Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: FL-605 - West Palm Beach/Palm Beach County CoC

1A-2. Collaborative Applicant Name: Palm Beach County Board of County Commissioners

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Palm Beach County Board of County Commissioners

1B. Coordination and Engagement–Inclusive Structure and Participation

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

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

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

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	Yes	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

You must select a response for elements 1 through 32 in question 1B-1.

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

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

(limit 2,000 characters)

1.Palm Beach County's (PBC) CoC, the Homeless and Housing Alliance (HHA) solicits representation year-round using multiple strategies to invite and solicit participation from leaders of mainstream systems. Annually, the HHA solicits membership by sending out public announcements seeking representation from populations with expertise in specific areas of homelessness. Under-represented constituents, such as those serving youth, survivors of domestic violence and sexual assault, and racial and ethnic minorities, are all given special attention and approached directly.

2.The HHA is ADA compliant and ensures that communication with people with disabilities is as effective as communication with people without disabilities. Upon request, in addition to auxiliary aids, all communication is available in various digital formats to ensure accessibility so that all people, regardless of their physical, sensory, or cognitive differences, can access all HHA communications.

3.The HHA is committed to ensuring that individuals experiencing homelessness or who were formerly homeless join the HHA. Outreach staff speak with homeless clients to encourage participation at HHA meetings or in focus groups. Meeting notices are shared and posted in shelters. The Executive Board (EB) of the HHA is chaired by a formerly homeless individual, and there are five seats on the EB reserved specifically for people who have lived experience; three dedicated to youth. In 2019 a Youth Action Board (YAB) was created and included youth who had experienced homelessness to provide their expertise.

4.Last year, the HHA developed a community engagement process while identifying priorities for those serving culturally specific communities through its Race and Equity Pillar. This process included guidance from neighborhood advocates and people with lived experience. This process is prioritized for communities of color and will include a survey of more than 200 people experiencing homelessness in our community.

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

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

(limit 2,000 characters)

1. The HHA is committed to soliciting a broad array of community organizations and individuals with knowledge of and interest in preventing and ending homelessness. The strategies the HHA employs to solicit and consider diverse opinions and ideas starts with its membership. The HHA recruits community members, persons with lived experience, and cross-system agencies to participate in the discussions and decisions made by the HHA. Several workgroups include non-HHA members but are persons or systems committed to issues that the HHA addresses, including cross-system collaboration, affordable housing, racial equity, and support services.

2. The HHA is the subject matter expert on homelessness and presents the State of Homelessness to the public, system leaders, and elected officials. The information presented is used to plan future shelters, affordable housing options, and needed support services across systems of care. The COVID pandemic brought much attention to the homeless on the streets. Communication with local leaders, health officials, and the public was essential to ease fears and develop strategies that allowed non-congregate sheltering and provide needed Personal Protection Equipment, showers and handwashing stations, and vaccines for the street homeless.

3. As a result of the public concern for the homeless during the pandemic and the emerging needs brought forth by the HHA and its workgroups, it became apparent during the pandemic that a homeless dispatch system, much like a 911 system, was

essential to get the help needed to the street homeless who were sick, in need of food or were ready to end their homelessness. As a result, the Homeless Dispatch program is being added to the Coordinated Entry System (CES) and will operate 24/7 throughout PBC.

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

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

(limit 2,000 characters)

1.The HHA used several strategies to notify the public the CoC local competition was open and accepting project applications. Regular updates were provided through the listserv and at HHA meetings. The application was emailed through the listserv on 5/13/21 and was posted on the Human Service Grant Webpage on 5/13/21. The PBC Vendor Self Service (VSS) system announced the competition on 5/14/21, and the local newspaper published the competition on 6/15/21. The final version of the NOFO was published on 6/15/21.

2.The HHA met with and encouraged organizations that had not previously received funding to apply, especially those serving seniors and youth; HHA priorities. An email from the listserv was sent out on 4/19/21 specifically to new applicants. However, no applications from any new organization were submitted.

3. All agencies submitting applications uploaded their documents into PBC's database system. The application provided instructions on how applicants should submit the proposals. The HHA provided a formal NOFO technical assistance (TA) training and a town hall-style Q&A session on 6/2/21.

4.All proposals were initially reviewed to determine threshold criteria. The HHA provided a (TA) orientation for the Non-Conflict Grant Review Committee (NCGRC) on 6/18/21. On 7/7/21, the NCGRC met publicly to review, evaluate and score the applications. The proposals were ranked and scored, and recommendations were made for submission to HUD for funding. The final ranking and scores was submitted for approval to the HHA EB on 7/22/21, with the final results announced at the HHA meeting on 7/22/21.

5.The HHA is ADA compliant and uses multiple means to ensure that all individuals, including those with disabilities, are able to receive information. The HHA strives to communicate the public notification process with all persons and offers all publications via digital, electronic means and formats and is accessible to persons with disabilities, including auxiliary aids.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	Yes
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes

17.	**Temporary Assistance for Needy Families (TANF)**	Yes
18.	**Other:(limit 50 characters)**	Yes

You must select a response for elements 1 through 17 in question 1C-1.

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

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

(limit 2,000 characters)

1. PBC is an entitlement county, one that can develop their own programs and funding priorities, and the HHA is fortunate to be a member of the State Office on Homelessness, the state ESG-CV recipient. As such, the HHA's responsibility around ESG and ESG-CV is to analyze the data collected through the PIT, the HMIS system, and the HIC to make recommendations around the intended use of ESG and ESG-CV funding. The HHA works monthly with some of the jurisdictions, including the largest jurisdiction, PBC, the recipient of ESG and ESG-CV funding, and holds a seat on the HHA EB.

2. The HHA's Collaborative Applicant is PBC's Human Services and Community Action Division (HSCA). The HSCA also serves as the funding entity for ESG and ESG-CV. All NOFO's, contracts, and monitoring are the responsibility of the HSCA and occur annually. The outcomes reported are also discussed in detail, along with the Homeless Management Information System (HMIS) data, with the HHA, and future funding recommendations are made.

3. The HHA has engaged with all seven jurisdictions and provides PIT and HIC information and project descriptions to each jurisdiction to complete their consolidated plans. In addition, the Collaborative Applicant for the HHA also crafts and submits the recommendations for the Palm Beach County Consolidated Plan in conjunction with the Department of Housing and Economic Sustainability.

4. The HHA actively participates in all public meetings during the Consolidated Plan call for public comment as a step in action pan preparation. The members of the HHA attend PBC Commission

meetings to advocate for funding constructs. The HHA provides input into the State of Florida process for the distribution of ESG-CV funding based on trends in homelessness in south Florida.

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

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

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

The HHA has a calendar of trainings for all CoC and ESG funded service providers. Trainings will include a focus on keeping families together.

You must select a response for elements 1 through 5 in question 1C-3.

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

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

6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1. Through the Youth Homeless Demonstration Program (YHDP), the HHA collaborates with youth education providers by hosting a quarterly education convening. Participants include early childhood, higher education, Mckinney-Vento program staff, and homeless youth providers. The HHA developed and distributed instructional materials to help homeless youth get referred from the CES to homeless programs and then connecting them with educational resources.

2. While the HHA works in partnership with several youth education providers, there has not yet been a formal partnership established. However, a formal partnership was established with the National Center for Homeless Education (NCHE), which operates the U.S. Department of Education's (ED) technical assistance and information center for the federal Education for Homeless Children and Youth (EHCY) Program through YHDP.

3. The HHA collaborates with both the State Educational Agency (SEA), the Florida Department of Education, and the Local Educational Agency (LEA), SDPBC. Working together towards the shared goal of ensuring that each homeless child and youth has equal access to free, appropriate public education, including public preschool education, as other children and youth

4. The HHA has a formal partnership with the SDPBC, the LEA. There is a Memorandum of Understanding (MOU), enabling information sharing and coordination.

5. The SDPBC is a member of the HHA. The HHA staff work closely with the SDPBC Department of Safe Schools, (DSS) which oversees the McKinney-Vento Program. Representatives of this program sit on the HHA EB monthly and the YHDP workgroup. The MVP team is part of the coordinated entry process that guarantees all homeless students receive school supplies, uniforms, and toiletries

6. The LEA in PBC is the school district and has a MOU with the HHA. A school board member sits on the Homeless Advisory Board (HAB), which oversees Leading the Way Home, the County's plan to end homelessness.

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

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

(limit 2,000 characters)

There are written policies and procedures in place that the HHA has adopted to inform individuals and families experiencing homelessness about eligibility for educational services.

-The HHA will have a SBPBC homeless liaison serve as an at-large member of the HHA EB to provide school district representation.

-The CES process collects information about school-aged children in the family. Information includes the child's name and age, the grade, and school the child(ren) is currently attending or last attended, the mode of transportation used to and from school, the identified needs to participate in school, and whether the children are enrolled in the MVP program.

-During intake, all homeless providers should include information defining and listing the MVP education rights of homeless students.

-The HHA requires that homeless providers notify families that a child(ren) may attend any school of their choice as it aligns with school district policies.

The MVP is a part of the PBCSD's CES that ensures homeless students are provided with school supplies, uniforms, and toiletries. The MVP team also ensures that all children experiencing homelessness, receive coordinated district transportation to maintain home and school stability. The MVP staff collaborates with the HHA to guarantee that students receive free breakfast and lunch at school. The team assists in a timely and seamless manner, ensuring that children experiencing homelessness have a complete and equitable opportunity to succeed in school. The DSS MVP personnel use HMIS to track services delivered by HHA to shared clients, verify bed availability, and see if new school referrals have already received services.

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

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

		MOU/MOA	Other Formal Agreement
1.	**Birth to 3 years**	Yes	No
2.	**Child Care and Development Fund**	Yes	No
3.	**Early Childhood Providers**	Yes	No
4.	**Early Head Start**	No	No
5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	No
6.	**Head Start**	No	No
7.	**Healthy Start**	Yes	No
8.	**Public Pre-K**	No	Yes
9.	**Tribal Home Visiting Program**	N/A	N/A
	Other (limit 150 characters)		
10.			

You must select a response for elements 1 through 9 in question 1C-4b.

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

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

(limit 2,000 characters)

1.The HHA, Domestic Violence (DV) providers and PBC Victim Services (VS) continue developing protocols to address the safety needs of DV survivors, dating violence, sexual assault, stalking, and trafficking. The HHA is always looking at ways to update the standards, policies, and procedures around DV. The HHA sponsors training throughout the year on HHA standards, policies, procedures, new HUD requirements, and best practices. Trauma-Informed Care, Client-Centered, and DV training are among the regular training each year. The HHA partners with DV, PBC VS, law enforcement, and other specialists whose agencies have adopted some of these best practices to conduct these training. Safety and planning protocols are also incorporated into the HHA standards, policies, and procedures, which all HUD-funded agencies and other HHA members must follow.

2. All DV and VS project staff, including CES staff, must undergo training annually. Training announcements are shared through the HHA listserv and during each HHA meeting. The DV agencies adopt safety and planning protocols within their agencies. The HHA monitoring activities ensure DV and victim-centered project staff are trained and follow safety protocols. The HHA ensures DV training is provided to all HHA members, so non-victim providers are knowledgeable about safety precautions and resources available to assist victims of DV. The DV clients are prioritized, and housing options are based on safety and choice. Non-victim service staff providing data entry and case note documentation services are also trained to ensure confidentiality and security for DV clients. The HHA member agencies must ensure their staff are adequately trained and safe while following applicable federal, state, and local laws guiding confidentiality. The DV program staff are trained annually to provide Trauma-Informed Care. The training prioritizes victim safety, ensures confidentiality, and includes developing safety plans and precautions for staff.

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

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

(limit 2,000 characters)

The HHA obtains data from comparable data systems entered by the two certified DV centers that provide Emergency Shelter to DV victims. The two DV providers collect data to de-identify the survivors as stated in the Violence Against Women's Act (VAWA) regulations. These centers provide data as needed in support of the HHA's efforts to meet the needs of this sub-population. The DV programs submit performance reports from their comparable databases to the HHA

regularly. Data collected and tracked include the numbers served, type of victimization, length of service engagement, and the number of calls to the hotline. Outcomes include exits to permanent housing. The HHA reviews the data to evaluate project implementation, performance, and changes in the numbers served or demands. The HHA has successfully analyzed the data surrounding DV victimization and how it impacts the HHA's homeless population. The HHA researched data at State and National levels to compare with data from PBC. The National Human Trafficking Hotline indicated that Florida ranks number three in the nation for reported trafficking activity, and PBC ranks third in the state. The Human Trafficking Coalition of Palm Beach County reported an increase in sex trafficking and prostitution, especially related to LGBTQ+ youth and youth of color. The HHA can access data from the joint Human Trafficking program operated by Catholic Charities and Palm Beach County Sheriff's Office. All of these resources are available to assist the HHA in determining the needs within this sub-population.

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

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	**prioritize safety;**
2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

1.The HHA works in conjunction with PBC VS and two certified DV programs to prioritize the confidentiality and safety of all DV clients who enter through the separate DV CES. Survivors who enter through the HHA CES receive victim-centered care services at the shelter unless a more secure setting is required. The DV programs and VS provide consultation when needed on all available services, including emergency housing. The survivor identifies their choice of housing location, and every effort is made to meet their requirements. Regardless of their DV status, all households have the right to refuse to share their information with other providers. The CES incorporates participant choice at all stages of service delivery, including location/type of housing, level of services, etc. The HHA and provider agencies provide training throughout the year, including emergency transfer requirements and victim-centered services. The training prioritizes victim safety, ensures confidentiality, and includes developing safety plans and precautions for staff.

2.The HHA understands the special and unique requirements of DV survivors. The CES was created to ensure that all households have fair and equal access to services regardless of their DV status. The HHA addresses sensitivity to and training for DV survivors annually and has developed a VAWA Emergency Transfer Plan for survivors who enter through the HHA CES.

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

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

You must select a response for elements 1 through 3 in question 1C-6.

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Palm Beach County PHA	86.00%	Yes	No
West Palm Beach PHA	95.40%	Yes	No

You must enter information for at least 1 row in question 1C-7.

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

	Describe in the field below:

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

(limit 2,000 characters)

1. PBC has five Public Housing Authorities (PHA). The two largest, West Palm Beach and PBC PHA's, have a total of 6,500 units. The HHA partners and collaborates with all of the PHA's but specifically the two largest. Since the approval of the PBC Ten Year Plan to End Homelessness in 2008, the HHA continues to meet with each of the PHA's to add a Homeless Preference to their charters and policies. Before 2020, all but one PHA had done so; the West Palm Beach Housing Authority (WPBPHA) remained diligent that the PHA would not add the Homeless Preference without set-aside funding specific to homeless needs. However, after several meetings, the WPBPHA has added a Homeless Preference to its policies. The partnership has successfully applied for the HUD Family Unification Vouchers and the Emergency Housing Vouchers (EHV)

   The WPBPHA, the HHA, and PBCHA entered into a partnership in 2020 to construct 17 units of housing for homeless families with children under the age of 18. The WPBPHA also served as a housing developer and applied for and received PBC's set aside penny sales tax proceeds dedicated to the homeless. The HHA will oversee the project, PBC provides the land and the development funding, and WPBPHA serves as the operator and developer. This project is the first of its kind in PBC and is viewed as a demonstration project for very low-income multifamily housing using a small urban footprint.

   The partnership with the PBC PHA continues to produce tremendous results. Projects will include the addition of mainstream vouchers dedicated to the HHA; EHV for the homeless; partnerships with other housing authorities such as the Pahokee PHA, our rural PHA; and provided a seat at the Development table for further PHA real estate development. The CEO of the PBC PHA also holds a seat on the HAB as appointed by the Board of County Commissioners and membership within the HHA.

2. The HHA continues to work to ensure all five PHA to adopt a homeless admission preference.

1C-7b.	**Moving On Strategy with Affordable Housing Providers.**	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	**Multifamily assisted housing owners**	Yes
2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	Yes
4.	**Local low-income housing programs**	Yes
	Other (limit 150 characters)	
5.		Yes

You must select a response for elements 1 through 4 in question 1C-7b.

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

You must select a response for question 1C-7c.

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

	If you selected yes in question 1C-7c., describe in the field below:
1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1. The two largest PHAs are the PBC PHA and the WPB PHA. Together they have a combined 6,500 units within the community. The EHV and the Mainstream Housing Vouchers (MHV) uses two processes within the HHA. The first is CES; Anyone identifying as homeless in PBC must be entered into the HMIS system and placed on the acuity list using the (Vulnerability Index - Service Prioritization Decision Assistance Tool, (VI-SPDAT) scores and acuity. The VI-SPDAT is an assessment administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness. Households are offered housing based upon availability and program qualifications. In general, most households are placed in emergency housing, rapid re-housing, or permanent supportive housing.

2. The HHA and three local PHAs, namely WPBPHA, PBCPHA, and Delray Beach PHA, teamed up and formalized their partnership through legal agreements to target residents of Permanent Supportive Housing (PSH) who no longer require the deep end wrap-around services for which PSH is known. The second population to be pulled from the acuity list was Rapid Re-Housing (RRH) clients identified as able to sustain and in need of subsidy to maintain permanent housing. The third population to be targeted was the elderly over the age of 60 on the acuity list. The remaining vouchers were assigned using the acuity list through the homeless coordinated entry process. Once the units were identified in PSH and RRH as being available through the CES, the acuity list was used to fill available beds with persons identified as appropriate for PSH or RRH based on programmatic guidelines.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	

	NOFO Section VII.B.1.g.	

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

You must select a response for question 1C-7d.

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

	If you selected yes to question 1C-7d, describe in the field below:
1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

1.The HHA and the three largest PHA's applied for several joint projects in the past 24 months. Applications were submitted in partnership for the Family Unification Voucher (FUP) program, the MHV program, and the EHV program.

2.All applications were approved and funded. The FUP received 67 vouchers for youth ages 18 to 24 aging out of foster care and families involved in the child welfare system whose homelessness prevented reunification. The HHA teamed this program with the YHDP Grant (YHDP), which allowed merging the PHA housing-focused case management and YHDP wrap around case management to ensure youth were given every opportunity to succeed. Three PHA's applied successfully for Mainstream Vouchers, but only two PHA partnered with the HHA to disperse the vouchers using the Move Along strategy for PSH clients who may no longer need intensive services but continue to need assistance to maintain housing. Approximately 47 vouchers were issued to homeless families and individuals referred by the HHA PSH providers. As a result, the HHA was able to provide much-needed PSH beds to our community's homeless community.

3.The three largest PHA's and the HHA applied for additional housing vouchers through the EHV program. A total of 222 EHV were issued within PBC, and all referrals to the EHV program were homeless individuals and families who had participated in the CES. The HHA provided over 300 applications for the 222 vouchers, and lease-up is occurring at this time. The EHV provided the opportunity to keep the homeless safe during the pandemic, opened up additional permanent housing options, and allowed the Move-Along strategy to be used as appropriate. A total of 336 vouchers were issued through the partnerships with the HHA and the PHA's providing much need units of subsidized housing. More importantly, it allowed the HHA to use the Move-Along strategy to open PSH beds.

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

	NOFO Section VII.B.1.g.	
	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

You must select a response for question 1C-7e.

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	
	Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

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

You must select a response for question 1C-7e.1.

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

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

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

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

You must select a response for elements 1 through 4 in question 1C-8.

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	13
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	13
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	

You must enter a value for elements 1 and 2 in question 1C-9.

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

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

(limit 2,000 characters)

The HHA is committed to ensuring that all homeless services are carried out exercising Housing First strategies. The HHA operates low-barrier sheltering and regularly evaluates processes and procedures to ensure barriers that limit or prevent services are removed quickly. Program accessibility is not dependent on sobriety, income, criminal history, participation and or completion of treatment, or any other unnecessary conditions which translate into barriers. The HHA meets

daily and conducts case conferencing with housing providers to review acuity lists and prioritize housing placements. Persons with disabilities are offered necessary accommodations during the screening process, and temporary and permanent housing placements. All housing placements are made using the Acuity List. Permanent Housing is the primary focus of all of the HHA efforts. Service participation nor any preconditions are required from the participants before placement. HHA emphasizes and conducts its services in a manner that values flexibility, provides individualized wrap-around services, and promotes client choice and autonomy. The HHA conducts training that includes Trauma-Informed Care, Critical Time Intervention, Motivational Interviewing, Harm Reduction, Diversion, and any other training that will provide workers the necessary skills to work with a very vulnerable population. The HHA's lead agency provides ongoing program monitoring and support to ensure fidelity to Housing First practices. Continuous efforts and training with mainstream systems ensure HHA educates the community on a Housing First approach, philosophy, and practices.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No

You must select a response for question 1C-9b.

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1. The HHA outreach teams are strategically coordinated and assigned to service areas that cover all of PBC to identify individuals experiencing homelessness. All teams triage consistently utilizing the VI-SPDAT, and all individuals assessed are placed on the HHA acuity list. A score matrix is used to determine the chronicity, severity, and other factors that assist in appropriate placement of individuals assessed.
2. The HHA outreach teams cover 100% of the county consisting of thirty-nine incorporated municipalities and all unincorporated areas in the HHA geographic area.

3. Street outreach occurs five days a week with varying shifts, including early morning and late evening hours, to accommodate the needs in the community and maintain flexibility when handling emergencies. The HHA has tailored its street outreach to target multiple at-risk, and vulnerable

populations. Street outreach prioritizes LGBTQ+, mentally ill, youth, individuals and families. Outreach teams are assigned geographic zones throughout the county to provide full coverage, avoid duplication of services within the HHA coverage area, and provide a rapid response to client needs.

4. The HHA has added additional outreach teams consisting of peer specialists targeting individuals that are least likely to seek assistance and more difficult to engage. These populations include severely mentally ill, substance users, and the chronically homeless that refuse to engage with institutions. The HHA has a PATH team used specifically to engage individuals with severe mental health issues. The HHA is equipped to serve individuals that have limited English proficiency. Outreach teams are proficient in several languages and assist individuals in navigating the social service systems within the HHA geographic area.

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

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

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

You must select a response for elements 1 through 4 in question 1C-11.

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	588	666

You must enter a value for both years in question 1C-12.

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

You must select a response for elements 1 through 3 in question 1C-13.

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

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

(limit 2,000 characters)

1.The online application system, OSCARSS, provides information for program participants, the ability to apply for assistance online. Services provided by HUD-funded programs, such as rental and utility assistance, programs for veterans, people experiencing homelessness or at risk of homelessness, persons with HIV/AIDS, and senior citizens, as well as a directory of links to mainstream benefits such as public assistance, food stamps, local food banks, and COVID testing and vaccination sites, are among the information provided.

2. The HHA also communicates regularly with the PBCPHA and recently provided eligibility determination for EHV. The Homeless Outreach Team (HOT) provides information on where and how to access mainstream services, including Social Security, Temporary Assistance for Needy Families (TANF), food stamps, veteran benefits, services for people with disabilities, and many other mainstream benefits. The Homeless Dispatch Service provides access to subject matter experts on mainstream and HUD-funded services and community resources. The service provides information in English, Spanish, and Creole.

3. The HHA coordinates with the PBC Health Department to provide up-to-date resources and information regarding the prevention and treatment of COVID, including a monthly webinar open to community partners and individuals featuring a briefing by the Director of the PBC Health Department.

4.People experiencing homelessness and in homeless prevention programs are referred to apply for Medicaid and the West Palm Beach Health Care District for the Homeless Program, which provides comprehensive medical, dental, primary and preventive health care services to homeless individuals and families in PBC, via the Homeless Dispatch Service and direct service partner agencies. All of these methods are updated continually. The HHA also constantly updates the 211 information line and refers people to this service which provides information about all social services in PBC.

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

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

(limit 2,000 characters)

1.The HHA CES is committed to prioritizing individuals, families, and youth currently experiencing homelessness or who are at risk of experiencing homelessness that are most vulnerable. Quick and easy access to low or no barrier shelter is the main focus of the CES to ensure that episodes of homelessness are as brief as possible. The CES covers 100% of the targeted geographic area is comprised of thirty-nine incorporated municipalities. Additionally, the CES covers unincorporated areas.

2.The HHA works with referral organizations and 211 to ensure the community is informed on CES and that those least likely to apply for services have quick access. Faith-based organizations, businesses, and other referring organizations are involved in the planning and evaluation of the CES to ensure we are able to effectively reach those that are least likely to apply for homeless assistance. Outreach to individuals and families who are least likely to apply for homeless assistance is part of the HHA's continuing efforts to ensure the most vulnerable have access to services.

3.Screening and prioritization is conducted using the following tools; VI-SPDAT and Transition Age Youth (TAY) VI-SPDAT. Other factors that contribute to prioritization include; length of homelessness, number of homeless episodes, any presenting medical conditions or disabilities, and Frequent Users Systems Engagement clients, which are prioritized as they are identified.

4.Ongoing efforts are made to ensure the CES implements a Housing First philosophy and that all service delivery methods are client-centered, inclusive, fair, and timely.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
FY2021 CoC Application	Page 15	08/26/2021

NOFO Section VII.B.1.o.

You must select a response for question 1C-15.

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

You must select a response for elements 1 through 6 in question 1C-15a.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes

5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	Yes
7.	**The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.**	Yes
8.	**The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.**	Yes
9.	**The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.**	Yes

10.	**The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.**	Yes
11.	**The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.**	Yes
	Other:(limit 500 characters)	
12.		

You must select a response for elements 1 through 11 in question 1C-15b.

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

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

(limit 2,000 characters)

In January 2020, the HHA Race and Equity Pillar was created to evaluate and assess the current utilization of homeless services. Overwhelmingly, Black individuals, families, and youth seek homeless services disproportionately to the entire population of Palm Beach County. The data suggests that people of color enter the homeless system at a higher rate than other racial groups. The Race and Equity Pillar's mission is to evaluate and improve prevention services, alleviate barriers for those seeking service, and develop long-term strategies for challenging racial inequities. The work includes supporting agencies in training and education, recommendations for changes to the agency, and HHA policies that contribute. The Race and Equity Pillar comprises three workgroups to address race and other inequities: Standard Policies and Procedures, Training and Education, and the Grand Challenge Youth Group. The workgroups are intended to set standards for the continuum, provide training to agencies' executive staff, mid-management, and front line regarding racial disparities. The Standards Policy and Procedures workgroup created a survey and sent to all frontline staff, middle management, and executive leadership this year. The anticipated closing of the survey is at the end of November 2021. The survey was an informal evaluation of how each member organization is addressing inequities. The information garnered will assist the Standard Policies and Procedures group in developing long-term recommendations for the HHA, including addressing inequities, evaluating agencies for their internal commitment to addressing inequities, and identifying whether internal leadership and board membership reflect those membership seeking services. Over the next year, a strategic plan will be developed to guide the HHA's commitment to ending race and other inequities.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	6	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	6	0
3.	Participate on CoC committees, subcommittees, or workgroups.	14	0
4.	Included in the decisionmaking processes related to addressing homelessness.	14	0
5.	Included in the development or revision of your CoC's local competition rating factors.	6	0

You must enter a value of '0' or more for elements 1 through 5 in both columns in question 1C-16.

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

You must select a response for elements 1 through 5 in question 1C-17.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1. Safety protocols were implemented early in the pandemic through the PBC Emergency Operations Center (EOC) support to assist the efforts of the HHA. In unsheltered situations, areas that had large populations of individuals living in tents were identified. These areas had handwash stations added that were regularly maintained. Mobile showers and bathroom units were set up, and PPE was distributed. These efforts were implemented to help homeless persons as quickly as possible.

2. People experiencing homelessness are so much more vulnerable to an outbreak of diseases like COVID-19. They are often exposed to objects and people who may be infected. Unsheltered people often have essential hygiene issues which helps to spread disease. Congregate shelters were set up with social distancing standards in place following CDC guidelines. An Epidemiology team conducted contact tracing and after their contact tracing interview, clients were assessed for their needs by a partner HHA member agency. All new shelter participants were quarantined for the first ten days they were in shelter. In partnership with the Department of Health and with the help of a health and medical unit, symptoms were tracked and the decision was made when participants should be tested. A collaboration with Fire Rescue brought testing to the participant. Once results were received, and the participant was either negative or met CDC guidelines to end isolation, they were released from quarantine

3. A new congregate shelter was identified to close a large encampment in a county park. Clients were first taken to a hotel for isolation and testing. After receiving negative test results, they were moved to the new congregate shelter.

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

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

(limit 2,000 characters)

The HHA further improved readiness for Public Health Emergencies by establishing and strengthening relationships with critical partners in the community that respond and prepare for emergencies and build infrastructure through several initiatives. The HHA relationship with public health already existed through the Emergency Operations Center and its role in the Human Services branch. It was strengthened throughout the pandemic through response to COVID-19, especially its partnership with the Department of Health, Fire Rescue, PBC Medical Society, and other HHS agencies. Infrastructure was built by establishing a mobile clinic, a non-congregate sheltering facility, testing capabilities on the street, and a mobile vaccine unit. Finally, written plans/checklists/policies and procedures were established for each of these initiatives. If there is a future emergency, the plans can easily be adjusted through the partnership with critical partners and their expertise in responding to any public health emergency. Lessons learned have been shared through regular webinars that are community-wide public meetings.

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

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1-5.The HHA EB is very involved in the Emergency Shelter Grant (ESG) program and is responsible for approving annual priorities and funding recommendations for PBC. The ESG-CV funding proved no different in that the HHA EB was informed of the allocation, and staff recommendations were presented to the board for approval. A NOFO was issued for funding, and members of the HHA were invited to apply. Several funding categories were established, including emergency shelter, street outreach, eviction prevention, and RRH.

The priority of the HHA was to prevent the homeless living on the streets from becoming ill with COVID. Shower trucks, handwashing stations, and washer/dryer trucks were placed throughout the county and staffed with HHA members familiar with outreach and assessment. Clean clothing, care bags including hand sanitizer, masks, gloves, and sanitary items were distributed by members of outreach teams. HHA member agencies were awarded ESG-CV funding for homeless prevention activities, including non-congregate sheltering, increased outreach activities, and RRH

activities. The HHA was instrumental in distributing flyers for mobile vaccine clinics and testing sites for COVID-19. The HHA stored thousands of gloves and PPEs for the homeless. Members of the HHA continue to be instrumental in reporting the trends, needs, and emerging needs of the homeless throughout PBC. In return, the ESG-CV funded agencies can respond quickly.

The addition of ESG-CV funding has allowed the HHA and PBC to prevent mass outbreaks of COVID-19 in homeless encampments and places that the homeless congregate. The HHA engaged with the homeless on the streets and placed them in hotel rooms for immediate shelter. During their stay, they were given COVID testing, food, and medical attention. They were also given permanent accommodation through the shelter system, which was the difference between life and death for many people throughout the pandemic.

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

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

(limit 2,000 characters)

1. The HHA coordinated directly with the Florida Department of Health (DOH) to test for COVID-19 in the location where they were living in parks or through the Homeless Outreach Team at a local health department office. Fire Rescue also assisted with testing at shelters. DOH had daily conversations with the Human Services Branch Director at the Emergency Operations Center to discuss linkage to mainstream health through various partners.

2. All plans and procedures were vetted through the Department of Health. The DOH had regular calls with hospitals to ensure they knew the procedures for referring clients to non-congregate emergency shelters. These areas had regularly maintained hand wash stations in addition to mobile showers and bathroom unit setups. The PPE was distributed in all of these areas to decrease the spread of COVID-19. The HHA also received blankets, sheets, hand sanitizer and a host of other items to distribute to the shelters from the state.
3. The HHA prioritized activities aimed at establishing non-congregate emergency sheltering for the purposes of social isolation, quarantine, and social distancing, as well as attempts to keep individuals safer in decompressed congregate shelter settings. The HHA was able to maintain and expand sheltering options during the pandemic. Additionally, they successfully transformed the sheltering system to focus on non-congregate environments and other safer models of sheltering people to better prepare for future public health crises, and create more welcoming and efficient systems.

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

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

(limit 2,000 characters)

1. The Collaborative Applicant for the HHA, PBC, operates the Emergency Operations Center for PBC and oversees the PBC Health Department. The HHA serves as the homeless point of contact for COVID-19 resources, including vaccines, restrictions, and needed safety measures. In March 2020, the HHA began reporting on the health restrictions and safety measures known at that time. Providers were given masks for the homeless and staff; PPE was provided as quickly as they were received; and overall safety standards for housing, shelters, outreach, and

engagement were developed. The Emergency Operations Center began to host a weekly provider update on the pandemic. As more information was released, a plan to test and vaccinate the homeless was developed.

2. The information on the COVID-19 pandemic is listed on the Collaborative Applicant's website and The Homeless Plan's website, the Plan to End Homelessness in PBC. County updates from the Emergency Operations Center are broadcast weekly and include all state and local mandates, restrictions, testing, and vaccine sites.

3. Vaccine implementation in 2021 for the homeless happened on several fronts and was communicated through the HHA. The Homeless Outreach Teams used mobile vaccine vans stationed at locations identified as high use by the homeless. Additionally, PBC Fire-Rescue vaccinated and tested the homeless at emergency shelters and public parks. Finally, we utilized PBC Health Care District drive-through testing and vaccine sites and their mobile outreach buses.

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

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

(limit 2,000 characters)

All homeless persons were targeted through outreach and mobile clinics and homeless health care clinics for vaccination. For six weeks, during the pandemic, the HHA began moving homeless people from the encampment that had congregated in the 726-acre park. The HHA began the process by triaging the homeless living in the encampment and providing them with COVID-testing. They began moving seniors and the most vulnerable to hotels and motels during a mandatory quarantine, and then they began the process of moving them to a revamped emergency shelter. This staggered approach made the process manageable and safe with social distancing while COVID-19 ran rampant in the community. With ESG-CV funding in conjunction with CARES funding, we could target the homeless through outreach and emergency shelter.

The HHA also hosted several mobile vaccination sites in close proximity to homeless shelters and where homeless people gathered. In a partnership with the Health Care District of PBC, the HHA offered "one-stop-shop vaccination events" so that the homeless did not need to come for a second shot.

The HHA also created postcard and website campaigns with the community partners to get the word out to those experiencing homelessness about the importance of vaccination and provided several opportunities for them to get vaccinated.

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

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

(limit 2,000 characters)

The current DV crisis highlights the overarching flaws of the structures that help survivors prevent or reduce DV. One of the ways the HHA was able to address possible increases in DV calls was to help DV programs, and shelters obtain adequate funding. They are recognized as vital entities during the pandemic and any future disasters, thanks to a better system of survivor assistance. Economic security through CARES funding helped ensure that survivors would have the financial resources necessary to escape an abusive partner or reach out for help. Existing DV programs and shelters were able to access ESG-CV funding to remain operational and safe with access to protective equipment during the pandemic. The HHA is currently exploring the greater need for health and economic supports for those experiencing DV. These supports are necessary to ensure physical and programmatic accessibility for all survivors. Palm Beach County Community Services created a new Homeless Dispatch call-in center available for individuals and families who may be experiencing DV and are not sure where to turn. The dedicated staff can guide the survivors in the right direction to get them to safety. Fear of infection is also now a possible barrier for survivors seeking help. The County has done a great job getting the message out on social distancing and disinfecting specific to housing programs. The HHA has also encouraged coordination with local public health districts, emergency management agencies, and points of contact within the community to ensure the safety of those survivors fleeing violence.

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

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

(limit 2,000 characters)

The (CES) experienced several enhancements to ensure efficient response during the pandemic and post-pandemic for persons experiencing homelessness or at risk of experiencing homelessness. The CoC implemented a call center where persons at risk of experiencing homelessness could call to receive directions on how to apply online for services or speak with a worker. Persons experiencing homelessness could also speak with a worker immediately. The worker would enter the caller's name into a message log followed by a call from a navigator to navigate services. Another enhancement to the CES was that navigators could make direct referrals to the HHA's outreach teams when homeless persons were identified or reported. The HHA's outreach teams were assigned to different service areas that covered the whole county to ensure quicker response times. Through non-congregate sheltering, the outreach teams were able to place persons experiencing homelessness directly from the street into non-congregate shelters using contracted hotels to isolate and offer vaccination. EHV were used to assist with the process of removing people from the acuity list and placing them directly into housing. The HHA's partnership with PBC's Facilities Department, PBC Fire Rescue, PBC Health Care District, PBC Health Department, and Emergency Operations of PBC was essential to coordinate hospital discharges.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	05/14/21
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	05/14/21

You must enter dates for elements 1 and 2 in question 1E-1.

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

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

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

6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

You must select a response for elements 1 through 6 in question 1E-2.

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

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.**

(limit 2,000 characters)

1. When ranking and selecting projects, the HHA utilized a range of criteria to address the severity of needs of the hardest to serve populations. Specific measures have been added to HHA standards that require projects to ensure those most vulnerable are being served first. The HHA acuity list assigns a score based on the following vulnerability criteria: SPDAT score, length of time homeless, no income at the time of admittance, tri-morbidity difficulties, chronically homeless, persons of color, victimized through DV, criminal justice or behavioral health system involvement and LGBTQ+ (youth).

2. The higher the acuity score, the higher indication of the severity of service need, and the higher prioritization. The approach that all projects must employ to ensure that they prioritize the most disadvantaged in our communities is addressed in our CES standards. While developing the prioritization process, the workgroup considered the needs of the numerous populations we serve, attempting to meet their vulnerabilities. The HHA uses system performance outcome measures and gives a higher weighting to the degree of needs to guarantee that projects were not penalized for providing services to people who faced the most challenges and were more challenging to serve. The ranking tool used by the HHA awarded additional points for PSH beds dedicated to chronically homeless participants, DV and youth participants. Projects were awarded additional points if participants had one or more disabilities. Additionally, points were awarded if projects utilized the CES and projects committed to implementing a Housing First model. The Non-Conflict Grant Review Committee (NCGRC) was committed to ensuring that a DV project that had resulted in lower performance levels and had ranked below a minimum threshold that had been predetermined would not lose funding. They determined that the project was eligible and would remain funded because it is one of only two DV shelters in our community.

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

	Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The HHA created a Race and Equity Pillar with two workgroups to ensure that everyone within our homeless system is held accountable for equity in our community. This pillar was integral in framing the problem of homelessness, especially those who are over-represented and the need to apply a racial equity lens. It was collaboratively implemented over the past year and included a broad range of stakeholders. While homelessness is widespread in Palm Beach County, it disproportionately impacts people of color. These numbers reflect structural racism across multiple systems in our community. It was essential for us to have people who are of different races and represent those over-represented in our homeless population be a part of the team that determined the rating factors used to review project applications.

2. In pursuit of equity, it was important for the HHA to prioritize diversity and increase representation during our Non-Conflict Grant Review. The NCGRC included people of different races, including those over-represented in the local homelessness population. The team played a role in every part of the process, from the review, the selection, and the ranking of all local projects.

3. The HHA is working to create a data infrastructure to promote racial equity within the homeless community. The HHA is committed to organizing stakeholders through the Race and Equity Pillar and creating racially just policies, practices, and attitudes that will eliminate structural racism and outcomes based on race. The HHA is beginning the hard work of developing strategies to begin promoting and advancing equity collaboratively, including how our projects are rated and ranked.

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

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

(limit 2,000 characters)

1. The HHA EB voted and approved a new Reallocation process this year. The requirements identified for reallocation included the following: low performing applications as per the Scoring and Ranking Tool; failure to meet any threshold criteria; outstanding obligation to HUD; audit finding(s) for which a response is overdue or unsatisfactory; history of inadequate financial management accounting practices; evidence of untimely expenditures on a prior award; evidence

of noncompliance with HUD and/or HHA policies; history of other major capacity issues that have significantly impacted the operation of the project; history of serving ineligible persons; expending funds on ineligible costs' or failing to expend funds within established timeframes; failing to consistently meet performance measures; low score in the evaluation process; failing to provide documentation required by the HHA for a project application or project review; and an applicant choosing to voluntarily reallocate all or a part of its award. Applications must be submitted by the established deadline. A member of the NCGRC can make a recommendation to consider project reallocations. The NCGRC will analyze the scoring tool items and evaluate if the low performance results from administrative capacity or programmatic issues. The HHA EB will review the results and, by motion, approve the reallocation. The agency will be notified in writing of recommendations for reallocation and the process for appealing the decision. Recommendations to reallocate based on less community need follow the above-stated process.

2/3 The HHA did not identify any projects through this process during the local competition and did not reallocate any projects

4.There were no low performing or less needed projects this year

5.There was no communication about reallocation necessary.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	no	

You must select a response for question 1E-4a.

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

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

You must select a response for element 1–if you select Yes, you must enter a date in element 2 in question 1E-5.

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/17/21

You must enter a date in question 1E-5a.

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	

You must enter a date in question 1E-6.

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

You must enter a response in question 2A-1.

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

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

You must select a response for question 2A-2.

2A-3.	**HIC Data Submission in HDX.**	5/14/21
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	

You must enter a date in question 2A-3.

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**

2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

Our DV housing and service providers are using a HMIS comparable database. Aid to Victims of Domestic Abuse (AVDA) and Young Women's Christian Association of Palm Beach County are a part of the HHA membership and track their programs in a comparable database. DV service providers are active members of the HHA meetings to ensure they are aware of changes in the HHA.

The DV housing and service providers submit de-identified aggregated system data to the HMIS lead yearly in order to ensure that the DV providers are included in our System Performance Measures data. Our HMIS lead provides the DV service providers with a spreadsheet to complete to submit their data. This data is monitored quarterly to ensure data quality.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	410	138	399	97.31%
2. Safe Haven (SH) beds	0	0	0	0
3. Transitional Housing (TH) beds	145	32	113	100%
4. Rapid Re-Housing (RRH) beds	666	28	638	100%
5. Permanent Supportive Housing	1202	0	1202	100%
6. Other Permanent Housing (OPH)	111	0	111	100%

You must enter a value for elements 1 through 6 in all three columns. If the project type does not exist in your CoC, enter '0' in all three columns for that project type.

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

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

(limit 2,000 characters)

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.		100%

You must enter a value in question 2A-5b.

2A-5b.1.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.**	
	NOFO Section VII.B.3.c.	

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

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

(limit 2,000 characters)

n/a

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	

You must select a response for question 2A-6.

No, PBC was granted an extension and submitted on 1/29/21.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

You must select a response for question 2B-1.

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

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

You must select a response for question 2B-2.

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

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

(limit 2,000 characters)

1. The HHA has worked to enhance the CES to ensure persons experiencing first-time homelessness are identified and connected with appropriate services to ensure the experience is as brief as possible and will not be repeated. Navigators who are the HHA's subject matter experts are the first point of contact. Persons seeking services are assess, and a determination is made if the person is currently experiencing homelessness or is at-risk. Services that persons may receive include case management, assistance with obtaining housing, financial literacy, job training, and referrals for any other services identified. All information is entered in real-time into HMIS. Ongoing program and data evaluation is conducted to identify trends, barriers, and what is working to address the needs of those experiencing homelessness for the first time. Some of the contributing factors that impact persons experiencing homelessness for the first time include: increased housing costs, underemployment, mental health and substance use challenges, and the lack of affordable housing. Additional efforts to address first-time homelessness include: partnering with the faith-based community for support, advocating for affordable housing, and building cross-system collaboration.

2. Oversight of the HHA's strategy to address first-time homelessness and ending homelessness is the responsibility of the HHA EB and the Collaborative Applicant.

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

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

(limit 2,000 characters)

1. Reducing the length of time individuals and persons in families remain homeless is a priority of the HHA. Contributing factors in prioritizing persons experiencing homelessness the longest include: families with children, parenting youth, persons currently fleeing domestic violence, veterans, and persons with mental health and substance use issues. Additional considerations included in the prioritization process are: VI-SPDAT score, chronicity documentation, medical/physical conditions, and special populations, including human trafficking victims, persons of color, FUSE clients, seniors, and the LGBTQ+ population.
2. Once the acuity score is determined, those with the highest acuity score are prioritized, and a case conferencing is held to discuss shelter and housing placement. The HHA ensured the episode of homelessness remained as brief as possible, even dealing with the COVID-19 pandemic. Which is due to the HHA's commitment to ensuring that episodes of homelessness are as brief and not re-occurring.
3. Oversight of the HHA's strategy to reduce the length of time individuals and families remain homeless is the responsibility of the HHA EB and the Collaborative Applicant.

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

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

(limit 2,000 characters)

1. The HHA has taken the last two-years to look at data trends and improvements needed in the system in light of the increase in the cost of housing, the impact of COVID-19 and employment, the eviction moratorium the need for non-congregate shelters. One of the first things that the HHA looked at was the return to homelessness rates and the improvements or partnerships needed to improve retention rates. Shared housing has become the model of choice in PBC due to the affordability of the model. PBC has utilized shared housing to house youth, persons on fixed incomes, and seniors. Shared housing is no longer being used for just targeted populations and instead has become the only way individuals, youth, and seniors can afford to live in PBC. The HHA's two-year return to homelessness from street outreach, emergency shelter, transitional housing, and permanent housing is 22%. The two categories to which the greatest majority of persons return to homelessness from permanent housing occurs in street outreach, with 28% returning to homelessness, followed by emergency shelter, with 24% returning to homelessness. Permanent Housing two-year return to homelessness is 22%, with 12% of the returns happening in the first twelve months.
2. The need for increased services for shared housing participants has become increasingly apparent. The HHA's partnership with the behavioral health systeme, the child welfare

system, the criminal justice system, and the re-entry system is essential in the overall success of permanent housing retention for homeless households. Collaborations with other systems, such as the ones listed above and the PHAs, have been critical to the permanent housing population's continued success. MV, FUP Vouchers, and EHV have been instrumental in 2020-2021. They have given the HHA the ability to move along PSH households and open up PSH beds for persons in emergency shelters and living on the streets.

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

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

(limit 2,000 characters)

1. The HHA has a robust HMIS and as such, every partner in the HHA agrees to utilize the HMIS for data entry for homeless individuals and families. In 2021, the HHA and PBC created a partnership that includes the Treasury funding for rental and utility assistance and the use of the HMIS system. This partnership has allowed the HMIS providers to identify persons who are homeless or are returning to homelessness but coming through another extensive data system for assistance. The HMIS system and CES are both used to identify homeless persons for the first time and persons returning to homelessness. The information gleaned from HMIS is reviewed by the HMIS data committee and then presented to the HHA EB and then the full membership of the HHA for conversation and solutions.

   The HHA are staunch proponents of Housing First as well as low barrier models of service. Individual and family shelters and housing programs utilize Housing First and low barrier models, which has increased housing opportunities and decreased exits. Individuals/families enrolled in PSH, RRH, and/or other financial assistance programs are offered rigorous case management, job training, life skills modeling, and monthly follow-up support for one year following program exit to avoid re-entry into the system. The HHA continually strategizes modifications needed to system and service delivery to minimize future recurrences of homelessness. The HHA is focused on increasing access to housing for all who enter the homeless system of care, including more system beds at every level.

2. The Collaborative Applicant and the HHA EB is charged with oversight of the policies to decrease repeated episodes of homelessness.

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

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

(limit 2,000 characters)

1. The HHA's priority is housing placement and safety, closely followed by employment. The HHA strategy is to meet the client or participant where they are in the process. The HHA has developed employment programs that include job development, on-the-job coaching and training, job placement, internships, and micro-enterprise businesses.

2. Several HHA members also collaborate with the local CareerSource of Florida and the Vocational Rehabilitation Center for employment opportunities and skills training for the homeless. CareerSource funds many partners to provide homeless-specific employment services in PBC. The HHA and its partners provide tools, certification resources, and childcare assistance (if needed) to individuals and families who need such and daycare assistance if needed. The HHA and the Early Learning Coalition created a partnership many years ago that still exists and provides six months of daycare to any child who resides in a homeless shelter setting. This benefit assists families in finding employment without an additional barrier of childcare.

   Families and Individuals that are disabled are assisted with SSI/SSDI Outreach, Access, and Recovery (SOAR) applications to expedite the social security disability process. The HHA also provides access to Automated Community Connection to Economic Self Sufficiency (ACCESS) Florida through providers and homeless outreach teams. PBC Veterans Services and Veteran Affairs Medical Center (VAMC? target homeless veterans for VA benefits through street outreach and services requests.

3.The HHA EB Collaborative Applicant, and the Systems Pillar of the HHA oversee the strategy to increase income from employment.

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

	Describe in the field below how your CoC:
1.	**promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
2.	**is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.**

(limit 2,000 characters)

1. The HHA has established partnerships with several entities that offer employment opportunities, training, and internships for the homeless as well as internship opportunities. CareerSource also works with the homeless and funds HHA partners to teach interviewing skills, resume creation, and resume building. Palm Beach State College has administrative staff that works with homeless to ease the transition into college for adults and youth. The PBC School Board has a homeless youth department that assists homeless youth access secondary education and/or the trades. Several trades organizations and HHA member agencies also provide employment training, volunteer opportunities, job fairs, soft skills training, and micro or non-traditional employment opportunities for the homeless. They include Community Action Advisory Board, Gulfstream Goodwill, The Lord's Place, Faith in Action Collaborative and the Homeless Coalition.

   2. The HHA provides a platform for educating and training providers on strategies such as available resources and how to access the opportunities. The homeless have also been instrumental in civic participation through the Collective Impact County-wide assessments, neighborhood initiatives, public parks and safety meetings, and community meetings around a

second homeless center in the county. The partnership with Faith in Action has provided a platform for employers within congregations to offer employment, internships, and job fairs to the homeless. The Homeless Coalition of PBC provides quarterly targeted outreach to the homeless. In 2020, the HHA reported an 18% increase in the number of homeless households that increased their earned cash income. The PBC HHA results for 2019 were also 18%, indicating that there was no movement towards increasing earned income. After reviewing the statistics, the HHA believes this is a direct impact of the economic shutdowns due to the pandemic in 2020.

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

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

(limit 2,000 characters)

The HHA has made a concerted effort to increase non-cash resources for homeless persons in PBC. Through the CES and Street Outreach, the HHA identified that applications to social security, food stamps, Medicaid and Medicare, Health Care District insurance, and Veteran's Benefits needed to be prioritized as many homeless are eligible but are not receiving benefits. Street Outreach Teams throughout PBC have begun to complete ACCESS Florida applications for mainstream benefits. SOAR (social security application specialists) specialists are now placed at the CES sites and on outreach teams. Outreach teams also work with the homeless on the street to secure birth certificates and other vital documents that often prohibit applications from moving forward.

The Collaborative Applicant and the HHA EB, have set up accounts to bill said documents. Once the items are received, the homeless were taken to a local bank familiar with homeless clients and opened accounts for mainstream benefits and or social security to flow through.

The HHA has examined data and believes that the 10% decline in 2020 is a direct effect of the pandemic, based on the frequency of government shutdowns in offices, nonprofit shutdowns in outreach, and the overall uncertainty of the pandemic.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

You must select a response for question 3A-1.

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

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

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

You must select a response for elements 1 through 5 in question 3A-1a.

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

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

You must select a response for question 3A-2.

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

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

You must select a response for elements 1 and 2 in question 3A-2a.

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

You must select a response for question 3B-1.

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	N/a
	NOFO Section VII.B.1.s.	

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

(limit 2,000 characters)

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

You must select a response for question 3C-1.

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

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

(limit 2,000 characters)

N/A

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition , including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

You must select a response for question 4A-1.

Applicant Name
This list contains no items

4A-2. Number of Domestic Violence Survivors in Your CoC's Geographic Area.

NOFO Section II.B.11.

Guidance–

A. For element 1 of this question, enter the total number of survivors of domestic violence in your CoC's geographic area that need housing or services, including survivors projects are currently serving.

B. For element 2 of this question, enter the number of survivors your CoC is currently serving.

C. *e-snaps* will calculate the difference between elements 1 and 2, which represents the unmet need for housing and services for survivors of domestic violence in your CoC.

D. Element 1 represents the total need, while element 2 is the subset of element 1 that are currently being served. For example:

1. Enter the number of survivors that need housing or services	
2. Enter the number of survivors your CoC is currently serving.	
Unmet Need	

The difference between how many survivors need housing and services and the number your CoC is currently serving is 25–which represents the unmet need for this example.

E. A negative number in the **Unmet Need** field indicates there is no unmet need for DV survivors in your CoC.

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

4A-2a. Calculating Local Need for New DV Projects.
NOFO Section II.B.11.

Describe in the field below:

1. how your CoC calculated the number of DV survivors needing housing or services in question 4B-2 element 1 and element 2; **and**

2. the data source (e.g., comparable database, 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 2,000 Characters

The number calculated is derived from the number of Hotline calls received from survivors seeking shelter/housing within the past year. The data is pulled from a comparable database system known as Osnium WS.

4A-3. New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information

NOFO Section II.B.11.(c)

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

1. Applicant Name	YWCA
2. Project Name	SAFEhouse DV II

4A-3a. New SSO-CE Project–Addressing Coordinated Entry Inadequacy.

NOFO Section II.B.11.(c)

Describe in the field below:

1. how the current Coordinated Entry is inadequate to address 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. above.

Limit 2,000 Characters N/A

4A-4. New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.

NOFO Section II.B.11.

Guidance–

A. Only provide information for each **unique project applicant** applying for PH-RRH and Joint TH and PH-RRH DV Bonus funding regardless of the number of new projects the applicant is applying for in the FY 2021 CoC Program Competition.

B. If you do not submit information for any applicant applying for DV Bonus funding, project applications that applicant submits will not be eligible for DV Bonus funding and their projects will compete with all other projects your CoC ranks in its priority listings.

C. To calculate the rate of housing placement and housing retention you must enter the percentage of DV survivors applying for housing that were placed into permanent housing (element 3 of this question), and the percentage of those DV survivors that remained housed (element 4 of this question).

D. When addressing questions 4B-4 through 4B-4e., you must provide information based on experience with the project applicant's latest funding cycle.

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.

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1. Applicant Name	YWCA of Palm Beach County
2. Rate of Housing Placement of DV Survivors–Percentage	
3. Rate of Housing Retention of DV Survivors–Percentage	

4A-4a. Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.
NOFO Section II.B.11.

The percent calculated above is by the destination survivors have moved into (permanent housing placements only) and where they remain at the close of their file. Data is pulled from a comparable database system called Osnium WS.

4A-4b. Providing Housing to DV Survivor–Project Applicant Experience.
NOFO Section II.B.11.

DV Survivors enter the homelessness system through the two State certified domestic violence emergency shelters which operate 24 hours a day. A screening/assessment is completed and survivors are given shelter for 6-8 weeks. Exit planning is a critical component of the client/case manager discussion throughout the family's stay in ES. Upon entry into ES, survivors are immediately assisted with access to the CoC Homeless Resource Center to access safe, affordable and stable appropriate housing services; which includes Rapid Re-Housing programming specific to victims of domestic violence. All services provided to survivors are facilitated by certified domestic violence victim advocates who are experts in serving survivors and the barriers they may face to services, or specifically housing services.

4A-4c. Ensuring DV Survivor Safety–Project Applicant Experience.
NOFO Section II.B.11.

All domestic violence staff go through a 3-day training for certification as an expert in domestic violence working as a domestic violence victim advocate which includes safety planning. Additionally, staff are consistently provided with in-service trainings to ensure skills are updated on all aspects of serving survivors including safety planning. Due to the sensitive nature of what survivors have experienced, protection of confidentiality and security is imperative. As all survivors enter Emergency Shelter prior to housing services, the shelter is set up with separate rooms specifically designated for completing screening/assessment, intakes and counseling. Services are offered to the survivors and their children only. Through safety planning, advocates plan with survivors to access housing that is safe and affordable. Survivors pick their own housing unit in the community and advocates will safely plan around their choice. The DV RRH project is not a congregate living space. DV RRH project safety plans with each survivor placed in housing and survivors are advised to keep their address confidential, to ensure safety and security for all members of the household and surrounding community members. The ability to

4A-3c.2. Ensuring the Safety of Survivors.

Describe in the field below how the project ensures the safety of survivors the project served is measured through a survey in which survivors are asked whether they "felt they had strategies to enhance their safety. "97% of survivors stated they did. Additionally, staff measure the safety of survivors by whether abusers have found their location; additional domestic violence incidents; or the number of survivors who return to their abusers.

4A-4c.1. Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.
NOFO Section II.B.11.

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

Limit 2,000 Characters

4A-4d. Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.
NOFO Section II.B.11.

The DV project agency has been serving victims of domestic violence since 1978. All advocacy facilitated at the DV Project begins with a trauma-informed advocacy lens. This includes providing domestic violence education through individual and group counseling that provides survivors with information about the traumatic effects of abuse particularly on a survivor's mental health. Trauma-informed advocacy at the DV project also includes adapting services to survivors; trauma and mental-health related needs that are client specific. This may include collaboration with mental health providers to assist survivors and educating mental health providers on domestic violence. Project also conducts screenings and/or intakes that are domestic violence focused. Callers are not "screened out" due to mental health issues. During intake and throughout their stay, survivors are provided opportunities to discuss the effects of trauma. Building the staff capacity to practice trauma-informed advocacy is done through in-service training on trauma-informed advocacy is done through in-service training on trauma-informed advocacy and staff is encouraged to attend any external training to better understand trauma-informed advocacy. All policies, procedures, and forms are reflective of ensuring survivors' receive appropriate services based on their individual needs and trauma experienced. The project will utilize a trauma-informed lens to meet the needs of survivors by safeguarding client choice, respect, equality, nondiscriminatory strength based approach to service delivery, connection opportunities and support services. The DV project works with landlords and management companies in the community to provide resources to survivors. Staff partner with survivors to set plans and goals for the best outcomes driven by the survivors' needs and wants. Survivors are viewed as partners to ensure there is not a power differential. There are no punitive measures in place and staff are trained consistently and thoroughly in survivor-directed practices. DV Project consistently strives to strengthen survivor's ability to deal with painful feelings and the result s of trauma from domestic violence. Focusing on a survivor's strengths and positive choices helps empower them to believe they can make good choices for themselves and their children. This is done through partnering with the survivor and then connecting them to the resources or providing the resources. All staff are provided cultural competency/diversity and non-discrimination training as part of their on-boarding process. Additionally, staff attends external trainings annually to build their capacity on cultural competence. The DV Project staff are of diverse cultures and there are several Spanish speaking and Creole speaking staff to address the underserved Hispanic and Haitian populations. DV Projects brings additional services to DV survivors on-site at the Emergency Shelter which includes services for people with disabilities, financial literacy, clinical individual counseling for adults, clinical therapy for

children, Dress for Success empowerment services, and a clinical support group facilitated by PhD Psychology students at Nova Southeastern University. Additionally, numerous partnerships to connect survivors to needed services off-site are nurtured and maintained. DV Project partners with Healthy Mothers Healthy babies as well as Children's Services Council and the Department of Children & Families to ensure parenting classes and/or services are accessed by survivors both on-site and off-site.

4A-4e. Meeting Service Needs of DV Survivors–Project Applicant Experience.
NOFO Section II.B.11.

DV project exercises a wraparound approach to the services provided to each survivor. The main objectives of the project are to provide immediate safety and security measures, linkage to services that will empower survivors to reach self-sufficiency and ultimately secure safe, affordable and stable permanent housing. The project works to implement a holistic approach to its service delivery methods. Each survivor completes an in-depth assessment upon arrival into the Emergency Shelter to identify specific needs. All aspects of their life, DV situation, needs, and goals are addressed during this assessment. Immediate needs are addressed first, which include food, clothing, safety measures, legal services, childcare and physical/mental health care. Additional needs are addressed throughout their stay in shelter and continued once they enter the DV housing project. Extended services such as substance abuse treatment, employment and credit building are addressed while in shelter continues when they enter the housing program. A comprehensive service delivery system housing oversight from Emergency Shelter entry through permanent housing placement allows for continuity, which ultimately yields an increase in successful outcomes. It is important to reiterate that services are survivor-directed and all services accessed are within the survivor's freedom to choose and there is no penalty or punishment for refusing a service.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	10/25/21
1C-7. PHA Homeless Preference	No	PHA Homeless Preference	10/25/21
1C-7. PHA Moving On Preference	No	PHA Moving On Preference	10/25/21
1E-1. Local Competition Announcement	Yes	Local Competition Announcement	10/25/21
1E-2. Project Review and Selection Process	Yes	Project Review and Selection Process	10/25/21
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting-Projects Rejected-Reduced	10/25/21
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting-Projects Accepted	10/25/21
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting-CoC Approved Consolidated Application	10/25/21
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description:

Document Description:

Document Description:

CE Assessment Tool
PHA Homeless Preference
PHA Moving On Preference
Local Competition Announcement
Project Review and Selection Process
Public Posting-Projects Rejected-Redued
Public Posting-Projects Accepted
Web Posting-CoC Approved Consolidated Application

Document Description:

1c14

Document Description
CE Assessment Tool

Attachment Details
1c7

Document Description:
PHA Homeless Preference

Attachment Details
1c7
Document Description:
PHA Moving On Preference

Attachment Details

1e1
Document Description:
Local Competition Announcement

Attachment Details
1e2
Document Description:
Project Review and Selection Process

Attachment Details
Document Description:
1e5
Public Posting-Projects Rejected-Reduced

Attachment Details
Document Description:

1e5a
Public Posting-Projects Accepted

Attachment Details
Document Description:
1e56
Web Posting-CoC Approved Consolidated Application