse.org>, Amy Smith <asmith@compasshouse.org>

Hi Tracy,

I am curious as to what the CoC trainings were that we did not attend. I only ask because I know we were on a few trainings with Katie and Alissa. Just looking for clarification for future!

Thanks,

Mark

**Mark Mancuso** (He/Him)

Compass House

Director of Rapid Re-Housing

Cell 716-203-1530

Office 716-886-1351 ext 129

[Quoted text hidden]



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## CoC Renewal Application Update

5 messages

Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Thu, Aug 29, 2024 at 1:24 PM

To: "Slocum, Christine" <Christine.Slocum@erie.gov>, "Grieco, John" <John.Grieco@erie.gov>, Nicole.Jordan@erie.gov, "Banas, John" <John.Banas@erie.gov>, Kadie.Skulski@erie.gov, "Bauer, Caitlin" <Caitlin.Bauer@erie.gov>  
 Cc: Kexin Ma <kexinma@wnyhomeless.org>, Nathan Pyzikiewicz <pyzikiewicz@wnyhomeless.org>, Ashley Matrassi <matrassi@wnyhomeless.org>

Dear Christine Slocum,

We are pleased to inform you that the local renewal project application review process has been completed. All renewal projects were thoroughly reviewed by the Project Selection Committee.

The Project Selection Committee has approved your projects to proceed to the next step of the renewal process. The next step is to complete your applications in e-snaps by Oct. 11, 2024. Instructions for submitting your applications through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: Erie County Department of Mental Health Chronic Homeless Program

Approval amount: \$536,814

Preliminary ranking: 12

Erie County Department of Mental Health Chronic Homeless Program			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	92.2%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	100%	7
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	41.0	10
Recidivism	Tier 1: 0-20%	0.0%	10

	Tier 2: 8-19%		
Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	3.6%	0
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	67.9%	8
Bonus - Clients w 2+ Disabilities	>=80%	85.7%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	5.9%	0
HMIS - Data Quality/Timeliness	15 Points		10
Bonus - % of clients enter with zero income	>=40%	34.3%	0
Participation in CoC Training	5		3
Enrolled clients involved in CoC focus groups and committees	5		5
Narrative	20 pts (Median score: 16)		17.8
Total Score	120	<b>Your Program's Score</b>	<b>85.8</b>

Project Name: Erie County Department of Mental Health CoC III

Approval amount: \$474,480

Preliminary Ranking: 4

Erie County Department of Mental Health CoC III			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier3: 80-84%	99.1%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	100%	7
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	16	10
Recidivism	Tier 1: 0-20%	0.0%	10

	Tier 2: 8-19%		
Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	23.3%	8
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	86.7%	12
Bonus - Clients w 2+ Disabilities	>=80%	93.9%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	0%	0
HMIS - Data Quality/Timeliness	15 Points	15	15
Bonus - % of clients enter with zero income	>=40%	12.1%	0
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		2
Narrative	20 pts (Median score: 16)		17
Total Score	120	<b>Your Program's Score</b>	<b>96</b>

Project Name: Erie County Department of Mental Health Chronic Homeless Program CoC II

Approval amount: \$5,431,091

Preliminary Ranking: 7

<b>Erie County Department of Mental Health Chronic Homeless Program CoC II</b>			
<b>Measure</b>	<b>Performance Standard</b>	<b>Your Performance</b>	<b>Your Program's Score</b>
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	100%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	97.6%	7
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	52.8	8
Recidivism	Tier 1: 0-20%	3.7%	10

	Tier 2: 8-19%		
Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	11.8%	3
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	86.6%	12
Bonus - Clients w 2+ Disabilities	>=80%	92.0%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	7.3%	0
HMIS - Data Quality	15 Points	12.6	12.6
Bonus - % of clients enter with zero income	>=40%	20.9%	0
Participation in CoC Training	5		2.8
Enrolled clients involved in CoC focus groups and committees	5		1.8
Narrative	20 pts (Median Score: 16 pts)		18.1
Total Points	120	<b>Your Program's Score</b>	<b>90.3</b>

Project Name: Erie County Department of Mental Health WNY Veterans Housing Coalition S+C VI

Approval amount: \$454,992

Preliminary Ranking: 13

<b>WNY Veterans Housing Coalition S+C VI</b>			
<b>Measure</b>	<b>Performance Standard</b>	<b>Your Performance</b>	<b>Your Program's Score</b>
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier3: 80-84%	100.0%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95%	100%	7



	Tier 3: 90-92%		
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	0.0	10
Recidivism	Tier 1: 0-20% Tier 2: 8-19%	0.0%	10
Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	0.0%	0
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	67.4%	8
Bonus - Clients w 2+ Disabilities	>=80%	83.3%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	2.3%	0
HMIS - Data Quality/Timeliness	15 Points	8	8
Bonus - % of clients enter with zero income	>=40%	22.9%	0
Participation in CoC Training	5		5
Enrolled clients involved in CoC focus groups and committees	5		5
Narrative	20 pts (Median score: 16)		16
Total Score	120	<b>Your Program's Score</b>	<b>84</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

**Homeless Alliance of WNY**

**Office:** (716) 853-1101 x124

**Direct:** (716) 923-4477

**Fax:** (716) 853-1750

**Hours:** Mon-Thurs, 8:00 AM to 4:00 PM

**postmaster@erie.gov** <postmaster@erie.gov>  
To: schmidt@wnyhomeless.org

Thu, Aug 29, 2024 at 1:24 PM

**DS1PEPF00017E09.mail.protection.outlook.com rejected your message to the following email addresses:**

[Kadie.Skulski@erie.gov](mailto:Kadie.Skulski@erie.gov)

A communication failure occurred during the delivery of this message. Please try resending the message later. If the problem continues, contact your email admin.



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## CoC Renewal Application Update

1 message

Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Fri, Aug 30, 2024 at 8:23 AM

To: Kristin Rivera <krivera@evergreenhs.org>, Maria LoTempio <mlotempio@evergreenhs.org>, "Stephanie Vroman-Goodrich, LMSW" <svroman@evergreenhs.org>, "Kimberly Lombard, MNM" <klombard@evergreenhs.org>

Cc: Kexin Ma <kexinma@wnyhomeless.org>, Ashley Matrassi <matrassi@wnyhomeless.org>, Nathan Pyzikiewicz <pyzikiewicz@wnyhomeless.org>

Dear Kristin,

We are pleased to inform you that the local renewal project application review process has been completed. All renewal projects were thoroughly reviewed by the Project Selection Committee.

The Project Selection Committee has approved your project to proceed to the next step of the renewal process. The next step is to complete your application in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: Evergreen Housing First

Approval amount: \$828,276

Preliminary ranking: 15

Evergreen Housing First			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier3: 80-84%	81.3%	5
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	97.6%	7
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	34.0	10
Recidivism	Tier 1: 0-20% Tier 2: 8-19%	25.0%	5

Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	10.3%	3
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-79%	76.9%	12
Bonus - Clients w 2+ Disabilities	>=80%	70.2%	0
% of clients who exit to PH (positive turnover rate)	>= 10%	4.8%	0
HMIS - Data Quality/Timeliness	15 Points	15	15
Bonus - % of clients enter with zero income	>=40%	44.7%	5
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative	20 pts (Median score: 16)		18.4
Total Score	120	<b>Your Program's Score</b>	<b>80.4</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

**Homeless Alliance of WNY**

**Office:** (716) 853-1101 x124

**Direct:** (716) 923-4477

**Fax:** (716) 853-1750

**Hours:** Mon-Thurs, 8:00 AM to 4:00 PM



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## CoC Renewal Application Update

1 message

Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Thu, Aug 29, 2024 at 1:58 PM

To: Jill Mattson &lt;jmattson@gerardplace.org&gt;, Sasha Rodgers &lt;srodgers@gerardplace.org&gt;

Cc: Kexin Ma &lt;kexinma@wnyhomeless.org&gt;, Ashley Matrassi &lt;matrassi@wnyhomeless.org&gt;, Nathan Pyzikiewicz &lt;pyzikiewicz@wnyhomeless.org&gt;

Dear Jill and Sasha,

We are pleased to inform you that the local renewal project application review process has been completed. All renewal projects were thoroughly reviewed by the Project Selection Committee.

The Project Selection Committee has approved your project to proceed to the next step of the renewal process. The next step is to complete your application in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: Gerard Place PSH for Families

Approval amount: \$316,285

Preliminary ranking: 18

Gerard Place PSH for Families			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	100.0%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	86.5%	0
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	6.0	10
Recidivism	Tier 1: 0-20% Tier 2: 8-19%	50.0%	0

Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	17.6%	3
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	82.4%	12
Bonus - Clients w 2+ Disabilities	>=80%	50.0%	0
% of clients who exit to PH (positive turnover rate)	>= 10%	5.4%	0
HMIS - Data Quality/Timeliness	15 Points	10	10
Bonus - % of clients enter with zero income	>=40%	44.4%	5
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative	20 pts (Median score: 16)		16
Total Score	120	<b>Your Program's Score</b>	<b>66</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

**Homeless Alliance of WNY**

**Office:** (716) 853-1101 x124

**Direct:** (716) 923-4477

**Fax:** (716) 853-1750

**Hours:** Mon-Thurs, 8:00 AM to 4:00 PM



Tracy Schmidt <schmidt@wnyhomeless.org>

CoC Renewal Applications Update

1 message

Tracy Schmidt <schmidt@wnyhomeless.org> Thu, Aug 29, 2024 at 1:49 PM

To: ssantiago@hubwny.org, William Irene <wirene@hubwny.org>

Cc: Kexin Ma <kexinma@wnyhomeless.org>, Ashley Matrassi <matrassi@wnyhomeless.org>, Nathan Pyzikiewicz <pyzikiewicz@wnyhomeless.org>

Dear Susan,

The Project Selection Committee, composed of 10 community members, has reviewed HUB's applications and has expressed significant concerns. The committee noted a general disappointment with the applications received, specifically pointing to a perceived lack of effort. They felt that the answers provided were short and lacked necessary details, which did not justify the hard work that the case managers have invested.

As you know, this is a highly competitive process, and the committee has requested that HUB, particularly the new administration, start working closely with HAWNY staff to better understand the process. This collaboration is crucial to ensure that all of the new leadership understands the grant and its expectations.

Looking ahead to the upcoming renewal process for FY2024 (covering the calendar year 2025-2026), it is imperative that we enhance our understanding and approach. This will not only help in presenting a stronger application but also in demonstrating the value and impact of the program to secure the necessary funding.

We look forward to a constructive partnership and are confident that, with closer collaboration, we can meet the committee's expectations and achieve our shared goals.

The Project Selection Committee has approved your project to proceed to the next step of the renewal process. The next step is to complete your applications in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: Hispanos Unidos Rapid Rehousing 1  
Approval amount: \$236,298  
Preliminary ranking: 9

Hispanos Unidos Rapid Rehousing I			
Measure	Performance Standard	Your Performance	Your Program's Score

Occupancy	Tier 1: >= 95% Tier 2: 90-94% Tier 3: 85-89%	100.0%	10
Remain/Exit to PH	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	100%	15
Days to Housing	Tier 1: <= 35 days Tier 2: 36-60 days	41.0	8
Recidivism	Tier 1: 0-8% Tier 2: 9-15%	4.2%	10
Maintained or Increased Earned Income	Tier 1: >=30% Tier 2: 15-29%	60.9%	8
Maintained or Increased Any Income	Tier 1: >=50% Tier 2: 40-49% Tier 3: 30-39%	91.3%	12
Bonus - Clients w 1+ Disabilities	>=50%	42.9%	0
Bonus - Serving Large Families	>=10%	8.6%	0
HMIS - Data Quality/Timeliness	15 Points	15	15
Bonus - % of clients enter with zero income	>=40%	28.9%	0
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative	20 pts (Median score: 16)		9.6
Total Score	120	<b>Your Program's Score</b>	<b>87.6</b>

Project Name: Hispanos Unidos Rapid Rehousing 2

Approval amount: \$325,440

Preliminary Ranking: 17

Hispanos Unidos RRH II			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 95% Tier 2: 90-94% Tier 3: 85-89%	100.0%	10
Remain/Exit to PH	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	58.8%	0

Days to Housing	Tier 1: <= 35 days Tier 2: 36-60 days	36.0	8
Recidivism	Tier 1: 0-8% Tier 2: 9-15%	0%	10
Maintained or Increased Earned Income	Tier 1: >=30% Tier 2: 15-29%	25.6%	3
Maintained or Increased Any Income	Tier 1: >=50% Tier 2: 40-49% Tier 3: 30-39%	69.2%	12
Bonus - Clients w 1+ Disabilities	>=50%	62.3%	3
Bonus - Serving Large Families	>=10%	9.4%	0
HMIS - Data Quality/Timeliness	15 Points	15	15
Bonus - % of clients enter with zero income	>=40%	34.9%	0
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative	20 pts (Median score: 16)		9.7
Total Score	120	<b>Your Program's Score</b>	<b>70.7</b>

Project Name: Hispanos Unidos Domestic Violence

Approval amount: \$329,262

Preliminary Ranking: 11

Hispanos Unidos RRH III			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 95% Tier 2: 90-94% Tier 3: 85-89%	100.0%	10
Remain/Exit to PH	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	85.7%	10
Days to Housing	Tier 1: <= 35 days Tier 2: 36-60 days	50.0	8



Recidivism	Tier 1: 0-8% Tier 2: 9-15%	0.0%	10
Maintained or Increased Earned Income	Tier 1: >=30% Tier 2: 15-29%	40.0%	8
Maintained or Increased Any Income	Tier 1: >=50% Tier 2: 40-49% Tier 3: 30-39%	80.0%	12
Bonus - Clients w 1+ Disabilities	>=50%	41.9%	0
Bonus - Serving Large Families	>=10%	0.0%	0
HMIS - Data Quality/Timeliness	15 Points	13	13
Bonus - % of clients enter with zero income	>=40%	59.4%	5
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		0
Narrative	20 pts (Median score: 16)		9.8
	120	<b>Your Program's Score</b>	<b>85.8</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

**Homeless Alliance of WNY**

**Office:** (716) 853-1101 x124

**Direct:** (716) 923-4477

**Fax:** (716) 853-1750

**Hours:** Mon-Thurs, 8:00 AM to 4:00 PM



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## FY2024 Local Renewal Application Result

3 messages

Kexin Ma &lt;kexinma@wnyhomeless.org&gt;

Wed, Jul 3, 2024 at 9:57 AM

To: Kimberly Baughan &lt;kbaughan@rsiwny.org&gt;, Nadia Pizarro &lt;npizarro@rsiwny.org&gt;, Nancy Singh &lt;nsingh@rsiwny.org&gt;

Cc: Ashley Matrassi &lt;Matrassi@wnyhomeless.org&gt;, Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Dear Kimberly,

We regret to inform you that the Project Selection Committee has voted 7:3 not to fund your FY2024 Renewal Restoration Society Inc. (RSI) Rapid Rehousing for Singles project. Please understand that the HAWNY staff who participated in the meeting were non-voting members and did not cast any votes.

The Committee acknowledged the efforts your organization has made in the past years. However, they expressed concerns regarding the unresolved challenges in your finance system and staffing stability, including the prolonged vacancy of a critical position, recent executive retirements, high turnover among service staff, and a lack of trust in the organization's hiring decisions. These issues have impeded the organization's ability to restructure effectively to support the ongoing program, raising concerns about the impact on the people in the programs.

We deeply appreciate your organization's mission and dedication to serving this population. The Committee hopes to see your organization successfully rebuild its structure in the near future and return to service.

In the meantime, please plan to use the current contract year (FY2022) and the next contract year (FY2023) to transition existing clients and, if possible, service additional clients. The funding will be reallocated via RFP this year (FY2024), and we hope that a new organization, once selected, could potentially take over a part of the FY2023 contract, subject to HUD's approval, to avoid returning funds to HUD.

If you wish to appeal this decision, please submit your written request within three business days (by the end of July 9th), including new evidence to support your appeal.

Below is your rank and score:

Rank: 22 out of 22

Projects Performance chart:

Restoration Society CoC RRH			
Measure	Performance Standard/max pt	Your Performance	Your Program's Score
Occupancy	>= 95%=10 90-94%=8 85-89%=5	100.0%	10(Adjusted based on lower capacity requested)
Remain/Exit to PH	>= 90% = 15 85-89% = 10 80-84% = 5	77.8%	0
Days to Housing	<= 35 days = 10 36-60 days = 8	77.0	0

Recidivism	0-8% = 10 9-15% = 5	0.0%	10
Maintained or Increased Earned Income	>=30% = 8 15%-29% = 3	4.8%	0
Maintained or Increased Any Income	>50% = 12 40-49% = 8 30-39% = 5	42.9%	8
Bonus - Clients w 1+ Disabilities	>=50%=5	74.2%	5
HMIS - Data Quality/Timeliness	15 pt		6
Bonus - % of clients enter with zero income	>=40%=5	58.1%	5
Participate in CoC training	5		3
Enrolled client involved in CoC focus group and committees	5		0
Narrative	20		15.22
<b>Total Possible Score</b>	<b>120</b>	<b>Your Program's Score</b>	<b>62.22</b>

Thank you,

**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](mailto:kexinma@wnyhomeless.org)

<https://wnyhomeless.org/>

---

**Kimberly Baughan** <kbaughan@rsiwny.org>

Wed, Jul 10, 2024 at 1:11 PM

To: Kexin Ma <kexinma@wnyhomeless.org>

Cc: Nadia Pizarro <npizarro@rsiwny.org>, Nancy Singh <nsingh@rsiwny.org>, Ashley Matrassi <Matrassi@wnyhomeless.org>, Tracy Schmidt <schmidt@wnyhomeless.org>

Hi Kexin,

Thanks for informing us of the decision. Of course we regret the outcome, but understand.

Please clarify with the current and FY23 contracts, we will continue operations/services per the contract; what do you mean by transitioning existing clients?

*Kim Baughan*  
*Chief Operating Officer*  
*Restoration Society, Inc.*  
 716.832.2141, ext 215  
[rsiwny.org](https://rsiwny.org)



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## CoC Renewal Application Update

2 messages

Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Fri, Aug 30, 2024 at 8:27 AM

To: jseib@bestselfwny.org, K.Morreale@bestselfwny.org, grantsmanagement@bestselfwny.org, Meg Honan

&lt;mhonan@bestselfwny.org&gt;, Marek Parker &lt;mparker@bestselfwny.org&gt;

Cc: Kexin Ma &lt;kexinma@wnyhomeless.org&gt;, Ashley Matrassi &lt;matrassi@wnyhomeless.org&gt;, Nathan Pyzikiewicz &lt;pyzikiewicz@wnyhomeless.org&gt;

Dear Jennifer,

We are pleased to inform you that the local renewal project application review process has been completed. All renewal projects were thoroughly reviewed by the Project Selection Committee.

The Project Selection Committee has approved your project to proceed to the next step of the renewal process. The next step is to complete your application in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: BestSelf Harambee House

Approval amount: \$491,966

Preliminary ranking: 10

BestSelf Harambee House			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	95.8%	10
Remain/Exit to PH	Tier 1: >= 96% Tier 2: 93-95% Tier 3: 90-92%	100%	7
Days to Housing	Tier 1: <= 45 days Tier 2: 46-60 days Tier 3: 61-90 days	0.0	10
Recidivism	Tier 1: 0-20% Tier 2: 8-19%	50.0%	0

Maintained or Increased Earned Income	Tier 1: >=20% Tier 2: 10-19%	0.0%	0
Maintained or Increased Any Income	Tier 1: >=75% Tier 2: 60-74%	100.0%	12
Bonus - Clients w 2+ Disabilities	>=80%	90.0%	5
% of clients who exit to PH (positive turnover rate)	>= 10%	16.7%	8
HMIS - Data Quality/Timeliness	15 Points	11	11
Bonus - % of clients enter with zero income	>=40%	10.0%	0
Participation in CoC Training	5		3
Enrolled clients involved in CoC focus groups and committees	5		2
Narrative	20 pts(Median score: 20.8)		18.89
Total Score	120	<b>Your Program's Score</b>	<b>86.9</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

**Homeless Alliance of WNY**

**Office:** (716) 853-1101 x124

**Direct:** (716) 923-4477

**Fax:** (716) 853-1750

**Hours:** Mon-Thurs, 8:00 AM to 4:00 PM

**Mail Delivery Subsystem** <mailer-daemon@googlemail.com>

To: schmidt@wnyhomeless.org

Fri, Aug 30, 2024 at 8:27 AM



## Message blocked

Your message to **K.Morreale@bestselfwny.org** has been blocked. See technical details below for more information.



Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

## CoC Renewal Application Update

1 message

Tracy Schmidt &lt;schmidt@wnyhomeless.org&gt;

Thu, Aug 29, 2024 at 1:43 PM

To: dusiak@wnyil.org, Rae Frank &lt;rfrank@wnyil.org&gt;

Cc: Kexin Ma &lt;kexinma@wnyhomeless.org&gt;, Ashley Matrassi &lt;matrassi@wnyhomeless.org&gt;, Nathan Pyzikiewicz &lt;pyzikiewicz@wnyhomeless.org&gt;

Dear Douglas and Rae,

We are pleased to inform you that the local renewal project application review process has been completed. All renewal projects were thoroughly reviewed by the Project Selection Committee.

The Project Selection Committee has approved your project to proceed to the next step of the renewal process. The next step is to complete your application in e-snaps by Oct. 11, 2024. Instructions for submitting your application through e-snaps will be sent in a separate email.

Friendly reminder that FY2024 renewal applications are for projects that begin in 2025/2026 and end in 2026. Exact start and end dates are project specific. If you have any questions, please don't hesitate to ask.

Below, you will find your program score, preliminary ranking, and approval amount. Please note that the final ranking will be posted on our website once the new project selection process is completed, and you will be notified accordingly.

Project Name: WNYIL of the Genesee Region RRH

Approval amount: \$264,601

Preliminary ranking: 3

WNYIL of the Genesee Region RRH			
Measure	Performance Standard	Your Performance	Your Program's Score
Occupancy	Tier 1: >= 95% Tier 2: 90-94% Tier 3: 85-89%	100.0%	10
Remain/Exit to PH	Tier 1: >= 90% Tier 2: 85-89% Tier 3: 80-84%	95.8%	15
Days to Housing	Tier 1: <= 35 days Tier 2: 36-60 days	71.0	0
Recidivism	Tier 1: 0-8% Tier 2: 9-15%	0%	10
Maintained or Increased Earned	Tier 1: >=30% Tier 2: 15-29%	38.2%	8

Income			
Maintained or Increased Any Income	Tier 1: >=50% Tier 2: 40-49% Tier 3: 30-39%	73.5%	12
Bonus - Clients w 1+ Disabilities	>=50%	100.0%	5
HMIS - Data Quality/Timeliness	>=10%	15	15
Bonus - % of clients enter with zero income	>=40%	45.8%	5
Participation in CoC Training	5		0
Enrolled clients involved in CoC focus groups and committees	5		5
Narrative	20 pts (Median score: 16)		13
Total Score	120	<b>Your Program's Score</b>	<b>98</b>

**Tracy Schmidt, LMSW** (she/her) | Senior Program Manager

**Homeless Alliance of WNY**

**Office:** (716) 853-1101 x124

**Direct:** (716) 923-4477

**Fax:** (716) 853-1750

**Hours:** Mon-Thurs, 8:00 AM to 4:00 PM



## Local Application Results

Kexin Ma <kexinma@wnyhomeless.org>

Fri, Sep 20, 2024 at 3:17 PM

To: Collette Graham <cgraham@tsiwny.org>, Douglas Usiak <dusiak@wnyil.org>, Taylor Van Ness <taylor.vanness@use.salvationarmy.org>, Jill Mattson <jmattson@gerardplace.org>, Beverly Moore <bmoore@bulny.org>, j.lapi@savethemichaels.org, e.buteyn@savethemichaels.org, j.locicero@savethemichaels.org, Elizabeth Woike-Ganga <ewoike@bestselfwny.org>, Christian Holdridge <choldridge@peaceprintswny.org>, Carol Murphy <cmurphy@harvesthousebuffalo.org>, "Gartland, Sara" <sgartland@cfsbny.org>, Jamie Beedham-Rada <jbrada@ywcagenesee.org>, Rae Frank <rfrank@wnyil.org>  
Cc: Ashley Matrassi <Matrassi@wnyhomeless.org>, Tracy Schmidt <schmidt@wnyhomeless.org>

Hi everyone

Congratulations! The Project Review Committee has reviewed and accepted your application to proceed to the next step in the application process. Friendly reminder that HUD ultimately approves all projects upon funding availability, and typically announces awards in the Spring. All the applications, scores, approved amounts, and rankings have been posted on our website: <https://wnyhomeless.org/wp-content/uploads/FY2024-Local-CoC-Competition-Ranking-and-Score-Results.pdf>

The next step is to complete your application via the HUD platform called e-snaps. To create a user account and organization profile, please refer to the following guide: <https://www.hud.gov/sites/dfiles/CPD/documents/CoC/Accessing-the-FY-2024-Project-Application.pdf>.

The deadline for submitting your e-snaps application is **October 11th**.

I will be hosting an e-snaps training session for **new** users on **September 30, 2024, from 10:00 – 11:00 am**. You can join the video call using this link: <https://meet.google.com/bvz-qyvt-roz>. During this session, I will walk you through the process step-by-step. Please ensure that you have access to e-snaps **before the training**. It is recommended to use two screens or two computers for easier navigation and follow along.

If you have any questions or need further assistance, feel free to reach out.

Best regards,

Kexin Ma, MUP Executive Director

[How to say my name](#)

Homeless Alliance of WNY 625 Delaware Ave. Suite 410, Buffalo NY 14202

7168531101 ext.107 Call or text: 7169704321

[kexinma@wnyhomeless.org](mailto:kexinma@wnyhomeless.org)

<https://wnyhomeless.org/>





<b>Funding Summary</b>	<b>Amount</b>	<b>Definition of each category</b>
Final/Preliminary Prorata of Need (F/PPRN)	\$26,933,967	The amount of funds a CoC could receive based upon the geographic areas included by the CoC as part of their geography
Annual Renewal Demand(ARD)	\$18,535,666	The total amount of all the CoC's projects that will be eligible for renewal in the CoC Program Competition
Annual Renewal Demand(ARD) exclude YHDP	\$16,661,585	The total amount of all the CoC's projects that will be eligible for renewal in the CoC Program Competition minus the Total amount of YHDP projects
Tier 1	\$14,995,427	Tier 1 is equal to 90 percent of the CoC's Annual Renewal Demand (ARD) excluding YHDP
Reallocated amount	\$970,125	Reallocation is a process CoC uses to shift funds in whole or in part from existing renewal projects to create one or more new projects.
Max CoC bonus	\$3,232,076	The CoC Bonus allows CoCs to use up to 12 percent of their Final Pro Rata Need (FPRN) to create one or more new project applications.
Approved CoC bonus	\$2,989,827	
Max DV bonus	\$4,040,095	The DV Bonus allows CoCs to use up to 15 percent of their Final Pro Rata Need (FPRN) to create one or more new project applications.
Approved DV bonus	\$572,948	
Total request	\$23,445,139	
New Project Total Amount	\$4,532,900	
Renewal Project Amount	\$15,691,460	
YHDP Project Total Amount	\$1,874,081	Youth Homelessness Demonstration Project is a special program under CoC, no ranking required this year.
CoC Planning Project	\$1,346,698	CoC Planning fund is designated to CoC Collaborative Applicant and Collaborative Applicant can apply up to 5% of Final Pro Rata Need (FPRN)



# County of Erie

DEPARTMENT OF SOCIAL SERVICES

## Letter of Commitment

10/14/2024

Kexin Ma  
Homeless Alliance of WNY (CoC Collaborative Applicant)  
625 Delaware Ave. Ste 410  
Buffalo NY 14202

Dear Kexin,

This letter of commitment is in regards to supporting the Salvation Army 's FY2024 CoC new project application- The Salvation Army Rapid Rehousing Program Expansion. The Erie County Department of Social Services is committed to partnering with community agencies in the effort to eliminate homelessness. If the Salvation Army's Rapid Rehousing project is awarded in the FY2024 CoC funding competition, the Erie County Department of Social Services will provide 3 Rapid Rehousing Program participants rental subsidies using the Rental Supplement Program during calendar years 2025 and 2026.

The Rental Supplement Program is a New York State funded program that provides rental assistance up to 85% of local Fair Market Rent. The eligibility requirements to this program are similar to CoC Rapid Rehousing. Participants in the Rental Supplement Program must be Erie County residents, reside in one of the Erie County Shelters prior to program enrollment, and have a household income no greater than 50% AMI. Supplemental rent will be provided until the rent to income ratio reaches 30% or at which point the housing will be considered affordable for the individual/family.

A handwritten signature in dark ink, appearing to read "Daniel Szewc", with a long, sweeping horizontal line extending to the right.

Daniel Szewc  
Executive Director of Social Services Family Independence  
Erie County Department of Social Services



227 Thorn Avenue  
Orchard Park, NY 14127  
716.662.2040  
www.shswny.org

September 6, 2024

Collette Graham  
Transitional Services, Inc.  
389 Elmwood Ave.  
Buffalo, NY 14222

Dear Mrs. Graham:

This letter is to verify that Horizon Health Services projects 5 of its clients enrolled in mental health/substance abuse/Health Home Care Management treatment services will be residing in Transitional Services, Inc. HUD funded CoC permanent supported housing program as part of the proposed HUD grant, administered through the Homeless Alliance of Western New York (HAWNY), entitled "PSH 2025."

**Certified Community Behavioral Health Services (CCBHC)**

CCBHC Clinic service to provide to 3 people at an average of 2 visits/services per month for the year. For the proposed grant, based on a projection of approximately 10 clients attending an average of 24 clinic visits per year at \$ 271.57 per visit, Spectrum estimates the value of these services to be \$ 65,176.80 for the grant term.

**Care Management**

Spectrum Home Care Management (HHCM) program projects providing monthly services to 1 Supportive Housing tenant for the year. Spectrum estimates the value of these HHCM services will be \$ 4,363.20 per year. This figure is based on a service rate of \$ 363.60 per month for 1 HARP client.

**Total Match**

The annual grand total match of Spectrum services for this grant is \$69,540.

Sincerely,

A handwritten signature in black ink that reads "Judy Matney". The signature is written in a cursive, flowing style.

Judy Matney  
V.P. of Data & Support Services

**Administrative Office**

55 Dodge Road  
Getzville, NY 14068  
716.831.2700

**Bailey**

3020 Bailey Avenue  
Buffalo, NY 14215  
716.833.3622

**Batavia**

314 Ellicott Street  
Batavia, NY 14020  
585.815.0247

**Boulevard**

1370 Niagara Falls Boulevard  
Tonawanda, NY 14150  
716.833.3792

**Boulevard, Suite 4**

1376 Niagara Falls Boulevard  
Tonawanda, NY 14150  
716.463.2919

**Broadway**

77 Broadway  
Suite 100  
Buffalo, NY 14203  
716.834.6401

**Care Coordination**

1000 Young Street  
Suite 500  
Tonawanda, NY 14150  
716.508.7700

**Horizon Therapy Associates**

55 Dodge Road  
Getzville, NY 14068  
716.650.5100

**East Amherst**

6495 Transit Road  
Suite 800  
East Amherst, NY 14051  
716.418.8531

**Hertel-Elmwood**

699 Hertel Avenue  
Suite 350  
Buffalo, NY 14207  
716.831.1977

**Lockport**

637 Davison Road  
Lockport, NY 14094  
716.433.2484

**Orchard Park**

3345 Southwestern Boulevard  
Suite 100  
Orchard Park, NY 14127  
716.662.6802

**Pine Avenue**

2400 Pine Avenue  
Niagara Falls, NY 14301  
716.505.1060

**Psychiatry & Addiction****Medicine Department**

3020 Bailey Avenue  
Buffalo, NY 14215  
716.831.0200

**Sanborn**

6321 Inducon Drive East  
Sanborn, NY 14132  
716.650.5550

**Tonawanda**

100 Niagara Street  
Tonawanda, NY 14150  
716.831.1850

**Union Losson**

2563 Union Road  
Suite 800  
Cheektowaga, NY 14227  
716.668.7622

**Chief Executive Officer**

Erin DiGirolamo, CPA

**President**

Brandy Vandermark-Murray, LMHC, CASAC

For new patients, call our Patient Engagement Center at 716.831.1800



**Horizon**  
HEALTH SERVICES

Collette Graham  
Transitional Services, Inc.  
389 Elmwood Ave.  
Buffalo, NY 14222

September 19, 2024

Dear Mrs. Graham,

This letter is to verify that Horizon Health Services projects 5 of its clients enrolled in mental health/substance abuse/Health Home Care Management treatment services will be residing in Transitional Services, Inc. HUD funded CoC permanent supported housing program as part of the proposed HUD grant, administered through the Homeless Alliance of Western New York (HAWNY), entitled "PSH 2025."

**Outpatient Mental Health Services**

Outpatient Mental Health Services project to provide 3 clients, attending an average of 24 clinic visits per year at \$140.95 per visit, at an estimated annual value of these services to be \$3,382.80.

**Outpatient Substance Use Disorder Treatment Services**

Horizon Health Services projects providing monthly services to 1 client. Based on this client attending an average of 24 clinic visits a year at \$147.04 per visit, the estimated value is \$3,528.96 for the year.

**Care Management**

Horizon Health Care Management projects providing monthly services to 1 client during the grant term, with an estimated value of \$4,320. This is based on the service rate of \$360 per month.

**Total Match**

The annual grand total match of Horizon Health Services for this grant is \$11,231.76

Sincerely,

John Ruffolo  
CFO

September 9, 2024

Collette Graham  
Transitional Services, Inc.  
389 Elmwood Ave.  
Buffalo, NY 14222

Dear Mrs. Graham,

This letter is to verify that BestSelf Behavioral Health projects 11 of its clients enrolled in mental health/substance abuse/Health Home Care Management treatment services will be residing in Transitional Services, Inc. HUD funded CoC permanent supported housing program as part of the proposed HUD grant, administered through the Homeless Alliance of Western New York (HAWNY), entitled "PSH 2025."

**Outpatient Mental Health Services**

Outpatient Mental Health Services project to provide 5 clients, attending an average of 48 clinic visits per year at \$236.99 per visit, at an estimated annual value of these services to be \$56,877.60.

**Outpatient Substance Use Disorder Treatment Services**

BestSelf Behavioral Health projects providing monthly services to 2 clients during this grant term. Based on clients attending an average of 48 clinic visits a year at \$236.99 per visit, the estimated value is \$22,751.04 for the year.

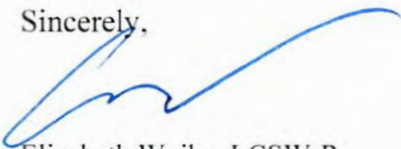
**Care Management**

BestSelf Behavioral Health Care Management projects providing monthly services to 4 clients during the grant term, with an estimated value of \$9,696.00. This is based on the service rate of \$202 per month.

**Total Match**

The annual grand total match of BestSelf Behavioral Health for this grant is \$89,324.64.

Sincerely,



Elizabeth Woike, LCSW-R  
President/CEO