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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2022 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 2022 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1A-1. CoC Name and Number: FL-500 - Sarasota, Bradenton/Manatee, Sarasota Counties CoC

1A-2. Collaborative Applicant Name: Suncoast Partnership to End Homelessness, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Suncoast Partnership to End Homelessness, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	In the chart below for the period from May 1, 2021 to April 30, 2022:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

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

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

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

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

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

(limit 2,500 characters)

1. Collaborative Applicant staff members attend an array of community meetings throughout the CoC geographic region to inform and solicit new members to the Continuum of Care. The annual process occurs with a mass email blast sent to local non-profit organizations, municipalities, and other related agencies informing them of the benefits of CoC membership and offering a meet and greet with the Chief Executive Officer to discuss the roles of new members and where they fit in with the homeless and housing assistance system. Additionally, information on becoming a new member of the CoC is available year-round on the Collaborative Applicant's website. Community participation is also heightened and encouraged through the wide variety of CoC meetings now being offered virtually; with participants able to join via Zoom or Team, more stakeholders are coming to the table.

2. To ensure effective communication with those individuals with disabilities, the Collaborative Applicant provides both voice recordings and transcribed minutes on our website. Requests for accommodations are welcomed and satisfied fully. Electronic versions of agendas and minutes are posted publicly.

3. The CoC has designated seats on the Leadership Council (i.e., CoC Governing Board) for persons representing the LGBTQ+ community, persons living with disabilities, and seniors. Connections through the Leadership Council and general CoC membership are utilized at other stakeholder group meetings to assist in ensuring we have an inclusive and diversified representation among CoC members and leaders.

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 2,500 characters)

1. The CoC has 70+ organizations and advocates who meet bi-monthly to discuss services, collaboration strategies, and areas of need. The CoC Leadership Council (LC), the CoC's Governing Board, includes members from across the CoC geographic area who meet bi-monthly to establish community-wide objectives, review outcomes, and develop a more effective homeless response system. The LC has appointed members from local governments and institutions and elected members that represent a broad spectrum of the community, including State-certified victim service provider, lived homeless experience/expertise, elected officials, and more. Workgroups and committees of the LC are focused on specific topics with representatives involved in that topic (e.g., the unaccompanied homeless youth group includes members of the CoC, the LC, and area stakeholders such as regional staff from Department of Children and Families, Veterans Administration, and local workforce board). In addition, input from other stakeholders are invited to general membership meetings and have the opportunity to meet with the Collaborative Applicant staff throughout the year.

2. The Collaborative Applicant (CA) staff attend an array of community meetings to keep abreast of what is happening within our CoC and learn from other stakeholders working to prevent and end homelessness. We participate in open dialogues and opportunities to educate and inform participating stakeholders through presentations and time on the agendas. The CA CEO participates in city and county commission meetings, coordinates with State and local government on public letters for response, and utilizes guest speaker opportunities in the broader community to gather input.

3. LC and CoC members bring information gathered in public meetings and through experience for discussion and implementation within the CoC. The LC brings expertise and feedback from each system area to coalesce data and identify opportunities to inform the CoC Strategic Plan and improve all components of the broader system. For instance, in a recent meeting it was suggested that the CoC undertake a full analysis of the Coordinated Entry System and that process was put into place. In addition, the CoC, based on input from public meetings, revised the family shelter system and reviewed the efficiency of the rapid rehousing system.

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

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

(limit 2,500 characters)

1. The Collaborative Applicant issued a Request for Proposals (RFP) in early August, posting the information publicly on the CA website, announcing the opportunity at meetings, and emailing the information to over 600 individual email subscribers, most of whom were from organizations that had not received CoC funding previously. Proposals were submitted outside of e-snaps in a user-friendly format to make the process more accessible to organizations that had not previously received CoC program funding. In addition, two information sessions were held via Zoom, providing an opportunity for new organizations to become acquainted with the process and have questions answered.

2. The published RFP, which was publicly posted and emailed to more than 600 people, detailed all the necessary information for an organization to submit a proposal. The RFP included information on project thresholds, timeline for submissions, submission format, funding amounts available, attachments required, to whom to submit the application, process for asking questions, scoring criteria, and the process for appeal, and more.

3. The posted RFP included information about types and levels of funding available per the HUD ARD Report and local CoC priorities, necessary threshold criteria, housing first criteria, the types of projects that were available (e.g., DV-specific projects, new and renewal projects, PSH/RRH, and so on), the role of the Rank and Review Committee (RRC), and scoring criteria with weights for each scored component. The RFP also stated that the RRC meeting would be open so that any applicant could attend the meeting at which funding and ranking decisions were made.

4. All information was made available on the website in electronic format. There were also two informational sessions held via Zoom that provided for audio communications, and emails were sent to the mailing list. It was noted that information could be offered in audio and visual formats to meet the needs of individuals with disabilities, and that requests for accommodations could be made as needed.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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    - FY 2022 CoC Application Navigational Guide;
   - Section 3 Resources;
   - PHA Crosswalk; and
    - Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section 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 Nonexistentif the organization does not exist within your CoC's geographic area.	

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

18.		

	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 2,500 characters)

1. On behalf of the CoC, the CoC Collaborative Applicant is the sole subrecipient of jurisdictional ESG funding from both Sarasota County and the State of Florida, two ESG recipients for our CoC's geographic area. The Collaborative Applicant also consults with Manatee County, the third ESG recipient for the area, regarding planning and allocating ESG and ESG-CV funds. Therefore, the CoC is in close communication with all ESG program recipients in the planning and allocating of funds. Through the application and contracting process with both the State and County, there is thorough collaboration and consideration for use of funds for established community outcomes.

2. ESG program funds are monitored on a monthly basis by the Collaborative Applicant, including verification of allowable expenditures and analysis of performance reports. These monthly performance reports include the project's current performance on length of time homeless, increases in income, number of days between project entry and exits to permanent housing, and housing retention. When monitoring raises concerns, the Collaborative Applicant provides additional project-specific training regarding best practices to improve performance and/or administration. ESG recipients are notified in such instances. System performance reports are presented to the Leadership Council (i.e., CoC Governing Board) quarterly and updated on the Collaborative Applicant's website dashboard. Reports on ESG project performance are available to ESG recipients upon request at any time.

3. The Collaborative Applicant provides PIT and HIC data to both counties in our CoC's geographic area, and representatives of those counties' commissions hold seats on the CoC Leadership Council. PIT and HIC data are also provided to the State of Florida Office on Homelessness, which administers the State ESG funding. PIT data from 2016 forward is also hosted on the Collaborative Applicant's website.

4. The CoC Collaborative Applicant provides information, data, and reports to local jurisdictions as input to updates to their Consolidated Plans.

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 sexual orientation and gender identity:	

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	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.	No
6.	Other. (limit 150 characters)	

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

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

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

(limit 2,500 characters)

The CoC Leadership Council (i.e., CoC Governing Board) includes seats designated for the two LEAs within the CoC's geographic area. These two seats on the Leadership Council act as a formal partnership between the School Boards and the CoC. These seats are voted on by the general CoC members and those applying must complete an application, agreeing to uphold the values and standards of the CoC's Written Standards. The two LEAs' McKinney-Vento homeless school liaison programs are the Manatee County Schools' Project Heart and the Sarasota County Schools' Schoolhouse Link. Both programs collaborate very closely with the CoC, the Collaborative Applicant, and provider agencies that serve families with children in the home and/or unaccompanied homeless youth.

The Collaborative Applicant participates in a bi-monthly community alliance meeting that include representation from both school boards as well as the Early Learning Coalition. The Early Learning Coalition administers vouchers for child care, Pre-K, and after school care, and offers immediate access for homeless children referred by an authorized CoC partner. The two LEAs in the CoC geographic area participate in CoC meetings and planning events. Each program comprises a team of 3-5 homeless liaisons who provide direct services to homeless families with minor children in the home, as well as unaccompanied homeless youth. Staff from these programs participate in bi-weekly CoC family and youth case conferencing. The liaisons refer households to the CoC and the CoC refers households to the liaisons, working to ensure warm hand-offs and consistent collaborative services.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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 2,500 characters)

The CoC's written standards reinforce the critical importance of providing supportive educational services to school-aged children to minimize the trauma of homelessness and ensure uninterrupted education. All CoC provider organizations working with families with school aged children or unaccompanied youth ensure that a direct referral is made to the designated homeless school liaison team. Designated school liaison teams are responsible determining eligibility for educational supports and services. They are also responsible for ensuring individuals and families are aware of all available services and understand their rights to those services. Close coordination of services between the CoC and homeless school liaison agencies is required and ongoing. The local family providers display posters in their facilities regarding the right to educational supports. In addition, during the diversion screening process, the intake worker informs families with children about their rights to educational services. Referrals are also made at that time for early learning opportunities, such as day care and Pre-K.

To inform individuals and families who become homeless of their eligibility for educational services, information is posted on the Collaborative Applicant's website to connect families to schoolhouseconnection.org and accreditedschoolsonline.org. Additionally, the YOUth Center, a local youth drop-in center, provides information and opportunities for unaccompanied homeless youth to receive ongoing educational services and employment resources. Services such as GED preparation, resume building, counseling, and workshops covering a variety of educational topics.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	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	No	Yes
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

| 1C-5. | Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaborating with Victim Service Providers. | |
| | NOFO Section VII.B.1.e. | |

	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:	
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.	

(limit 2,500 characters)

1. The CoC regularly collaborates with the local providers of housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking in our two-county CoC, which are (1) HOPE Family Services in Manatee County and (2) Safe Place and Rape Crisis Center (SPARCC) in Sarasota County. Those providers are involved actively in the CoC, participate in CoC meetings, and have a representative on the CoC Leadership Council (the CoC Governing Board). Through regular and consistent CoC engagement and service on the CoC Board, the victim services providers assist in updating CoC-wide policies, including, but not limited to, policies and procedures to implement place safety protocols, trauma-informed care, emergency transfers and more. In addition, there is an MOU between the CoC, DV providers, and the PHA to ensure that survivors of domestic violence are able to access Emergency Housing Vouchers when needed.

2. HOPE and SPARCC assist in ensuring that all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors through regular training, participation in CoC meetings, Coordinated Entry (CE), service on the Leadership Council, and day to day interactions with other services and housing providers, as well as interaction with the CoC Collaborative Applicant, which is also the HMIS and CE Lead. In addition, this year a local foundation is investing in a project to ensure that the homeless assistance system is thoroughly trauma-informed at every step for every household.

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

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

(limit 2,500 characters)

1. Victim services organizations within the CoC offer training multiple times a year to enhance trauma-informed care and victim-centered services in projects. The staff in victim services organizations are required to complete 16 hours of continuing education annually and participate in an annual emergency management training. The CoC also held a full-day CoC-wide training on trauma-informed care that was very well attended; this training will be part of the core training curriculum to be offered annually. As one example of a practice in training, project staff are trained to ensure that housing identification in rapid rehousing is centered on survivor choice and safety. Another example is that project staff are trained to appropriately separate members of a couple to inquire safely about one of the partners' possible abuse or exploitation. Similarly, both immediate and long-term safety planning is a component of training.

2. Coordinated Entry (CE) staff are required to complete a pre-recorded trauma informed case management training by the Florida Housing Coalition, which is offered throughout the year as an on-demand pre-recorded training format. CE staff are offered mental health first aid training as well. Safety planning is part of Coordinated Entry policies and procedures that staffers are trained upon during their orientation. Coordinated Entry access staff are trained to connect immediately to the local state certified domestic violence service providers and local organizations specializing in human trafficking for support when appropriate and, if desired by the individual, with law enforcement.

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

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

(limit 2,500 characters)

1. Centerstone, the rape crisis organization in Manatee County, uses the Avatar system. HOPE and SPARCC, the domestic violence providers in Manatee and Sarasota Counties, utilize Osnium.

2. The CoC the de-identified aggregate data from victim services organizations to incorporate that data into the annual PIT and HIC reports.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	the emergency transfer plan policies and procedures; and
2.	the process for individuals and families to request an emergency transfer.

(limit 2,500 characters)

1. Emergency transfer plan policies and procedures are embedded throughout the system. Program and intake procedures at victim services provider agencies, as well as all CoC-funded and ESG-funded providers, include emergency transfer plan policies and procedures. In addition, the PHA administers EHVs, HCVs, and Mainstream Vouchers, and their intake packet and orientation includes information on emergency transfer plans. These policies and procedures apply to all households regardless of known survivor status and thus all households are informed of the policies and procedures, including the process for requesting an emergency transfer.

2. As part of intake and orientation, households are provided information on the process to request an emergency transfer. Typically, a request for emergency transfer is made through the household's assigned case manager but the household may contact any staffer with the provider agency to request a transfer.

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

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

The domestic violence services and housing providers in the CoC, HOPE and SPARCC, ensure that survivors of domestic violence, dating violence, sexual assault, or stalking are included in the By Name List process and therefore are considered for all housing and services available in the CoC.

	1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
		NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1. Ensuring safety is an integral component of Coordinated Entry (CE) policies and procedures. At intake into Coordinated Entry, the intake specialist asks safety-related questions. Those who identify as a victim/survivor who have safety concerns, or those whom intake staff believe might have a safety concern based on the conversation, are connected immediately with the local victim services providers (domestic violence or human trafficking agency) to ensure immediate safety.

2. Once immediate safety is ensured, a longer term safety plan is put into place. This usually happens once the household is referred to the victim services provider agency but may occur at the CE access point as well.

3. Victim confidentiality is a paramount concern in Coordinated Entry. Household information is entered into a confidential information system at the victim services provider and only deidentified aggregate data is shared with other organizations. Those who are in HMIS may ask to have their data locked to restrict access to that data. Further, households can refuse to have their data entered into a database without loss of access to services, shelter, or housing. CE staff are trained thoroughly on the critical importance of confidentiality for all persons accessing the homeless assistance system.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–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 LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
	3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	No

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

		Describe in the field below:
	1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
	2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
	3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
	4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC would update the CoC-wide anti-discrimination policy based on stakeholder feedback if that feedback were received. To date, no such feedback has been received to warrant changes in policies.

2. The CoC works closely with provider agencies to ensure that project-level anti-discrimination policies are consistent with CoC-wide policies. This is done through consultation and monitoring.

3. The CoC Collaborative Applicant monitors programs annually, including compliance with the CoC anti-discrimination policies. The agency's anti-discrimination policies are reviewed to ensure that they are consistent with the CoC's policies.

4. No incidents of noncompliance have been noted within the past year. If noncompliance was identified, the CoC would engage HUD technical assistance. The Collaborative Applicant would then meet with the leadership of the agency that was not in compliance to ensure that the appropriate measures were taken to come back into compliance.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 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?
Sarasota Housing Authority	17%	Yes-HCV	No
Manatee County Housing Authority	50%	No	No

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 2,500 characters)

1. The Sarasota Housing Authority (SHA) is an active partner within the CoC as well as a member of the Leadership Council (i.e., CoC Governing Board). The Collaborative Applicant and SHA collaborated to provide 153 Mainstream vouchers for use within Coordinated Entry, to assist clients in moving on from PSH, and to provide permanent stability for those who were rapidly rehoused and stabilized but who, due to disabilities, will need lasting financial assistance to sustain that stability. SHA has a homeless preference indicated in their Administrative Plan and has allocated 60 Housing Choice Vouchers to the City's homeless outreach team. That team partners with the CoC to ensure those utilizing the vouchers are from the community by-name list. The Collaborative Applicant, the City's homeless outreach team, and SHA staff meet to review and discuss the status of all clients who have been referred for a Mainstream or a homeless preference voucher. This ensures that each household is progressing in their application toward housing using a voucher. Through continued engagement and invitations to be included in the homeless crisis response system as it relates to homeless preference vouchers, the Manatee County Housing Authority serves on the Leadership Council and there have been initial conversations about a homeless preference there. Both Manatee and Sarasota Housing Authorities are working with the CoC in the Suncoast Housing Collaborative, a low-barrier landlord initiative. In addition, the Bradenton Housing Authority is engaged to help focus on building housing solutions in Manatee County.

2. Not applicable.

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

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

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

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

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

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

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

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

PHA
Sarasota Housing ...

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

Name of PHA: Sarasota Housing Authority

1D. Coordination and Engagement Cont'd

1D-1.	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	No
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	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 2022 CoC Program Competition.	8
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 2022 CoC Program Competition that have adopted the Housing First approach.	8
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

	Describe in the field below:
1.	how your CoC evaluates every recipient–that checks Housing First on their Project Application–to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. Project applicants are asked to provide a complete description of the project including factors consistent with the Housing First approach, as detailed below in #2. The Rank and Review Committee scores the projects on adherence to Housing First based on the project descriptions provided by the applicants.

2. The Housing First factors considered include: (1) Few to no programmatic prerequisites to permanent housing entry such as demonstration of sobriety, completion of treatment programs, requirements regarding household income, or agreeing to comply with treatment, (2) low barrier admission policies which are designed to "screen in" rather than screen-out participants with the greatest barriers to housing such as having no or very low income, poor rental history, or criminal histories, (3) supportive services are voluntary but should be attractive to the participant and used to persistently engage participants to ensure housing stability, (4) services are proactively offered to help achieve and maintain housing stability but are not a condition of tenancy, (5) harm reduction and motivational interviewing techniques are utilized, and (6) practices, policies, and strategies are in place to prevent lease violations and evictions.

3. Collaborative Applicant staff conduct annual monitoring of CoC-funded projects to ensure providers are actually using a Housing First approach, as well as performance and use of other best practices. This evaluation includes review of case notes, policies and procedures, program descriptions and rules provided to participants, and performance measures. During monitoring, the Housing First factors described in #2 are evaluated. In addition, during regular meetings with various providers (e.g., training, coordinated entry), there is consistent emphasis on using Housing First approaches, language, processes, and so on, which alerts providers that they must always be cognizant of their processes and messaging.

1D-3.	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 2,500 characters)

1. The CoC has in place comprehensive street outreach efforts made possible through nurturing collaboration among several outreach providers including the Homeless Outreach Teams from four law enforcement organizations, outreach providers funded through PATH, RHY, and SSVF, and other local outreach teams. Outreach occurs daily and designed to reach all those who are unsheltered. Outreach offers a bridge to services and often to low-barrier beds at the local emergency shelter. All partners provide outreach services throughout the CoC and are trained as Coordinated Entry Access Points to ensure all persons experiencing homelessness are identified in Coordinated Entry (CE) and placed on the By-Name List (BNL) for connection to services. Outreach workers continue to engage with unsheltered individuals whether or not they are entered into CE, working to build rapport and trust to encourage housing-focused next steps. This includes the entire geographic area, with additional recent investments in Manatee County. Outreach teams have weekly or biweekly meetings specific to their clients and participate in By-Name Case Conferencing.

2. Street outreach covers 100% of our CoC's geographic area.

3. Street outreach is performed daily.

4. Our CoC tailors outreach by partnering with agencies that are equipped to work with those least likely to ask for assistance. Safe Children's Coalition and Harvest House's Youth Outreach Case Workers identify and engage unaccompanied youth at risk of or experiencing homelessness. Our community's PATH provider, as part of their other organizational services, provides supportive housing and has staff experienced in engaging those reluctant to receiving services. Centerstone specializes in behavioral and mental health, assisting with those who have such barriers. Veteran and civilian outreach is provided by JFCS. All CoC outreach staff provide information, linkage to shelter, and long-term forms of support such as counseling and case management, and work in partnership with the CoC coordinated entry system to identify permanent housing solutions. In addition, outreach workers are provided lists of persons who are highly vulnerable but who have disengaged, and outreach intentionally reaches out to re-engage those persons.

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

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

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

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

		2021	2022
	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."	72	144

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	No
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	No
4.	Substance Abuse Programs	No
5.	Employment Assistance Programs	No
6.	Other (limit 150 characters)	

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

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

(limit 2,500 characters)

1. The Collaborative Applicant (CA) publishes updated resource information online in HMIS on a regular basis for participating agencies and staff to access directly from the home page. The CA also distributes a printed Resource Guide which lists mainstream resources in the CoC geographic area. In addition, the CA facilitates presentations at quarterly CoC meetings to inform members of the resources. For example, the bi-monthly CoC meetings feature both an "Agency Spotlight" and a "Resource Spotlight" that highlight assistance available within the community, including mainstream benefits, behavioral and physical health services, and more. Weekly Case Conferencing also provides opportunities for agencies to share updates and resources to help clients. Program Specialists continually inform case managers on the assistance available, discuss the referral and application process, and educate them on the criteria Social Security uses to determine eligibility.

2. The Collaborative Applicant works closely with First Step of Sarasota (FS), which provides behavioral health services to households experiencing or at risk of homelessness. The SOAR team is able to have Medical Summary Reports submitted with SSI/SSDI applications reviewed by FS medical staff. This relationship allows SOAR clients to enroll in FS's grant program for individuals with no income or insurance. Once enrolled, clients receive no-cost mental health evaluations and treatment.

3. The CA ensures that the CoC's SOAR Team who assist homeless and at-risk clients apply for SSI/SSDI, SNAP, and Medicaid are named frequently as a resource, in CoC meetings, BNL meetings, case conferencing, and other venues. Although the SOAR team primarily assists with SSI/SSDI applications, they also connect clients with resources such as Vocational Rehabilitation, food stamps and Medicaid. These services contribute to the stability of program participants and help in their transition to permanent housing via housing voucher programs.

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

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

(limit 2,500 characters)

The CoC has significantly increased the capacity for non-congregate sheltering over the past two years. This has been done strategically by investing ESG-CV funding for motel/hotel vouchers paired with funding for Rapid ReHousing projects. The CoC supported persons living in an unsheltered situation to move into non-congregate shelter and work on permanent housing placement through Rapid ReHousing. While previously there was few if any non-congregate shelter beds available, during the past year the CoC provided non-congregate shelter to 133 individuals who had been unsheltered. These individuals were prioritized through Coordinated Entry so that those with the highest vulnerability and living with disabilities were offered non-congregate shelter and then assisted to move into permanent housing. In this way, we targeted our resources to those who were in the greatest need based on vulnerability and unsheltered status.

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

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

(limit 2,500 characters)

1. During the first year of the COVID-19 pandemic, the CoC forged strong relationships with state and local public health departments. We continue to work together to ensure that we have in place effective CoC-wide policies and procedures. Many of the policies that were put into place for COVID remain applicable and CoC agencies now have emergency protocols that can be implemented in any future pandemic or health emergency. Technology has been put in place to allow for virtual operations across the CoC. Emergency Operation Commands in both counties in our CoC have distribution lists for quick dissemination of information on disease outbreaks, health department alerts, and safety protocols. Agencies have virtual operation plans in place and procured technology to allow for flexible working locations as well as remote case management procedures in place for obtaining critical documents, signatures, and information from clients so that critical services and supports continue uninterrupted.

2. Building on our experience and relationships from the COVID pandemic, we work with the health department to recognize when social distancing, PPE, and other precautions must be put into place, and to effectively deploy solutions. To avoid overcrowded congregate sheltering, we have built effective non-congregate sheltering policies and relationships with motels. Protocols governing the care of ill individuals as well the coordination between medical personnel, county employees, meal delivery services, and case management services are established and can be instituted quickly.

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

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

(limit 2,500 characters)

1. Updated information was gathered through Emergency Operation Command briefings and regular meetings with county, city, health department, and CoC members. This information, identifying the latest safety protocols and critical new information, is emailed in a timely manner across the CoC by the Collaborative Applicant using a distribution list of 120 recipients representing all sectors and services. Updates include, as needed, new information, standing protocols, and service provider changes to service delivery. Updates also include testing locations, PPE availability, local restrictions, vaccination sites, and/or revisions to safety protocols.

2. The CoC Collaborative Applicant facilitates communication between health departments and homeless services providers on a regular basis, primarily through the email list (described above) and Zoom briefings as needed. Street outreach providers and shelter/housing providers are equipped with PPE, information about testing and vaccinations, and access to noncongregate shelter for those most vulnerable to the infectious disease.

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

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

(limit 2,500 characters)

1. The CoC Coordinated Entry (CE) system covers 100 percent of geographic area of the CoC with (1) facility-based Access Points throughout the area, (2) a roaming Access Point staff person from the Collaborative Applicant that covers both counties in our CoC, and (3) multiple outreach workers who serve as CE Access Points. The roaming Access Point and outreach staff can reach clients "where they are" for intake and triage so that they can be entered on the By-Name List and have access to housing opportunities.

2. The CoC CE utilizes a standardized assessment process. The initial tool utilized for assessment is the VI-SPDAT. The prioritization process considers the acuity of need (as measured by the VI-SPDAT) as well as the length of time homeless and the length of time the household has been on the By Name List

3. The CoC receives regular input from participating projects and households, primarily through case conferencing and By Name List meetings, but also in CoC meetings and other venues. That input is considered on an ongoing basis to revise and improve CE processes to better serve households, as well as participating projects.

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

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

(limit 2,500 characters)

1. The CoC has a staffer who acts as a roaming access point as well as multiple street outreach workers who serve as access points for coordinated entry. This allows us to reach clients "where they are" (literally and figuratively) for intake and triage so that they can be entered into HMIS and the By Name List, and have access to housing opportunities. Clients least likely to apply for homeless assistance are targeted through various reporting methods, engaged by CoC staff, and continuously offered CE intake and housing-focused services. The coordinated entry system prioritizes those persons who are least likely to achieve and maintain permanent housing without the assistance provided within the CoC.

2. The prioritization system is based on length of time homeless, acuity of need, and length of time they have been on the By Name List awaiting housing. Those clients identified through various reporting as homeless for three years or more are targeted and an outreach worker sent to engage with the client continuously until the client is ready for intake and connection to housing options. Similarly, those who have been in shelter for one year or more are also continuously offered CE intake and referral to housing projects.

3. Reports are run daily to check for any new people entering the system; project manager reviews client's case and sends appropriate referrals. When housing options are available, individuals or families prioritized in the queue are contacted by project staff immediately. If the RRH/PSH staff cannot locate the household, an outreach worker assists in locating the household and ensuring that they are connected with the housing project staff. All projects work to ensure that the household is offered the type of housing that is most consistent with their preferences, recognizing that household choice and autonomous decision-making are important to ongoing housing stability.

4. The CoC coordinated entry system is designed to ease the burden on persons experiencing homelessness. For instance, there are many access points throughout the CoC's geographic area for ease of access and for those less likely to utilize a facility-based access point, we have many outreach workers who perform coordinated entry in the field. CE staff and outreach workers are highly trained professionals who strive the make the CE process easy and as quick as possible. CE may be done either in person or over the phone to meet the households' needs.

1D-10.	Promoting Racial Equity in Homelessness–Conducing Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	01/15/2021

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

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

(limit 2,500 characters)

1. The CoC utilized the Racial Equity Toolkit provided by NAEH to perform our assessment of racial disparities.

2. We compared the number of those experiencing homelessness versus those placed in permanent housing and did not identify any disparity. Of those experiencing homelessness, 73% identified as white, 22% as African American, and 5% as other. Additionally, 10% identified as Hispanic, and 90% as Non-Hispanic. These percentages held true for those being placed in transitional housing. These numbers were comparable to those placed in permanent housing with 72% identified as white, 22% as African American, and 6% as other. In terms of ethnicity, Hispanic households were slightly more likely to be placed in permanent housing, at a rate of 13% versus 87% non-Hispanic households. A small disparity was identified when considering Returns to Homelessness. Of those returning to homelessness, 68% identified as white, while 24% identified as African American, and 8% as other, meaning that is was slightly more likely for African Americans and "other" races to return to homelessness as compared to white households.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	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.	No
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	No
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.	No
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.	No
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	No
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	No
	Other:(limit 500 characters)	
12.		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

No significant disparities have been identified in the outcomes of the homeless assistance system. Disparities exist across the community, as evidenced by a higher rate of homelessness experienced by racial minorities and particular ethnic groups as compared to white non-Hispanic households; however, these disparities are due to broader differences in employment, education, housing, and community factors, not the homeless assistance system. Once an individual enters the homeless assistance system, there are no significant disparities experienced related to housing outcomes.

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

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC will continue to monitor racial equity using the NAEH Racial Equity Toolkit. The racial equity analysis is to be performed annual prior to our Annual CoC Meeting and reviewed to ensure the system remains equitable. If racial inequities are identified in the homeless assistance system, steps will be taken to remedy those inequities.

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

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

(limit 2,500 characters)

The CoC continues to prioritize representation in our role facilitating community-wide collaboration and the Collaborative Applicant seeks out persons with lived experience/expertise of homelessness. Staff and community members are encouraged to include clients active in the CoC to attend virtual meetings, as well as having members with lived experience on both the Board of Directors of the Collaborative Applicant and the Leadership Council, the CoC Governing Board.

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

	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.	3	3
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	3	3
3.	Participate on CoC committees, subcommittees, or workgroups.	3	3
4.	Included in the decisionmaking processes related to addressing homelessness.	3	3
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

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

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

(limit 2,500 characters)

Career Source (the local workforce board agency) and Goodwill Job Connections, two CoC member organizations, provide professional development and employment opportunities to individuals with lived experience of homelessness. Both organizations are actively involved in the CoC and committed to ensuring that households with lived experience are provided the education, training, and employment they need. Career Source maintains regular hours at the drop-in center to assist with resume writing, job applications, and to connect households to available opportunities. Goodwill has locations easily accessible by public transportation and collaborates with outreach staff and case managers to assist clients who may be having difficulty accessing their services. Career Source and Goodwill share job opportunities and job fairs with the Collaborative Applicant, which in turn sends those updates to provider agencies to share with program participants.

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

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

(limit 2,500 characters)

1. The CoC routinely gathers feedback from people experiencing homelessness and those who have received assistance through the homeless assistance system. This is done primarily through surveys and program participant feedback acquired during monitoring of CoC and ESG projects.

2. Feedback regarding challenges identified by people with lived experience is brought to the appropriate committee (e.g., feedback regarding coordinated entry is considered by the coordinated entry team) and/or the CoC Leadership Council, which is the CoC's Governing Board.

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

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

(limit 2,500 characters)

1. The CoC has engaged actively with Sarasota County and Manatee County stakeholders to encourage reforming zoning and land use policies to permit more housing development. While the local governments have not yet taken action, the conversations have been active and promising. The specific steps taken have been: (1) presentations to both county commissions regarding the data supporting the need for increased affordable housing stock and possible solutions, and (2) individual meetings with stakeholders, including commissioners and local government staff. Among the topics discussed were: (1) inclusionary zoning, (2) housing type zoning code flexibility to promote infill affordable housing development, (3) accessory dwelling unit ordinances, and (4) access to government-owned surplus lands for use by nonprofits and affordable housing developers.

2. In engaging with Sarasota County and Manatee County, as described above, additional topics include: (1) expedited permitting for affordable housing, (2) reduction of parking and setback requirements for affordable housing, (3) reduction of impact fees for affordable housing, and (4) conversion of unused retail shopping properties for affordable housing.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
  - FY 2022 CoC Application Navigational Guide;
 - Section 3 Resources;
 - PHA Crosswalk; and
  - Frequently Asked Questions

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/15/2022

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

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

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	110
2.	How many renewal projects did your CoC submit?	8
3.	What renewal project type did most applicants use?	PH-PSH

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

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

(limit 2,500 characters)

1. The CoC's Review and Rank Committee (RRC) used HMIS-generated performance reports to evaluate the rate at which projects successfully housed program participants in permanent housing. The greatest points were awarded to projects that housed 85% or more of program participants, with fewer points awarded to those in the following ranges, with decreasing points for each range: 65-84%, 45-64%, 25-44%.

2. The RRC used performance reports to determine the total days from project entry to move-in date, with the greatest points awarded to those who housed program participants within 45 days, and fewer points awarded to those in the following ranges: 45-60 days, 61-75 days, and 76-90 days.

3. The RRC considered severity of needs and vulnerabilities of program participants in terms of the need for permanent supportive housing vis a vis rapid rehousing, generally ranking PSH renewal projects ahead of RRH, and ranking renewal projects ahead of new projects due to the recognized need to ensure housing stability for those already housed in existing projects.

4. The RRC took into consideration the vulnerability and severity of needs of projects' participants when ranking projects by balancing the factors related to project performance with the factors related to severity of need, and taking into consideration the type of project (PSH versus RRH) when ranking projects.

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

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

(limit 2,500 characters)

1. The CoC's Leadership Council (i.e., governing board), the Rank and Review Committee, and the Collaborative Applicant staff all include persons of different races and play a role in the local competition process.

2. Based on input from stakeholders, the Request for Proposals this year required project applicants to describe how their project would address racial equity and target underserved populations.

3. The CoC's Rank and Review Committee included persons of different races and ethnicities, including those over-represented in the local homeless population.

4. The local competition Request for Proposals required project applicants to describe how the project would (1) help address racial equity and racial disparities affecting individuals and families experiencing homelessness and (2) specifically address how the program would target underserved populations based on program data.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	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; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1. The CoC has a written policy for reallocation, approved by CoC's Leadership Council (LC), which serves as the Governing Board. The policy sets forth processes for the evaluation of HUD CoC projects for quality, fit with community need, compliance, expenditure history, and alignment with HUD priorities. During the local competition, the Request for Proposals (RFP) outlines the scoring criteria to be used to evaluate performance. The rating criteria emphasizes system performance measures, compliance with Coordinated Entry (CE), and low barrier and housing first approaches. The reallocation policy empowers the Review and Rank committee to make decisions regarding funding allocations and rankings according to parameters of the RFP and priorities of the LC. To determine whether any renewal projects were candidates for reallocation, the CoC's Review and Rank Committee evaluated many factors including, but not limited to, the following: (1) positive housing outcomes, (2) days from project entry to move-in date, (3) housing stability after 12 months, (4) income increases, (5) HMIS data quality, consistency, and timeliness, (6) participation in Coordinated Entry, (7) low barrier and housing first approaches, (8) best practices, and more.

2. The CoC did not identify any projects that were candidates for reallocation this year.

3. The CoC did not reallocate any projects this year.

4. The Review and Rank Committee determined that all renewal projects met performance and other benchmarks, using the criteria described in #1 above, and met a community need.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes

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

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/12/2022

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/12/2022

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

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes

1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/23/2022

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/23/2022

2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus - Clarity

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

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

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/28/2022

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

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

1. The CoC/HMIS Lead collaborates closely with local domestic violence housing and service providers. The DV providers use Osnium, an HMIS-comparable database, and contribute de-identified aggregate data to the CoC as needed. The DV providers also have access to the HMIS system so they can search the system to determine what homelessness services and/or housing their program participants might have used in the past or be using in the present.

2. Our CoC is compliant with the 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	537	73	464	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	358	0	334	93.30%
4. Rapid Re-Housing (RRH) beds	144	0	144	100.00%
5. Permanent Supportive Housing	378	0	378	100.00%
6. Other Permanent Housing (OPH)	252	0	252	100.00%

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

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

(limit 2,500 characters)

Not applicable

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/24/2022

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/28/2022

2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:
1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

1. The CoC engages with multiple stakeholders that serve homeless youth in the planning and implementation of the PIT in our two-county CoC. The Manatee County and Sarasota County public school system homeless liaisons were very involved in the planning of the 2022 PIT and assisted by completing PIT surveys for the youth they had identified. In addition, the RHY-funded programs took part in the PIT, as did youth-dedicated outreach workers and case managers from Safe Children Coalition, Family Resources, and Harvest House. Also engaged was the More Too Life program, which serves survivors of human trafficking, including youth. The PIT survey language was informed by youth with lived experience of homelessness to make the survey user-friendly and accessible for youth.

2. While homeless youth have been heavily involved in surveying for PIT counts prior to the pandemic, they were not engaged this past year due to concerns about COVID and the desire to safeguard their health and safety. There are plans to re-engage homeless youth for the 2023 PIT and the CoC's Unaccompanied Homeless Youth Task Force is already working on strategies.

3. PIT count locations included those identified by youth with recent lived experience of homelessness, as well as locations identified by outreach workers and youth-serving organizations.

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

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

(limit 2,500 characters)

Not applicable - there were no changes in methodology or data quality between 2021 and 2022.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

(limit 2,500 characters)

1. The CoC uses evidence-based risk factors that have been shown to be correlated with vulnerability and the likelihood of people experiencing homelessness for the first time. These risk factors include disability, income, age, race, victimization, and household composition, all of which are recorded in client entry assessments. Additionally, HMIS records and reports are used to identify at-risk clients who have been utilizing resources in the homeless crisis response system. Finally, the Coordinated Entry team is currently working on fine-tuning the identification of households at the greatest risk of homelessness upon being discharged from other systems, including criminal justice, psychiatric and substance use treatment programs, hospitals, etc.

2. Our CoC has numerous diversion and outreach resources tailored to individual and families most at risk of homelessness. These specialists assist those who are at-risk of homelessness or newly homeless to identify supports, resources and/or utilize conflict resolution and mediation strategies to assist in resolving the immediate crisis. The Collaborative Applicant, which is the Lead for Coordinated Entry, employs a team of diversion specialists who engage in problem-solving conversations with families and individuals attempting to access the system. Our family diversion specialist is the single point of entry into family shelters, with families provided a referral to shelters only after a diversion conversation takes place and it is determined that emergency shelter is the family's only option. This strategy greatly reduces the inflow of families into shelters when other resources are available. The CoC's strategy to reduce the number of households experiencing homelessness for the first time is a collaborative effort with each agency in the CoC responsible for having a housing problem solving conversation at the initial point of access. The CoC continues to fund projects for diversion, utilizing a triage process for issuing financial assistance as part of early intervention (EI) efforts and the Collaborative Applicant is currently mapping out a strategy for incorporating this approach system-wide.

3. The Collaborative Applicant and Coordinated Entry Lead, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to reduce the number of households experiencing homelessness for the first time.

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

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

(limit 2,500 characters)

1. To reduce the length of time homeless, our CoC has increased CoC-wide housing-focused outreach efforts to connect clients efficiently to permanent housing interventions. The CoC also emphasizes the importance of shortening the time to housing placement for households after entry into rapid rehousing and permanent supportive housing projects. The Collaborative Applicant has launched the Suncoast Housing Collaborative to recruit landlords and strengthen landlord relationships, which will assist with more rapid housing placement. The Housing Collaborative includes a variety of strategies to incentivize landlords to reduce barriers to housing placement and speed up housing placement. Those strategies include housing placement bonus, risk mitigation fund, discounts offered by retailers, rent guarantees in the event of unexpected turnover, and more. Further, this year the CoC's permanent housing options have increased due to the collaboration with the Sarasota Housing Authority for Emergency Housing Vouchers and Mainstream Vouchers. In addition, the CoC's Coordinated Entry system tracks length of time homeless and uses that measure as a factor in prioritization for housing resources.

2. The CoC identifies individuals and families with the longest lengths of homelessness through the Coordinated Entry (CE) process. This information is recorded on the By-Name List (BNL) and in HMIS. The Collaborative Applicant's Coordinated Entry Project Manager reviews each CE intake, screens for eligibility, and sends the referrals to the appropriate agency or resource. The CoC has agreed that agencies receiving referrals will accept or deny within 48 hours. Agencies within the CoC have biweekly case conferencing to discuss client barriers and share resources. When a housing resource is available, a referral is made through the coordinated entry project manager for the next eligible prioritized person on the list. For housing voucher clients, the Collaborative Applicant has a housing project manager on staff who works with clients, along with a case manager who helps with housing identification and ensures a smooth paperwork process at the PHA. Other housing projects employ housing coordinators as part of their teams to assist with housing identification and placement.

3. The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to reduce the length of time households remain homeless.

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

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

(limit 2,500 characters)

1. To increase the rate that households in ES, TH, and RRH exit to permanent housing destinations, the CoC uses its Coordinated Entry system and case conferencing, which are led by the Collaborative Applicant. In addition, the CoC systematically and strategically focuses on exits to permanent destinations through targeted bridge shelter beds for prioritized individuals which are coupled with RRH funding. Vouchers have been used for clients who were stabilized through RRH but would not likely be able to maintain their housing beyond their rapid rehousing assistance due to financial constraints and/or disabilities. The Collaborative Applicant has launched the Suncoast Housing Collaborative (to recruit landlords and strengthen landlord relationships (see description in 2C-2 above), which will assist with permanent housing placement. This year the CoC's permanent housing options have increased due to the collaboration with the Sarasota Housing Authority for Emergency Housing Vouchers and Mainstream Vouchers,

2. The CoC emphasizes best practices in housing-focused case management for permanent housing projects and provides mandatory trainings to ensure that project staff have in-depth knowledge of best practices to ensure ongoing housing retention and exits to permanent housing destinations. A few of the strategies currently in place include: (1) effective connections to mainstream benefits and employment, (2) regular follow-up to identify and solve any possible challenges with housing retention, (3) connecting rental sharing opportunities through case conferencing, (4) ensuring wrap around supports through case conferencing teams and collaboration, and (5) facilitating moves from RRH to housing vouchers for those least likely to be able to financially sustain their housing once RRH assistance is ended. Project performance on exits to permanent housing and housing retention are monitored by the Collaborative Applicant quarterly so that any problem areas can be identified and rectified in a timely manner. The Collaborative Applicant maintains a performance dashboard on its website, updated quarterly, that reports on our community's achievement of this and other performance measures to draw attention to the importance of such measures.

3. The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to increase the rate households exit to or retain housing.

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

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

(limit 2,500 characters)

1. The CoC uses the Coordinated Entry System, HMIS, and street outreach to identify households who return to homelessness.

2. The CoC utilizes its case conferencing process, led by the Collaborative Applicant (CA), to help identify those at risk of return to homelessness and take action to prevent those returns. This intervention could be connection to appropriate services, reunification with family, rehousing, or job connection. The open collaboration fostered through the our system has created an environment where case managers are forthcoming when they are encountering challenges with stability of clients and wanting ideas for solutions. Another way we have been able to work together to reduce returns to homelessness is through the voucher allocation with the housing authority. Vouchers have been used for clients who were stabilized through RRH but will not be able to maintain their housing beyond their rapid rehousing assistance due to financial constraints and/or disabilities. The CoC emphasizes best practices in housing-focused case management and provides mandatory trainings to ensure that project staff have in-depth knowledge of best practices. All funds sub-contracted through the Collaborative Applicant are monitored monthly. The monitoring includes review of case notes and housing stability plans. Staff are able to identify signs of instability and make contact with case managers to discuss/strategize the case. Cases are brought to the case conferencing collaborative for input on strategies and ideas for resources to help ensure client stability. In addition, the CoC focuses on assisting program participants to increase employment and non-employment income (see 2C5 and 5a) so households will have financial resources to retain their housing.

3. The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to reduce the rate households return to homelessness.

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

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

(limit 2,500 characters)

1. Increasing income is a performance measure the Leadership Council (i.e., CoC Governing Board) has identified as a priority and is seeking to address through various strategies. One strategy is emphasis on this performance measure in the CoC's RFP processes by scoring projects higher when they perform well on this measure. In addition, this measure is included in monthly performance reports provided to agency leadership and program directors and reported to the Leadership Council on a quarterly basis. The Collaborative Applicant maintains a performance dashboard on its website, updated quarterly, that reports on our community's achievement of improving income, as well as other performance measures, to draw attention to the importance of such measures. The largest employment nonprofits in the area, Career Source and Goodwill, are both active members of the CoC. In addition, the CoC has improved the to which income is updated in HMIS so income changes can be tracked more accurately. Tracking changes in income is also a component of the monitoring process to ensure that provider agencies continue to emphasize increasing income and recording those changes.

2. We actively engage the local workforce board agency, Career Source, in case conferencing to update case managers on programs and opportunities. Career Source maintains regular hours at the drop-in center to assist with resume writing, job applications, and to connect households to available opportunities. The CoC also collaborates closely with Goodwill and their job connections staff member is an active participant in the strategic planning committee. Goodwill has locations easily accessible by public transportation and collaborates with outreach staff and case managers to assist clients who may be having difficulty accessing their services. Career Source and Goodwill share job opportunities and job fairs with the Collaborative Applicant, which in turn sends those updates to provider agencies.

3. The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to increase income from employment.

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

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

(limit 2,500 characters)

1. Non-employment cash income is also included in the Leadership Council (i.e., CoC Governing Board) priorities along with employment income. One strategy is emphasis on this performance measure in the CoC's RFP processes by scoring projects higher when they perform well on this measure. Additionally, the CoC performs regular monitoring and training of case managers to educate them on how to assist clients securing non-employment income. The Collaborative Applicant and CoC emphasize the availability and effectiveness the local SOAR Team, which focuses on connecting eligible clients to SSI and SSDI benefits. As other needs are identified throughout the disability application process, the SOAR team also connects households with other non-employment benefits, such as assisting with food stamp applications and helping recover unreceived stimulus checks from IRS. Program specialists also screen individuals coming through coordinated entry to identify any unmet needs and connect them with non-employment benefits which includes assisting with Medicaid and food stamp applications. For households in programs/projects, their assigned case manager assists the household in applying for benefits and non-employment income, referring the household to the SOAR team when appropriate. As noted in 2C-5, there is also increased emphasis on recording changes in income in HMIS so household income and program performance can be accurately tracked.

2. The Collaborative Applicant, the Suncoast Partnership to End Homelessness, is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
   - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
   - Section 3 Resources;
   - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section 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 2,500 characters)

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

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

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

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

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

(limit 2,500 characters)

4A. DV Bonus Project Applicants

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2022 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.e.	

	Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.	

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

<div align="center">

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

</div>

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	90
2.	Enter the number of survivors your CoC is currently serving:	22
3.	Unmet Need:	68

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

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

(limit 2,500 characters)

1. The CoC obtained from the required data above from the CoC's domestic violence programs.

2. The data source was the comparable database used by local DV programs.

3. The availability of affordable housing is one of the greatest barriers our DV survivors face. This is compounded by the fact that the majority of survivors have experienced financial abuse, and have not had access to the family finances, have been prohibited from working, or have had their credit scores destroyed by their abuser. Many survivors are facing a need to find housing as a newly single parent (single income household), and they are navigating the many barriers of finding/establishing housing with no financial savings and a limited support system. Our CoC currently lacks a dedicated DV housing project. The Certified Domestic Violence Centers do not have housing programs that extend beyond emergency shelter. This leaves survivors of domestic violence without supportive housing services that maintain a trauma-informed, victim-centered approach. DV Centers report that referrals info community programs are rejected due to concerns over safety. Additionally, abusers commonly sabotage a victim's economic stability, making victims more vulnerable to homelessness when they make the decision to flee. Many survivors have trouble finding rental properties because they may have poor credit, rental, and employment histories as a result of their abuse. Our CoC's Certified Domestic Violence Centers in the State of Florida (SPARCC & Hope Family Services) do not currently have a permanent supportive housing, transition or RRH program in operation, therefore, those currently in shelter are counted as "safe housing destination" due to the temporary safe housing situation via shelter. The DV providers also work with the Housing Authority, and other CoC partners to attempt placement and locate safe housing, but as resources are extremely limited, DV providers are not able to find affordable options or supportive programs to meet the high level of need.

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

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

Applicant Name
Catholic Charitie...

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

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

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

	1.	Applicant Name	Catholic Charities, Diocese of Venice
	2.	Project Name	CCDOV DV Bonus Collaboration RRH
	3.	Project Rank on the Priority Listing	9
	4.	Unique Entity Identifier (UEI)	FTXXZCN4B753
	5.	Amount Requested	$362,774
	6.	Rate of Housing Placement of DV Survivors–Percentage	100%
	7.	Rate of Housing Retention of DV Survivors–Percentage	100%

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

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below
1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. The rate of housing placement for DV survivors served by the project applicant equals the number of program participants housed divided by the total number of program participants. The rate of housing retention equals the number of program participants housed divided by the number of program participants who remained stably housed.

2. Yes, the rates account for exits to safe housing destinations.

3. The data source was HMIS.

	4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
		NOFO Section II.B.11.e.(1)(d)	

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

(limit 2,500 characters)

1. The project applicant, CCDOV, partners with local DV providers to ensure that survivors have immediate access to low barrier services that offer immediate safety, confidentiality, and necessary supports. All agencies embrace the "Housing First" approach. Project staff provide in-depth housing search and coordination with local property managers to house persons referred for assistance. The Housing CM prioritizes client choice where individuals may already have positive support networks in place to identify convenient and safe locations that are close to employment and have access to public transportation.

2. The project applicant accepts referrals from local DV providers and CoC Coordinated Entry. Priorities are determined based on vulnerability as measured by the VI-SPDAT and case manager input regarding urgent health and/or safety needs.

3. Upon entry into the program staff work with survivors to create a housing stability plan. The plans are informed by the VI-SPDAT assessment and centered on participant choice. Stability plans are reviewed throughout service provision to assess and identify where progress has been made and to develop additional strategies to overcome new barriers and/or changing priorities.

4. The staff provide advocacy to assist and/or connect the survivor in securing a variety of supports or services, including employment, healthcare, food, clothing, or personal care items. CCDOV and partners provide referrals to outside organizations and attend service planning meetings to support participants access and utilization of services to develop a coordinated response to ensuring survivors have access to health services. CCDOV continues to maintain close working relationships with service providers and has established systems and contacts in place for referral and access.

5. The exit plans are developed with the client's input to ensure that proper support is in place to reduce the likelihood of a return to homelessness if/when challenges arise. Once a client has successfully discharged from the program, at a minimum, staff attempts to conduct three follow-up phone interviews to assess the client's stability and discuss any issues they may need assistance with to resolve. If the client is struggling, or in need of additional supports, staff continues to provide information and referrals.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 2,500 characters)

1. Services are provided at various locations and align with best practices and confidentiality mandates. At each location, staff have a designated space where they can meet with survivors in private to ensure that the confidentiality of the client and the information being shared is maintained. Survivors are interviewed separately from others who might accompany them to the meeting.
2. CCDOV works with the survivors to identify safe housing, with the staff person taking direction from the survivor as to safe locations, housing, and access to services and support networks. Survivors are encouraged to secure housing in areas where police response times are faster. If the unit is in an area where there is an active neighborhood watch committee, the option for the victim to participate is explored, as is the possibility of sharing with the property manager identifying information about the abuser; such actions are up to the survivors' choices.
3. CCDOV and partners ensure that notes and records are accessible and transparent to survivors but not to unauthorized persons. A Release of Information Form is completed whenever verbal or written information is exchanged. Data is input into a secure system that is not accessible by unauthorized persons and physical records are locked up. Locations are also kept confidential, with names and addresses redacted when appropriate.
4. All project staff are required to complete training offered by local DV providers, SPARCC and HOPE, on safety and confidentiality policies and practices. Staff are trained on agency-specific confidentiality policies upon hire with regular refreshers. Training also includes: DV Basics, Marginalized Groups, Children and Victimization, Victim Sensitivity, Court Systems, Advocacy, Community Resources, and Documentation.
5. Housing is scattered site and during housing identification and placement, security measures are considered, including security gates, outside lighting, deadbolt locks, etc.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

CCDOV has extensive experience providing housing to underserved populations and to populations such as survivors of human trafficking where safety and security is of the utmost importance. Many of the current services CCDOV offers serve survivors of abuse. For example, Our Mother's House provides transitional housing to single mothers who present with a history of trauma, including domestic and sexual violence. In addition, CCDOV's current emergency shelter located in Sarasota County and various RRH programs across the 10-county service area work with survivors of abuse/trauma providing comprehensive case management services to meet the unique needs of survivors. Case managers work with survivors on safety planning and developing emergency supports. These programs undergo regular monitoring and evaluation from the funder and external evaluators. CCDOV also works closely with domestic violence providers SPARCC and HOPE to receive specialized training, review policies and procedures and to implement best practices to ensure the safety of all survivors.

| | 4A-3e. | Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | | NOFO Section II.B.11.e.(1)(d) | |

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

(limit 5,000 characters)

CCDOV, the project applicant, has extensive experience in using trauma-informed, victim-centered approaches in their past and current programs. These programs include an emergency shelter in the CoC and RRH programs across a 10-county area.

1. CCDOV's programs following housing first approaches, prioritizing permanent housing placement and stability. These programs offer services but all services are voluntary. Program participants' choices are centered in housing identification and placement, as well as service engagement.

2. Trusting mutual relationships are central to healing from trauma. CCDOV's programs do not use punitive interventions but rather are trauma-informed. CCDOV recognizes that survivors are experts in their own lives and therefore should have agency/control over decisions. CCDOV provides individualized services to ensure that survivors are heard and not re-traumatized. Providing an emotionally safe, non-judgmental environment avoids further traumatization of survivors, including not mirroring abusive behaviors in any way; being careful to avoid replicating power and control dynamics; and refraining from punishing, "policing," or subjecting survivors to excessive and rigid rules.

3. Participants in CCDOV program are provided a wealth of information on domestic and sexual violence, and the types of effects of trauma. Staff emphasize that trauma can stem from experiences that occur over a lifetime, including childhood, intergenerational, community, system-induced, historical, political, and immigration-related trauma.

4. CCDOV's programs are strengths-based. In each case, housing stability plans are created around the survivor's strengths and aspirations. Client-centered strengths-based programming is critical to ensure survivors engage in services and remain stably housed. Goals are developed, but each participant defines success. Procedures are developed to be non-intrusive into people's lives, invite participants to have input about services in which they will participate and information they will share, provide clear, consistent information about program expectations, rely on natural consequences as the best teacher, and acknowledge that each person's portfolio of strengths are different.

5. CCDOV maintains an environment where consumers' and employees' similarities and differences are valued. Staff work to remove barriers to meet their clients where they are and work with them to create goals based on their preferences. The agency is committed to working in partnership with other community organizations to develop better policy and practices that address the racial disparities in all social services systems. CCDOV is engaged in implementing best practices within the program that are firmly grounded in inclusion and equity working to counteract ongoing oppression, including racism, heterosexism, discrimination, classism, and the effects of colonialism and eurocentrism, plus how forms of oppression intersect with domestic and sexual violence and other kinds of trauma; how forms of oppression can impede access to resources; and ultimately, incorporating this understanding into the services provided, through the ways that survivors and staff work together, and through systems, policy, and social change work.

6. CCDOV individualizes the way services are delivered in recognition that people are experts in their own lives providing a variety of opportunities for connection for program participants, to include but not limited to: mentoring opportunities, hiring staff with lived experience of homelessness and/or domestic violence, peer-to-peer supports, and access to community organizations to meet their spiritual needs.

7. CCDOV case managers connect survivors to trauma-informed parenting classes, childcare and afterschool care, and connections to legal services consistent with the survivor's needs and preferences.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 5,000 characters)

CCDOV and partners recognize the need for strong partnerships and community involvement to end domestic violence and serve survivors of violence. Staff obtain informed consent through a signed Release of Information for other service providers that the client is connected with to assist in the coordination of such services. This communication ensures non-duplication of services as well as solid communication of all knowing strengths, needs, and progress toward goals. Staff apply a comprehensive strength-based service approach to offer assistance and to help identify additional support services needed such as health and mental health care, substance use disorder treatment, financial assistance, legal services, education, childcare, and employment services.

For example, CCDOV works with the Early Learning Coalition to ensure that households have access to affordable child care and afterschool care for dependent children. CareerSource and Goodwill Job Connection provide employment services to program participants. Survivors who need legal assistance are connected with Legal Aid of Manasota, while CCDOV's behavioral health care partners are First Step and Centerstone. CCDOV can also connect survivors to supportive services for specific needs such as family planning, Veterans services, HIV/AIDs services, and more.

Established connections among community agencies are strong and have been recognized by State and Federal program monitors as well as local government. The most common strategy used by staff is to overcome barriers that survivors are faced with is through strengthening or expanding mutually beneficial relationships among service providers. CCDOV engages local providers in collaboration to ensure coordinated efforts are at the forefront of each initiative. CCDOV understands that not any one issue our community is experiencing exists in an isolated vacuum. Survivors often need the support and assistance from numerous community partner agencies.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

	Provide examples in the field below of how the new project will:
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;

	4.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
	5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. CCDOV's new project will following housing first approaches, prioritizing permanent housing placement and stability. Services will be offered and encouraged but services will be purely voluntary and up to survivor choice and preference. Program participants' choices will be central in housing identification and placement, as well as service engagement.

2. Trusting mutual relationships are central to healing from trauma. This new project will be trauma-informed and not use punitive interventions or based on inappropriate power dynamics. This project will provide individualized services to ensure that survivors are heard and not re-traumatized. Providing an emotionally safe, non-judgmental environment will minimize re-traumatization of survivors; the project is designed to ensure that abusive behaviors are not mirrored in any way; being careful to avoid replicating power and control dynamics; and refraining from punishing, "policing," or subjecting survivors to excessive and rigid rules.

3. Participants in this program will be provided information on domestic and sexual violence, and the types of effects of trauma. Staff will emphasize that trauma can stem from experiences that occur over a lifetime, including childhood, intergenerational, community, system-induced, historical, political, and racial and immigration-related trauma.

4.This project will be strengths-based. In each case, survivor-centered plans will be created around their strengths and aspirations. Client-centered strengths-based programming is critical to ensure survivors engage in services and remain stably housed. Goals will be developed to contribute to ongoing housing stability, but each participant will define their own measure of success.

5. In this project, as in CCDOV's existing programs, consumers' and employees' similarities and differences will be valued. Staff will work to remove barriers to meet their clients where they are and work with them to create goals based on their preferences. The agency is committed to working in partnership with other community organizations to develop better policy and practices that address the racial disparities in all social services systems. CCDOV will implement best practices within the program that are firmly grounded in inclusion and equity working to counteract ongoing oppression of all kinds, plus how forms of oppression intersect with domestic and sexual violence and other kinds of trauma; how forms of oppression can impede access to resources; and ultimately, incorporating this understanding into the services provided, through the ways that survivors and staff work together, and through systems, policy, and social change work.

6. The project will offer individualized services provision, in recognition that people are experts in their own lives providing a variety of opportunities for connection for program participants, to include but not limited to: mentoring opportunities, hiring staff with lived experience of homelessness and/or domestic violence, peer-to-peer supports, and access to community organizations to meet their spiritual needs.

7. Project case managers will connect survivors to trauma-informed parenting classes, childcare and afterschool care, and connections to legal services consistent with the survivor's needs and preferences.

| 4A-3h. | Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section II.B.11.e.(1)(f) | |

| Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation. |

(limit 2,500 characters)

CCDOV, the project applicant, and the two partner DV providers SPARCC and HOPE, cultivate an environment where the voices of survivors with lived experiences of homelessness are elevated and centered from the moment of service inquiry through intake and exit. The partners fully embrace involving survivors in the design/evaluation/operation of services. Clients will be asked to provide staff with feedback on ideas to improve services through confidential surveys, staff-facilitated meetings, counseling sessions and/or by scheduling an appointment with the program manager and/or Director.

The CoC includes members from organizations who have lived experience and/or work with the targeted population. CCDOV, SPARCC and HOPE may have staff impacted (directly/indirectly) by intimate partner violence but recognize that maintaining a survivor's confidentiality is essential to their safety. The status of staff or committee member's trauma history is never disclosed unless self-identified. SPARCC and HOPE have a reputation for elevating victim/survivor voices, needs and challenges, while doing the system advocacy necessary to ensure change, offering an array of emergency services/supports to ensure safety and a successful healing journey. Staff across the CoC recognize, embrace the unique intersectional needs of those most marginalized and oppressed.

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	08/24/2022
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Deadline	Yes	Local Competition...	08/17/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	08/23/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Forms for ...	09/19/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/17/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/17/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/17/2022
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		

3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/16/2022
1B. Inclusive Structure	09/21/2022
1C. Coordination and Engagement	09/16/2022
1D. Coordination and Engagement Cont'd	09/16/2022
1E. Project Review/Ranking	09/23/2022
2A. HMIS Implementation	09/16/2022
2B. Point-in-Time (PIT) Count	09/16/2022
2C. System Performance	09/16/2022
3A. Coordination with Housing and Healthcare	09/16/2022
3B. Rehabilitation/New Construction Costs	09/16/2022
3C. Serving Homeless Under Other Federal Statutes	09/16/2022

4A. DV Bonus Project Applicants	09/22/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

1C-7D

ATTACHMENT

PHA Homeless Preference

August 23, 2022

Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234

To Whom it may concern.

The Sarasota Housing authority and Suncoast Partnership to End Homelessness share a like vision to provide affordable housing and to end homelessness. Suncoast partnership to End Homelessness currently has two special program vouchers that have homeless preferences. Both Emergency Housing Vouchers, and Homeless Outreach Team Vouchers are to assist individuals and families who are experiencing homelessness, or are at risk of experiencing homelessness, or were recently homeless and for whom providing rental assistance will prevent the family's homelessness, or having high risk of housing instability.

The chart below will show our efforts to end homelessness.

Program	Homeless Preference	Number
HOT	Yes	60
EHV	Yes	59
Mainstream	No	153

Sincerely,

Brian Croke

Brian Croke
HCV Interim Director
Sarasota Housing Authority
941-361-6210 Ext. 230

1E-1

ATTACHMENT

Local Competition Deadline

1E-2

ATTACHMENT

Local Competition Scoring Tool

System Area: Permanent Supportive Housing

Refer to pages 4-6 in the RFP for the questions to be answered in this service area.

Scoring Rubric – Permanent Supportive Housing	Max Points
Agency Experience and Capacity Applicants demonstrating extensive experience in administering federal, state and municipal funds, and providing the proposed service and/or serving the proposed population, with demonstrated fiscal stability to maintain operations, and actively addressing diversity, equity, and inclusion will receive up to 15 points.	15
Project Quality Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following: ▪ <u>Housing First</u>: Applicants may receive up to 5 points based on the extent to which they have followed and will follow a Housing First Model/Low Barrier approach. ▪ <u>Collaboration</u>: Projects with specific referenced collaborations that include either MOU's or other letters of documentation demonstrating collaborative efforts will receive up to 2 points. ▪ <u>Low Barrier:</u> Projects demonstrating Low Barriers to program admission and flexible participation policies designed to retain program participants will receive 5 points. ▪ <u>Leverage Impact:</u> Projects demonstrating that they are scalable relating to amount of funds available and have matching funds or in-kind services to maximize impact and support the project proposed will receive up to 5 points. ▪ <u>Understanding:</u> Projects demonstrating a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring may receive up to 5 points.	25
Oneby1 Coordinated Entry To receive maximum points, applicants must demonstrate appropriate use of the Oneby1 Coordinated Entry System, and a clear commitment to Housing First and collaborating with community partners to ensure our community goal of effectively ending homelessness.	25
CSIS/HMIS – System Performance Measures Data Quality – Up to 5 points Data Consistency – Up to 5 points Data Entry Timeliness – Up to 5 points Positive outcomes either at exit or with move in dates during participation – Up to 10 points Total days from project entry to move in date being from 30 to 60 days -Up to 5 points Households with permanent housing at exit remain stably housed at the one-year mark -Up to 5 points	35
BONUS POINTS Partnership with mental health/healthcare -Up to 5 points Leveraging housing resources per priorities- Up to 5 points	10
TOTAL POSSIBLE POINTS for PROJECTS	110

Objective Criteria: 110/110 points = 100%   **SPM Criteria: 35/110 points = 32%**

System Area: Permanent Supportive Housing

Agency: XXX   Request: $XXX

Reviewer Name:

CSIS/HMIS Score: (to be provided by Suncoast Partnership)

Final Point Total: (to be filled in after the committee review meeting)

Agency Experience and Capacity	_____ out of 15 points
Submission Considerations: Agency fiscal assessment, Agency fiscal management policies, Evidence of good standing with the State of Florida, Proposal narrative	
Scoring Breakdown: 11-15 – Excellent - Agency has demonstrated strength and stability; has provided a solid, positive history of the organization; demonstrates strong and engaged governance and leadership. 7-10 – Good – Agency meets some of the standards above. 4-6 – Fair – Agency meets few of the standards above. 1-3 – Agency meets at least one standard.	

Questions to consider:

Does the agency have an effective governing board, i.e. one that meets on a regular basis, with active members that are knowledgeable of the agency's operations? Does the governing board have a significant role in establishing policy for the agency; in monitoring operations and service quality; in reviewing, approving, and overseeing the agency's budget? Does the agency diversify its Board (gender, age, geography, race, etc.)?

Is the background and previous experience of the agency director/CEO consistent with the responsibilities of the position? Does the agency have a succession plan?

Sustainability: Includes evaluation of reserves, deficit spending, fundraising, and use of endowment, if one exists.

Does the agency have the ability to keep a program going during potential contract gaps so there is no interruption in client services?

Leverage: Includes evaluation of agency-wide and program-specific leveraging of resources.

Diversification: Includes evaluation of proportion of funding from all sources in comparison to this request.

Reviewer Notes:

Project Quality	_____ out of 25 points
Submission Considerations: Proposal narrative, MOUs	
Scoring Breakdown:	
Housing First: to what extent does proposal demonstrate housing first/low barrier approach Questions to consider: Are applicants allowed to enter the program even if they are not "clean and sober" or "treatment compliant"? Are applicants allowed to enter the program even if they have criminal justice system involvement?	_____ of 5
Collaboration: to what extent has agency demonstrated collaboration with other agencies, service providers, and community resources 4-5 Excellent demonstration of collaboration 1-3- Fair – Agency somewhat demonstrates partnerships	_____ of 5
Low Barrier: to what extent does it demonstrate Low Barriers to program admission and flexible participation policies designed to retain program participants such has no or low sobriety requirements, no or low checklist of things to do before they are accepted, etc.	_____ of 5
Leverage Impact: to what extent does agency demonstrate project is scalable relating to amount of funds available and that they have matching funds or in-kind services to maximize impact and support the project proposed will receive 4-5 Excellent- project is clearly scalable successfully and agency is utilizing other funds/programs/in-kind support to maximize impact 2-3-Fair – project could be scalable and agency demonstrates some additional impact to project/clients by leveraging resources 1-Project is either scalable or leverages impact but not both	_____ of 5
Understanding: Project demonstrates a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring .	_____ of 5

Question for consideration:

Does proposal positively address questions outlined in RFP, pages 4-6?

Does the proposal reflect an understanding of what PSH truly is? Financial assistance with supportive service package customized to the individual/household that involves progressive engagement to ensure sustainability.

Are applicants allowed to enter the program without income?

Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?

Are applicants allowed to enter the program even if they have criminal justice system involvement?

Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

Does the math work for PSH? Is the amount of money requested vs. the number to be served reflective of appropriate supportive services best practices for effective PSH?   Is there sufficient rental assistance? Has sufficient cost been included or connected services clearly indicated for case management and wrap around services?

Reviewers Notes:

Oneby1 Coordinated Entry	_____ out of 25
Considerations: Proposal narrative, Coordinated Entry Audit Report	
Scoring Breakdown:	
20-25 - Excellent -Demonstrates strong understanding of Coordinated Entry, associated best practices, and the Oneby1 system for our CoC. Understands the use of the prioritization list and demonstrates a clear internal operational flow to work in conjunction with coordinated entry and community collaboration. 14-19 - Good – Agency and proposal demonstrates some of the standard above. 8-13 - Fair – Agency and proposal demonstrates minimal understanding of the standard above. 7 and below – Agency will need training to better understand and incorporate this element in their practices.	

Definitions and questions for consideration:

Excerpt from HUD:

Coordinated entry changes a CoC from a project-focused system to a person focused system by asking that "communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources" (Coordinated Entry Notice, p. 2). Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project?	*What housing and service assistance strategy among all available is best for this household?*
• Project-centric	• Person-centric
• Different forms and assessment for each organization or small subgroup of projects	• Standard forms and assessment used by every project for every participant
• Project-specific decision-making	• Community agreement on how to triage based on the household's needs
• Ad hoc referral process between projects	• Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance
• Uneven knowledge about available housing and service interventions in the CoC's geographic area	

Suncoast CoC Coordinated Entry manual is available for use in reviewer folder.

Does the proposal reflect an understanding of coordinated entry in that every homeless individual needs an Access Point intake which includes a VI-SPDAT, where they are prioritized on a master list for housing?

Does the proposal reflect an understanding that clients must be accepted and entered into the proposed PSH project based on the "by name" priority list?

Does the proposal reflect any "side door" exceptions to utilizing the Oneby1 priority system for all project entries? (i.e. someone who comes to agency's door with a ready to go lease, who otherwise might be a lower priority, is served because they are "ready" with a lease regardless of priority.)

Does the proposal reflect collaboration and cooperation as required in an effective coordinated entry system?

Does the proposal unnecessarily restrict the groups to be assisted (i.e. serve only two parent traditional families with children from 3 yrs. old to 10 yrs.) and therefore create an exception to serving those of high or highest acuity of need?

Does the agency's Coordinated Entry Audit Report show the agency takes referrals only through OneBy1, or do they also enter people into projects that have not come through Coordinated Entry?

Reviewer Notes:

Bonus Points	_____ out of 10 points
Submission Considerations: MOUS, Commitments from Behavioral Health / Health Care entities,	

Proposal narrative.
Scoring Breakdown: 5 points awarded if the agency has demonstrated a partnership with Mental Health / Healthcare that positively impact project outcomes.   5 points awarded if the agency has demonstrated how they will leverage housing resources.

Questions for consideration:

Does the proposal leveraging healthcare resources such as direct contributions from a public or private health insurance provider to the project, Medicaid, or provision of healthcare services tailored to the program participants, such as Ryan White funded organization?

Is participant eligibility not restricted by any eligibility requirements of the health care service provider?

Are their written commitments submitted with the application and the formal written agreement include the value of the commitment and the dates the healthcare resources will be provided? (In-kind contributions are acceptable)

Does the proposal utilize housing subsidies or subsidized housing units not funded through CoC or ESG programs to account for at least 25% of the units included in the project?

Does the proposal include a commitment letter funds or resources regarding the housing subsidies or units?

System Area: Rapid Rehousing

Refer to pages 7-11 in the RFP for the questions to be answered in this service area.

Scoring Rubric – Rapid Rehousing	Max Points
Agency Experience and Capacity Applicants demonstrating extensive experience in administering federal, state and municipal funds, and providing the proposed service and/or serving the proposed population, with demonstrated fiscal stability to maintain operations, and actively addressing diversity, equity, and inclusion will receive up to 15 points.	15
Project Quality Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following: ▪ Housing First: Applicants may receive up to 5 points based on the extent to which they have followed and will follow a Housing First Model/Low Barrier approach. ▪ Collaboration: Projects with specific referenced collaborations that include either MOU's or other letters of documentation demonstrating collaborative efforts will receive up to 5 points. ▪ Low Barrier: Projects demonstrating Low Barriers to program admission and flexible participation policies designed to retain program participants will receive 5 points. ▪ Leverage Impact: Projects demonstrating that they are scalable relating to amount of funds available and have matching funds or in-kind services to maximize impact and support the project proposed will receive up to 5 points. ▪ Understanding: Projects demonstrating a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client-centered manner, that works towards a community where homelessness is rare, brief, and non-recurring may receive up to 5 points.	25
Oneby1 Coordinated Entry To receive maximum points, applicants must demonstrate appropriate use of the Oneby1 Coordinated Entry System, and a clear commitment to Housing First and collaborating with community partners to ensure our community goal of effectively ending homelessness.	25
CSIS/HMIS – System Performance Measures Data Quality and Consistency – Up to 5 points Data Entry Timeliness – Up to 5 points Positive outcomes either at exit or with move in dates during participation – Up to 10 points Total days from project entry to move in date being from 30 to 60 days -Up to 5 points Households with permanent housing at exit remain stably housed at the one-year mark -Up to 5 points Households have an increase in income from project entry to project exit – Up to 5 points	35
BONUS POINTS Partnership with mental health/healthcare -Up to 5 points Leveraging housing resources per priorities- Up to 5 points	10
TOTAL POSSIBLE POINTS for PROJECTS	110

Objective Criteria: 110/110 points = 100%   **SPM Criteria: 35/110 points = 32%**

System Area Four: Rapid Rehousing

Agency: XXXX   Request: $XXX

Reviewer Name:

CSIS/HMIS Score: (to be provided by Suncoast Partnership)

Final Point Total: (to be filled in after the committee review meeting)

Agency Experience and Capacity	_____ out of 15 points
Submission Considerations: Agency fiscal assessment, Agency fiscal management policies, Evidence of good standing with the State of Florida, Proposal narrative	
Scoring Breakdown: 11-15 – Excellent - Agency has demonstrated strength and stability; has provided a solid, positive history of the organization; demonstrates strong and engaged governance and leadership. 7-10 – Good – Agency meets some of the standards above. 4-6 – Fair – Agency meets few of the standards above. 1-3 – Agency meets at least one standard.	

Questions to consider:

Does the agency have an effective governing board, i.e. one that meets on a regular basis, with active members that are knowledgeable of the agency's operations? Does the governing board have a significant role in establishing policy for the agency; in monitoring operations and service quality; in reviewing, approving, and overseeing the agency's budget? Does the agency diversify its Board (gender, age, geography, race, etc.)?

Is the background and previous experience of the agency director/CEO consistent with the responsibilities of the position? Does the agency have a succession plan?

Sustainability: Includes evaluation of reserves, deficit spending, fundraising, and use of endowment, if one exists.

Does the agency have the ability to keep a program going during potential contract gaps so there is no interruption in client services?

Leverage: Includes evaluation of agency-wide and program-specific leveraging of resources.

Diversification: Includes evaluation of proportion of funding from all sources in comparison to this request.

Reviewer Notes:

Project Quality	_____ out of 25 points
Submission Considerations: Proposal narrative, MOUs	
Scoring Breakdown:	
Housing First: to what extent does proposal demonstrate housing first/low barrier approach Questions to consider: Are applicants allowed to enter the program even if they are not "clean and sober" or "treatment compliant"? Are applicants allowed to enter the program even if they have criminal justice system involvement?	_____ of 5
Collaboration: to what extent has agency demonstrated collaboration with other agencies, service providers, and community resources 4-5 Excellent demonstration of collaboration 1-3- Fair – Agency somewhat demonstrates partnerships	_____ of 5
Low Barrier: to what extent does it demonstrate Low Barriers to program admission and flexible participation policies designed to retain program participants such has no or low sobriety requirements, no or low checklist of things to do before they are accepted, etc.	_____ of 5
Leverage Impact: to what extent does agency demonstrate project is scalable relating to amount of funds available and that they have matching funds or in-kind services to maximize impact and support the project proposed will receive 4-5 Excellent- project is clearly scalable successfully and agency is utilizing other funds/programs/in-kind support to maximize impact 2-3-Fair – project could be scalable and agency demonstrates some additional impact to project/clients by leveraging resources 1-Project is either scalable or leverages impact but not both	_____ of 5
Understanding: Project demonstrates a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring .	_____ of 5

Question for consideration:

Does proposal positively address questions outlined in RFP, pages 7-11?

Does the proposal reflect an understanding of what RRH truly is? Financial assistance with supportive service package customized to the individual/household that involves progressive engagement to ensure sustainability.

Are applicants allowed to enter the program without income?

Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?

Are applicants allowed to enter the program even if they have criminal justice system involvement?

Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

Does the math work for RRH? Is the amount of money requested vs. the number to be served reflective of appropriate supportive services best practices for effective RRH/PSH?   Is there sufficient rental assistance? (i.e. Short term 3 to 6 months, mid-term 6 to 9 months, long term 10+ months.)

Has sufficient cost been included or connected services clearly indicated for case management and wrap around services?

Reviewers Notes:

Oneby1 Coordinated Entry	_____ out of 25
Considerations: Proposal narrative, HUD housing first assessment tool if provided	
Scoring Breakdown:	
20-25 - Excellent -Demonstrates strong understanding of Coordinated Entry, associated best practices, and the Oneby1 system for our CoC. Understands the use of the prioritization list and demonstrates a clear internal operational flow to work in conjunction with coordinated entry and community collaboration. 14-19 - Good – Agency and proposal demonstrates some of the standard above. 8-13 - Fair – Agency and proposal demonstrates minimal understanding of the standard above. 7 and below – Agency will need training to better understand and incorporate this element in their practices.	

Definitions and questions for consideration:

Excerpt from HUD:

Coordinated entry changes a CoC from a project-focused system to a person focused system by asking that "communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources" (Coordinated Entry Notice, p. 2). Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project?	*What housing and service assistance strategy among all available is best for this household?*
• Project-centric	• Person-centric
• Different forms and assessment for each organization or small subgroup of projects	• Standard forms and assessment used by every project for every participant
• Project-specific decision-making	• Community agreement on how to triage based on the household's needs
• Ad hoc referral process between projects	• Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance
• Uneven knowledge about available housing and service interventions in the CoC's geographic area	

Suncoast CoC Coordinated Entry manual is available for use in reviewer folder.

Question for consideration:

Does the proposal reflect an understanding of coordinated entry in that every homeless individual needs an Access Point intake which includes a VI-SPDAT, where they are prioritized on a master list for housing?

Does the proposal reflect an understanding that clients must be accepted and entered into the proposed RRH project based on the "by name" priority list?

Does the proposal reflect any "side door" exceptions to utilizing the Oneby1 priority system for all project entries? (i.e. someone who comes to agency's door with a ready to go lease, who otherwise might be a lower priority, is served because they are "ready" with a lease regardless of priority.)

Does the proposal reflect collaboration and cooperation as required in an effective coordinated entry system?

Does the proposal unnecessarily restrict the groups to be assisted (i.e. serve only two parent traditional families with children from 3 yrs. old to 10 yrs.) and therefore create an exception to serving those of high or highest acuity of need?

Reviewer Notes:

Bonus Points	_____ out of 10 points
Submission Considerations: MOUS, Commitments from Behavioral Health / Health Care entities,	

Proposal narrative.
Scoring Breakdown: 5 points awarded if the agency has demonstrated a partnership with Mental Health / Healthcare that positively impact project outcomes.   5 points awarded if the agency has demonstrated how they will leverage housing resources.

Questions for consideration:

Does the proposal leveraging healthcare resources such as direct contributions from a public or private health insurance provider to the project, Medicaid, or provision of healthcare services tailored to the program participants, such as Ryan White funded organization?

Is participant eligibility not restricted by any eligibility requirements of the health care service provider?

Are their written commitments submitted with the application and the formal written agreement include the value of the commitment and the dates the healthcare resources will be provided? (In-kind contributions are acceptable)

Does the proposal utilize housing subsidies or subsidized housing units not funded through CoC or ESG programs to account for at least 25% of the units included in the project?

Does the proposal include a commitment letter funds or resources regarding the housing subsidies or units?

HMIS System Performance: XXX	Total Points: _____ out of 35
HMIS Data Quality and Consistency	_____ out of 5
Consideration: HMIS data quality report cards, HMIS consistency reports A – 5 B – 3 C – 1 D – 0 F - 0	
HMIS Data Entry Timeliness	_____ out of 5
Consideration: HMIS performance reports A – 5 B – 3 C – 1 D – 0 F - 0	
Positive outcomes either at exit or with move in dates during participation	_____ out of 10
Consideration: HMIS performance reports 85% or higher – 10 points 65 – 84 – 8 points 45 – 64 – 6 points 25 – 44 – 2 points Below 25 is zero	
Total days from project entry to move in date 30 to 60 days	_____ out of 5
Consideration: HMIS performance reports 45 days or less – 5 points 46 – 60 – 4 points 61-75 – 3 points	

76 - 90 – 2 points

More than 90 is zero

Households with either housing at exit or with move-in dates during participation remain stably housed at the one-year mark	_____ out of 5

Consideration: HMIS performance reports

85% or higher – 5 points

70 – 84 – 4 points

60 – 69 – 2 points

50 – 59 – 1 points

Less than 50 is zero

Households have an increase in income from project entry to project exit	_____ out of 5

Consideration: HMIS performance reports

Above 30 % - 5 points

25-30 – 4 points

16-24 - 2 points

10-15 – 1 point

Less than 10% is zero

Notes: _____
_____

1E-2a

ATTACHMENT

Scored Forms for One Project

System Area: Permanent Supportive Housing (Renewal)

Agency: CASL   Request: $113,970

Reviewer Name:

CSIS/HMIS Score: (to be provided by Suncoast Partnership)

Final Point Total: (to be filled in after the committee review meeting)

Agency Experience and Capacity	15 out of 15 points
Submission Considerations: Agency fiscal assessment, Agency fiscal management policies, Evidence of good standing with the State of Florida, Proposal narrative	
Scoring Breakdown: 11-15 – Excellent - Agency has demonstrated strength and stability; has provided a solid, positive history of the organization; demonstrates strong and engaged governance and leadership. 7-10 – Good – Agency meets some of the standards above. 4-6 – Fair – Agency meets few of the standards above. 1-3 – Agency meets at least one standard.	

15

Questions to consider:

Does the agency have an effective governing board, i.e. one that meets on a regular basis, with active members that are knowledgeable of the agency's operations? Does the governing board have a significant role in establishing policy for the agency; in monitoring operations and service quality; in reviewing, approving, and overseeing the agency's budget? Does the agency diversify its Board (gender, age, geography, race, etc.)?

Is the background and previous experience of the agency director/CEO consistent with the responsibilities of the position? Does the agency have a succession plan?

Sustainability: Includes evaluation of reserves, deficit spending, fundraising, and use of endowment, if one exists.

Does the agency have the ability to keep a program going during potential contract gaps so there is no interruption in client services?

Leverage: Includes evaluation of agency-wide and program-specific leveraging of resources.

Diversification: Includes evaluation of proportion of funding from all sources in comparison to this request.

Reviewer Notes:

CASL PSH RENEWAL

Project Quality	**25** out of 25 points	**25**

Submission Considerations: Proposal narrative, MOUs

Scoring Breakdown:

Housing First: to what extent does proposal demonstrate housing first/low barrier approach Questions to consider: Are applicants allowed to enter the program even if they are not "clean and sober" or "treatment compliant"? Are applicants allowed to enter the program even if they have criminal justice system involvement?	**5** of 5
Collaboration: to what extent has agency demonstrated collaboration with other agencies, service providers, and community resources 4-5 Excellent demonstration of collaboration 1-3- Fair – Agency somewhat demonstrates partnerships	**5** of 5
Low Barrier: to what extent does it demonstrate Low Barriers to program admission and flexible participation policies designed to retain program participants such has no or low sobriety requirements, no or low checklist of things to do before they are accepted, etc.	**5** of 5
Leverage Impact: to what extent does agency demonstrate project is scalable relating to amount of funds available and that they have matching funds or in-kind services to maximize impact and support the project proposed will receive 4-5 Excellent- project is clearly scalable successfully and agency is utilizing other funds/programs/in-kind support to maximize impact 2-3-Fair – project could be scalable and agency demonstrates some additional impact to project/clients by leveraging resources 1-Project is either scalable or leverages impact but not both	**5** of 5
Understanding: Project demonstrates a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring .	**5** of 5

Question for consideration:

Does proposal positively address questions outlined in RFP, pages 4-6?

Does the proposal reflect an understanding of what PSH truly is? Financial assistance with supportive service package customized to the individual/household that involves progressive engagement to ensure sustainability.

Are applicants allowed to enter the program without income?

Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment

compliant"?

Are applicants allowed to enter the program even if they have criminal justice system involvement?

Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

Does the math work for PSH? Is the amount of money requested vs. the number to be served reflective of appropriate supportive services best practices for effective PSH? Is there sufficient rental assistance? Has sufficient cost been included or connected services clearly indicated for case management and wrap around services?

Reviewers Notes:

Oneby1 Coordinated Entry	25 out of 25
Considerations: Proposal narrative, Coordinated Entry Audit Report	
Scoring Breakdown:	
20-25 - Excellent -Demonstrates strong understanding of Coordinated Entry, associated best practices, and the Oneby1 system for our CoC. Understands the use of the prioritization list and demonstrates a clear internal operational flow to work in conjunction with coordinated entry and community collaboration. 14-19 - Good – Agency and proposal demonstrates some of the standard above. 8-13 - Fair – Agency and proposal demonstrates minimal understanding of the standard above. 7 and below – Agency will need training to better understand and incorporate this element in their practices.	

Definitions and questions for consideration:

Excerpt from HUD:

Coordinated entry changes a CoC from a project-focused system to a person focused system by asking that "communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources" (Coordinated Entry Notice, p. 2). Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about

CASL PSH RENEWAL

whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project?	*What housing and service assistance strategy among all available is best for this household?*
• Project-centric	• Person-centric
• Different forms and assessment for each organization or small subgroup of projects	• Standard forms and assessment used by every project for every participant
• Project-specific decision-making	• Community agreement on how to triage based on the household's needs
• Ad hoc referral process between projects	• Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance
• Uneven knowledge about available housing and service interventions in the CoC's geographic area	

Suncoast CoC Coordinated Entry manual is available for use in reviewer folder.

Does the proposal reflect an understanding of coordinated entry in that every homeless individual needs an Access Point intake which includes a VI-SPDAT, where they are prioritized on a master list for housing?

Does the proposal reflect an understanding that clients must be accepted and entered into the proposed PSH project based on the "by name" priority list?

Does the proposal reflect any "side door" exceptions to utilizing the Oneby1 priority system for all project entries? (i.e. someone who comes to agency's door with a ready to go lease, who otherwise might be a lower priority, is served because they are "ready" with a lease regardless of priority.)

Does the proposal reflect collaboration and cooperation as required in an effective coordinated entry system?

Does the proposal unnecessarily restrict the groups to be assisted (i.e. serve only two parent traditional families with children from 3 yrs. old to 10 yrs.) and therefore create an exception to serving those of high or highest acuity of need?

Does the agency's Coordinated Entry Audit Report show the agency takes referrals only through OneBy1, or do they also enter people into projects that have not come through Coordinated Entry?

Reviewer Notes:

Bonus Points	_8_ **10** out of 10 points _8_
Submission Considerations: MOUS, Commitments from Behavioral Health / Health Care entities, Proposal narrative.	
Scoring Breakdown: 5 points awarded if the agency has demonstrated a partnership with Mental Health / Healthcare that positively impact project outcomes. _5_ 5 points awarded if the agency has demonstrated how they will leverage housing resources. _3_	

Questions for consideration:

Does the proposal leveraging healthcare resources such as direct contributions from a public or private health insurance provider to the project, Medicaid, or provision of healthcare services tailored to the program participants, such as Ryan White funded organization?

Is participant eligibility not restricted by any eligibility requirements of the health care service provider?

Are their written commitments submitted with the application and the formal written agreement include the value of the commitment and the dates the healthcare resources will be provided? (In-kind contributions are acceptable)

Does the proposal utilize housing subsidies or subsidized housing units not funded through CoC or ESG programs to account for at least 25% of the units included in the project?

Does the proposal include a commitment letter funds or resources regarding the housing subsidies or units?

Perm Supportive Housing Renewal

System Area: ~~Rapid Rehousing (Renewal Project)~~

Agency: ~~SVDP~~ *CASL*   Request: ~~$285,730~~ **113,970**

Reviewer Name: *8B*

CSIS/HMIS Score: _____   (to be provided by Suncoast Partnership)

Final Point Total: _____   (to be filled in after the committee review meeting)

Agency Experience and Capacity	*15* out of 15 points

Submission Considerations: Agency fiscal assessment, Agency fiscal management policies, Evidence of good standing with the State of Florida, Proposal narrative

Scoring Breakdown:

11-15 – Excellent - Agency has demonstrated strength and stability; has provided a solid, positive history of the organization; demonstrates strong and engaged governance and leadership.

7-10 – Good – Agency meets some of the standards above.

4-6 – Fair – Agency meets few of the standards above.

1-3 – Agency meets at least one standard.

Questions to consider:

Does the agency have an effective governing board, i.e. one that meets on a regular basis, with active members that are knowledgeable of the agency's operations? Does the governing board have a significant role in establishing policy for the agency; in monitoring operations and service quality; in reviewing, approving, and overseeing the agency's budget? Does the agency diversify its Board (gender, age, geography, race, etc.)?

Is the background and previous experience of the agency director/CEO consistent with the responsibilities of the position? Does the agency have a succession plan?

Sustainability: Includes evaluation of reserves, deficit spending, fundraising, and use of endowment, if one exists.

Does the agency have the ability to keep a program going during potential contract gaps so there is no interruption in client services?

Leverage: Includes evaluation of agency-wide and program-specific leveraging of resources.

Diversification: Includes evaluation of proportion of funding from all sources in comparison to this request.

Reviewer Notes:

SVDP RRH RENEWAL

Project Quality	_25_ out of 25 points

Submission Considerations: Proposal narrative, MOUs

Scoring Breakdown:

Housing First: to what extent does proposal demonstrate housing first/low barrier approach Questions to consider: Are applicants allowed to enter the program even if they are not "clean and sober" or "treatment compliant"? Are applicants allowed to enter the program even if they have criminal justice system involvement?	_5_ of 5
Collaboration: to what extent has agency demonstrated collaboration with other agencies, service providers, and community resources 4-5 Excellent demonstration of collaboration 1-3- Fair – Agency somewhat demonstrates partnerships	_5_ of 5
Low Barrier: to what extent does it demonstrate Low Barriers to program admission and flexible participation policies designed to retain program participants such has no or low sobriety requirements, no or low checklist of things to do before they are accepted, etc.	_5_ of 5
Leverage Impact: to what extent does agency demonstrate project is scalable relating to amount of funds available and that they have matching funds or in-kind services to maximize impact and support the project proposed will receive 4-5 Excellent- project is clearly scalable successfully and agency is utilizing other funds/programs/in-kind support to maximize impact 2-3-Fair – project could be scalable and agency demonstrates some additional impact to project/clients by leveraging resources 1-Project is either scalable or leverages impact but not both	_5_ of 5
Understanding: Project demonstrates a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring .	_5_ of 5

Question for consideration:

Does proposal positively address questions outlined in RFP, pages 7-11?

Does the proposal reflect an understanding of what RRH truly is? Financial assistance with supportive service package customized to the individual/household that involves progressive engagement to ensure sustainability.

SVDP RRH RENEWAL

Are applicants allowed to enter the program without income?
Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?
Are applicants allowed to enter the program even if they have criminal justice system involvement?
Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

Does the math work for RRH? Is the amount of money requested vs. the number to be served reflective of appropriate supportive services best practices for effective RRH/PSH? Is there sufficient rental assistance? (i.e. Short term 3 to 6 months, mid-term 6 to 9 months, long term 10+ months.)
Has sufficient cost been included or connected services clearly indicated for case management and wrap around services?

Reviewers Notes:

Oneby1 Coordinated Entry	**25** out of 25
Considerations: Proposal narrative, HUD housing first assessment tool if provided	
Scoring Breakdown:	
20-25 - Excellent -Demonstrates strong understanding of Coordinated Entry, associated best practices, and the Oneby1 system for our CoC. Understands the use of the prioritization list and demonstrates a clear internal operational flow to work in conjunction with coordinated entry and community collaboration. 14-19 - Good – Agency and proposal demonstrates some of the standard above. 8-13 - Fair – Agency and proposal demonstrates minimal understanding of the standard above. 7 and below – Agency will need training to better understand and incorporate this element in their practices.	

Definitions and questions for consideration:

Excerpt from HUD:

Coordinated entry changes a CoC from a project-focused system to a person focused system by asking that "communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources" (Coordinated Entry Notice, p. 2). Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be

the framework that transforms a CoC, from a network of projects making individual decisions about whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project?	*What housing and service assistance strategy among all available is best for this household?*
• Project-centric	• Person-centric
• Different forms and assessment for each organization or small subgroup of projects	• Standard forms and assessment used by every project for every participant
• Project-specific decision-making	• Community agreement on how to triage based on the household's needs
• Ad hoc referral process between projects	• Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance
• Uneven knowledge about available housing and service interventions in the CoC's geographic area	

Suncoast CoC Coordinated Entry manual is available for use in reviewer folder.

Question for consideration:

Does the proposal reflect an understanding of coordinated entry in that every homeless individual needs an Access Point intake which includes a VI-SPDAT, where they are prioritized on a master list for housing?

Does the proposal reflect an understanding that clients must be accepted and entered into the proposed RRH project based on the "by name" priority list?

Does the proposal reflect any "side door" exceptions to utilizing the Oneby1 priority system for all project entries? (i.e. someone who comes to agency's door with a ready to go lease, who otherwise might be a lower priority, is served because they are "ready" with a lease regardless of priority.)

Does the proposal reflect collaboration and cooperation as required in an effective coordinated entry system?

Does the proposal unnecessarily restrict the groups to be assisted (i.e. serve only two parent traditional families with children from 3 yrs. old to 10 yrs.) and therefore create an exception to serving those of high or highest acuity of need?

Reviewer Notes:

Bonus Points	*10* out of
	10 points

Submission Considerations: MOUS, Commitments from Behavioral Health / Health Care entities, Proposal narrative.

Scoring Breakdown:
5 points awarded if the agency has demonstrated a partnership with Mental Health / Healthcare that positively impact project outcomes.   *5*

5 points awarded if the agency has demonstrated how they will leverage housing resources.   *5*

Questions for consideration:

Does the proposal leveraging healthcare resources such as direct contributions from a public or private health insurance provider to the project, Medicaid, or provision of healthcare services tailored to the program participants, such as Ryan White funded organization?

Is participant eligibility not restricted by any eligibility requirements of the health care service provider?

Are their written commitments submitted with the application and the formal written agreement include the value of the commitment and the dates the healthcare resources will be provided? (In-kind contributions are acceptable)

Does the proposal utilize housing subsidies or subsidized housing units not funded through CoC or ESG programs to account for at least 25% of the units included in the project?

Does the proposal include a commitment letter funds or resources regarding the housing subsidies or units?

System Area: Permanent Supportive Housing

Refer to pages 4-6 in the RFP for the questions to be answered in this service area.

Scoring Rubric – Permanent Supportive Housing	Max Points
Agency Experience and Capacity Applicants demonstrating extensive experience in administering federal, state and municipal funds, and providing the proposed service and/or serving the proposed population, with demonstrated fiscal stability to maintain operations, and actively addressing diversity, equity, and inclusion will receive up to 15 points.	15
Project Quality Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following: - Housing First: Applicants may receive up to 5 points based on the extent to which they have followed and will follow a Housing First Model/Low Barrier approach. - Collaboration: Projects with specific referenced collaborations that include either MOU's or other letters of documentation demonstrating collaborative efforts will receive up to 2 points. - Low Barrier: Projects demonstrating Low Barriers to program admission and flexible participation policies designed to retain program participants will receive 5 points. - Leverage Impact: Projects demonstrating that they are scalable relating to amount of funds available and have matching funds or in-kind services to maximize impact and support the project proposed will receive up to 5 points. - Understanding: Projects demonstrating a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring may receive up to 5 points.	25
Oneby1 Coordinated Entry To receive maximum points, applicants must demonstrate appropriate use of the Oneby1 Coordinated Entry System, and a clear commitment to Housing First and collaborating with community partners to ensure our community goal of effectively ending homelessness.	25
CSIS/HMIS – System Performance Measures Data Quality – Up to 5 points Data Consistency – Up to 5 points Data Entry Timeliness – Up to 5 points Positive outcomes either at exit or with move in dates during participation – Up to 10 points Total days from project entry to move in date being from 30 to 60 days -Up to 5 points Households with permanent housing at exit remain stably housed at the one-year mark -Up to 5 points	35
BONUS POINTS Partnership with mental health/healthcare -Up to 5 points Leveraging housing resources per priorities- Up to 5 points	10
TOTAL POSSIBLE POINTS for PROJECTS	110

System Area: Permanent Supportive Housing (Renewal)

CASL PSH RENEWAL

Agency: CASL   Request: $113,970

Reviewer Name: Ginger D. McLean

CSIS/HMIS Score: 27   (to be provided by Suncoast Partnership)

Final Point Total: 99   (to be filled in after the committee review meeting)

Agency Experience and Capacity	15 out of 15 points
Submission Considerations: Agency fiscal assessment, Agency fiscal management policies, Evidence of good standing with the State of Florida, Proposal narrative	
Scoring Breakdown: 11-15 – Excellent - Agency has demonstrated strength and stability; has provided a solid, positive history of the organization; demonstrates strong and engaged governance and leadership. 7-10 – Good – Agency meets some of the standards above. 4-6 – Fair – Agency meets few of the standards above. 1-3 – Agency meets at least one standard.	

Questions to consider:

Does the agency have an effective governing board, i.e. one that meets on a regular basis, with active members that are knowledgeable of the agency's operations? Does the governing board have a significant role in establishing policy for the agency; in monitoring operations and service quality; in reviewing, approving, and overseeing the agency's budget? Does the agency diversify its Board (gender, age, geography, race, etc.)?

Is the background and previous experience of the agency director/CEO consistent with the responsibilities of the position? Does the agency have a succession plan?

Sustainability: Includes evaluation of reserves, deficit spending, fundraising, and use of endowment, if one exists.

Does the agency have the ability to keep a program going during potential contract gaps so there is no interruption in client services?

Leverage: Includes evaluation of agency-wide and program-specific leveraging of resources.

Diversification: Includes evaluation of proportion of funding from all sources in comparison to this request.

Reviewer Notes:

Project Quality	**25** out of 25 points

CASL PSH RENEWAL

Submission Considerations: Proposal narrative, MOUs	
Scoring Breakdown:	
Housing First: to what extent does proposal demonstrate housing first/low barrier approach Questions to consider: Are applicants allowed to enter the program even if they are not "clean and sober" or "treatment compliant"? Are applicants allowed to enter the program even if they have criminal justice system involvement?	**5** of 5
Collaboration: to what extent has agency demonstrated collaboration with other agencies, service providers, and community resources 4-5 Excellent demonstration of collaboration 1-3- Fair – Agency somewhat demonstrates partnerships	**5** of 5
Low Barrier: to what extent does it demonstrate Low Barriers to program admission and flexible participation policies designed to retain program participants such has no or low sobriety requirements, no or low checklist of things to do before they are accepted, etc.	**5** of 5
Leverage Impact: to what extent does agency demonstrate project is scalable relating to amount of funds available and that they have matching funds or in-kind services to maximize impact and support the project proposed will receive 4-5 Excellent- project is clearly scalable successfully and agency is utilizing other funds/programs/in-kind support to maximize impact 2-3-Fair – project could be scalable and agency demonstrates some additional impact to project/clients by leveraging resources 1-Project is either scalable or leverages impact but not both	**5** of 5
Understanding: Project demonstrates a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring .	**5** of 5

Question for consideration:

Does proposal positively address questions outlined in RFP, pages 4-6?

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Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?

Are applicants allowed to enter the program even if they have criminal justice system involvement?

Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

CASL PSH RENEWAL

Does the math work for PSH? Is the amount of money requested vs. the number to be served reflective of appropriate supportive services best practices for effective PSH?   Is there sufficient rental assistance? Has sufficient cost been included or connected services clearly indicated for case management and wrap around services?

Reviewers Notes:

Oneby1 Coordinated Entry	**25** out of 25
Considerations: Proposal narrative, Coordinated Entry Audit Report	
Scoring Breakdown:	
20-25 - Excellent -Demonstrates strong understanding of Coordinated Entry, associated best practices, and the Oneby1 system for our CoC. Understands the use of the prioritization list and demonstrates a clear internal operational flow to work in conjunction with coordinated entry and community collaboration. 14-19 - Good – Agency and proposal demonstrates some of the standard above. 8-13 - Fair – Agency and proposal demonstrates minimal understanding of the standard above. 7 and below – Agency will need training to better understand and incorporate this element in their practices.	

Definitions and questions for consideration:

Excerpt from HUD:

Coordinated entry changes a CoC from a project-focused system to a person focused system by asking that "communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources" (Coordinated Entry Notice, p. 2). Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

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• Ad hoc referral process between projects	• Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance
• Uneven knowledge about available housing and service interventions in the CoC's geographic area	

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Does the proposal reflect an understanding of coordinated entry in that every homeless individual needs an Access Point intake which includes a VI-SPDAT, where they are prioritized on a master list for housing?

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Does the agency's Coordinated Entry Audit Report show the agency takes referrals only through OneBy1, or do they also enter people into projects that have not come through Coordinated Entry?

Reviewer Notes:

Bonus Points	**10** out of 10 points
Submission Considerations: MOUS, Commitments from Behavioral Health / Health Care entities, Proposal narrative.	

Questions for consideration:

Does the proposal leveraging healthcare resources such as direct contributions from a public or private health insurance provider to the project, Medicaid, or provision of healthcare services tailored to the program participants, such as Ryan White funded organization?

Is participant eligibility not restricted by any eligibility requirements of the health care service provider?

Are their written commitments submitted with the application and the formal written agreement include the value of the commitment and the dates the healthcare resources will be provided? (In-kind contributions are acceptable)

Does the proposal utilize housing subsidies or subsidized housing units not funded through CoC or ESG programs to account for at least 25% of the units included in the project?

Does the proposal include a commitment letter funds or resources regarding the housing subsidies or units?

JJ

Lots of collaboration, a needed service

17 beneficiaries
5 + m
~~(~~ ~~)~~

2021 served 700+
50% homeless

System Area: Permanent Supportive Housing (Renewal)

Agency: CASL

Request: $113,970

Reviewer Name:

CSIS/HMIS Score: (to be provided by Suncoast Partnership)

Final Point Total: (to be filled in after the committee review meeting)

Agency Experience and Capacity	15 out of 15 points

Submission Considerations: Agency fiscal assessment, Agency fiscal management policies, Evidence of good standing with the State of Florida, Proposal narrative

Scoring Breakdown:

11-15 – Excellent - Agency has demonstrated strength and stability; has provided a solid, positive history of the organization; demonstrates strong and engaged governance and leadership.

7-10 – Good – Agency meets some of the standards above.

4-6 – Fair – Agency meets few of the standards above.

1-3 – Agency meets at least one standard.

Questions to consider:

Does the agency have an effective governing board, i.e. one that meets on a regular basis, with active members that are knowledgeable of the agency's operations? Does the governing board have a significant role in establishing policy for the agency; in monitoring operations and service quality; in reviewing, approving, and overseeing the agency's budget? Does the agency diversify its Board (gender, age, geography, race, etc.)?

Is the background and previous experience of the agency director/CEO consistent with the responsibilities of the position? Does the agency have a succession plan?

Sustainability: Includes evaluation of reserves, deficit spending, fundraising, and use of endowment, if one exists.

Does the agency have the ability to keep a program going during potential contract gaps so there is no interruption in client services?

Leverage: Includes evaluation of agency-wide and program-specific leveraging of resources.

Diversification: Includes evaluation of proportion of funding from all sources in comparison to this request.

Reviewer Notes:

CASL PSH RENEWAL

System Area: Permanent Supportive Housing

Refer to pages 4-6 in the RFP for the questions to be answered in this service area.

Scoring Rubric – Permanent Supportive Housing	Max Points
Agency Experience and Capacity Applicants demonstrating extensive experience in administering federal, state and municipal funds, and providing the proposed service and/or serving the proposed population, with demonstrated fiscal stability to maintain operations, and actively addressing diversity, equity, and inclusion will receive up to 15 points.	15
Project Quality Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following: • <u>Housing First</u>: Applicants may receive up to 5 points based on the extent to which they have followed and will follow a Housing First Model/Low Barrier approach. • <u>Collaboration</u>: Projects with specific referenced collaborations that include either MOU's or other letters of documentation demonstrating collaborative efforts will receive up to 2 points. • <u>Low Barrier:</u> Projects demonstrating Low Barriers to program admission and flexible participation policies designed to retain program participants will receive 5 points. • <u>Leverage Impact:</u> Projects demonstrating that they are scalable relating to amount of funds available and have matching funds or in-kind services to maximize impact and support the project proposed will receive up to 5 points. • <u>Understanding:</u> Projects demonstrating a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring may receive up to 5 points.	25
Oneby1 Coordinated Entry To receive maximum points, applicants must demonstrate appropriate use of the Oneby1 Coordinated Entry System, and a clear commitment to Housing First and collaborating with community partners to ensure our community goal of effectively ending homelessness.	25
CSIS/HMIS – System Performance Measures Data Quality – Up to 5 points Data Consistency – Up to 5 points Data Entry Timeliness – Up to 5 points Positive outcomes either at exit or with move in dates during participation – Up to 10 points Total days from project entry to move in date being from 30 to 60 days -Up to 5 points Households with permanent housing at exit remain stably housed at the one-year mark -Up to 5 points	35
BONUS POINTS Partnership with mental health/healthcare -Up to 5 points Leveraging housing resources per priorities- Up to 5 points	10

Project Quality	25 out of 25 points

Submission Considerations: Proposal narrative, MOUs

Scoring Breakdown:

Housing First: to what extent does proposal demonstrate housing first/low barrier approach Questions to consider: Are applicants allowed to enter the program even if they are not "clean and sober" or "treatment compliant"? Are applicants allowed to enter the program even if they have criminal justice system involvement?	_____ of 5
Collaboration: to what extent has agency demonstrated collaboration with other agencies, service providers, and community resources 4-5 Excellent demonstration of collaboration 1-3- Fair – Agency somewhat demonstrates partnerships	_____ of 5
Low Barrier: to what extent does it demonstrate Low Barriers to program admission and flexible participation policies designed to retain program participants such has no or low sobriety requirements, no or low checklist of things to do before they are accepted, etc.	_____ of 5
Leverage Impact: to what extent does agency demonstrate project is scalable relating to amount of funds available and that they have matching funds or in-kind services to maximize impact and support the project proposed will receive 4-5 Excellent- project is clearly scalable successfully and agency is utilizing other funds/programs/in-kind support to maximize impact 2-3-Fair – project could be scalable and agency demonstrates some additional impact to project/clients by leveraging resources 1-Project is either scalable or leverages impact but not both	_____ of 5
Understanding: Project demonstrates a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring .	_____ of 5

Question for consideration:

Does proposal positively address questions outlined in RFP, pages 4-6?

Does the proposal reflect an understanding of what PSH truly is? Financial assistance with supportive service package customized to the individual/household that involves progressive engagement to ensure sustainability.

Are applicants allowed to enter the program without income?

Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?

Are applicants allowed to enter the program even if they have criminal justice system involvement?

Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

Does the math work for PSH? Is the amount of money requested vs. the number to be served reflective of appropriate supportive services best practices for effective PSH? Is there sufficient rental assistance? Has sufficient cost been included or connected services clearly indicated for case management and wrap around services?

Reviewers Notes:

Oneby1 Coordinated Entry	_25_ out of 25
Considerations: Proposal narrative, Coordinated Entry Audit Report	
Scoring Breakdown:	
20-25 - Excellent -Demonstrates strong understanding of Coordinated Entry, associated best practices, and the Oneby1 system for our CoC. Understands the use of the prioritization list and demonstrates a clear internal operational flow to work in conjunction with coordinated entry and community collaboration. 14-19 - Good – Agency and proposal demonstrates some of the standard above. 8-13 - Fair – Agency and proposal demonstrates minimal understanding of the standard above. 7 and below – Agency will need training to better understand and incorporate this element in their practices.	

Definitions and questions for consideration:

Excerpt from HUD:

Coordinated entry changes a CoC from a project-focused system to a person focused system by asking that "communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources" (Coordinated Entry Notice, p. 2). Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be

the framework that transforms a CoC, from a network of projects making individual decisions about whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project?	*What housing and service assistance strategy among all available is best for this household?*
• Project-centric	• Person-centric
• Different forms and assessment for each organization or small subgroup of projects	• Standard forms and assessment used by every project for every participant
• Project-specific decision-making	• Community agreement on how to triage based on the household's needs
• Ad hoc referral process between projects	• Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance
• Uneven knowledge about available housing and service interventions in the CoC's geographic area	

Suncoast CoC Coordinated Entry manual is available for use in reviewer folder.

Does the proposal reflect an understanding of coordinated entry in that every homeless individual needs an Access Point intake which includes a VI-SPDAT, where they are prioritized on a master list for housing?

Does the proposal reflect an understanding that clients must be accepted and entered into the proposed PSH project based on the "by name" priority list?

Does the proposal reflect any "side door" exceptions to utilizing the Oneby1 priority system for all project entries? (i.e. someone who comes to agency's door with a ready to go lease, who otherwise might be a lower priority, is served because they are "ready" with a lease regardless of priority.)

Does the proposal reflect collaboration and cooperation as required in an effective coordinated entry system?

Does the proposal unnecessarily restrict the groups to be assisted (i.e. serve only two parent traditional families with children from 3 yrs. old to 10 yrs.) and therefore create an exception to serving those of high or highest acuity of need?

Does the agency's Coordinated Entry Audit Report show the agency takes referrals only through OneBy1, or do they also enter people into projects that have not come through Coordinated Entry?

Reviewer Notes:

Bonus Points	_10_ out of 10 points
Submission Considerations: MOUS, Commitments from Behavioral Health / Health Care entities, Proposal narrative.	
Scoring Breakdown: 5 points awarded if the agency has demonstrated a partnership with Mental Health / Healthcare that positively impact project outcomes. 5 points awarded if the agency has demonstrated how they will leverage housing resources.	

Questions for consideration:

Does the proposal leveraging healthcare resources such as direct contributions from a public or private health insurance provider to the project, Medicaid, or provision of healthcare services tailored to the program participants, such as Ryan White funded organization?

Is participant eligibility not restricted by any eligibility requirements of the health care service provider?

Are their written commitments submitted with the application and the formal written agreement include the value of the commitment and the dates the healthcare resources will be provided? (In-kind contributions are acceptable)

Does the proposal utilize housing subsidies or subsidized housing units not funded through CoC or ESG programs to account for at least 25% of the units included in the project?

Does the proposal include a commitment letter funds or resources regarding the housing subsidies or units?

System Area: Permanent Supportive Housing

Refer to pages 4-6 in the RFP for the questions to be answered in this service area.

Scoring Rubric – Permanent Supportive Housing	Max Points
Agency Experience and Capacity Applicants demonstrating extensive experience in administering federal, state and municipal funds, and providing the proposed service and/or serving the proposed population, with demonstrated fiscal stability to maintain operations, and actively addressing diversity, equity, and inclusion will receive up to 15 points.	15
Project Quality Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following: ▪ Housing First: Applicants may receive up to 5 points based on the extent to which they have followed and will follow a Housing First Model/Low Barrier approach. ▪ Collaboration: Projects with specific referenced collaborations that include either MOU's or other letters of documentation demonstrating collaborative efforts will receive up to 2 points. ▪ Low Barrier: Projects demonstrating Low Barriers to program admission and flexible participation policies designed to retain program participants will receive 5 points. ▪ Leverage Impact: Projects demonstrating that they are scalable relating to amount of funds available and have matching funds or in-kind services to maximize impact and support the project proposed will receive up to 5 points. ▪ Understanding: Projects demonstrating a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring may receive up to 5 points.	25
Oneby1 Coordinated Entry To receive maximum points, applicants must demonstrate appropriate use of the Oneby1 Coordinated Entry System, and a clear commitment to Housing First and collaborating with community partners to ensure our community goal of effectively ending homelessness.	25
CSIS/HMIS – System Performance Measures Data Quality – Up to 5 points Data Consistency – Up to 5 points Data Entry Timeliness – Up to 5 points Positive outcomes either at exit or with move in dates during participation – Up to 10 points Total days from project entry to move in date being from 30 to 60 days -Up to 5 points Households with permanent housing at exit remain stably housed at the one-year mark -Up to 5 points	35
BONUS POINTS Partnership with mental health/healthcare -Up to 5 points Leveraging housing resources per priorities- Up to 5 points	10
TOTAL POSSIBLE POINTS for PROJECTS	110

System Area: Permanent Supportive Housing (Renewal)

Agency: CASL   Request: $113,970

Reviewer Name:

CSIS/HMIS Score: (to be provided by Suncoast Partnership)

Final Point Total: (to be filled in after the committee review meeting)

Agency Experience and Capacity	13 out of 15 points
Submission Considerations: Agency fiscal assessment, Agency fiscal management policies, Evidence of good standing with the State of Florida, Proposal narrative	
Scoring Breakdown: 11-15 – Excellent - Agency has demonstrated strength and stability; has provided a solid, positive history of the organization; demonstrates strong and engaged governance and leadership. 7-10 – Good – Agency meets some of the standards above. 4-6 – Fair – Agency meets few of the standards above. 1-3 – Agency meets at least one standard.	

Questions to consider:

Does the agency have an effective governing board, i.e. one that meets on a regular basis, with active members that are knowledgeable of the agency's operations? Does the governing board have a significant role in establishing policy for the agency; in monitoring operations and service quality; in reviewing, approving, and overseeing the agency's budget? Does the agency diversify its Board (gender, age, geography, race, etc.)?

Is the background and previous experience of the agency director/CEO consistent with the responsibilities of the position? Does the agency have a succession plan?

Sustainability: Includes evaluation of reserves, deficit spending, fundraising, and use of endowment, if one exists.

Does the agency have the ability to keep a program going during potential contract gaps so there is no interruption in client services?

Leverage: Includes evaluation of agency-wide and program-specific leveraging of resources.

Diversification: Includes evaluation of proportion of funding from all sources in comparison to this request.

Reviewer Notes:

CASL PSH RENEWAL

Project Quality	23 out of 25 points
Submission Considerations: Proposal narrative, MOUs	
Scoring Breakdown:	
Housing First: to what extent does proposal demonstrate housing first/low barrier approach Questions to consider: Are applicants allowed to enter the program even if they are not "clean and sober" or "treatment compliant"? Are applicants allowed to enter the program even if they have criminal justice system involvement?	**5** of 5
Collaboration: to what extent has agency demonstrated collaboration with other agencies, service providers, and community resources 4-5 Excellent demonstration of collaboration 1-3- Fair – Agency somewhat demonstrates partnerships	**5** of 5
Low Barrier: to what extent does it demonstrate Low Barriers to program admission and flexible participation policies designed to retain program participants such has no or low sobriety requirements, no or low checklist of things to do before they are accepted, etc.	3 of 5
Leverage Impact: to what extent does agency demonstrate project is scalable relating to amount of funds available and that they have matching funds or in-kind services to maximize impact and support the project proposed will receive 4-5 Excellent- project is clearly scalable successfully and agency is utilizing other funds/programs/in-kind support to maximize impact 2-3-Fair – project could be scalable and agency demonstrates some additional impact to project/clients by leveraging resources 1-Project is either scalable or leverages impact but not both	**5** of 5
Understanding: Project demonstrates a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring .	**5** of 5

Question for consideration:

Does proposal positively address questions outlined in RFP, pages 4-6?

Does the proposal reflect an understanding of what PSH truly is? Financial assistance with supportive service package customized to the individual/household that involves progressive engagement to ensure sustainability.

Are applicants allowed to enter the program without income?

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CASL PSH RENEWAL

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Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

Does the math work for PSH? Is the amount of money requested vs. the number to be served reflective of appropriate supportive services best practices for effective PSH? Is there sufficient rental assistance? Has sufficient cost been included or connected services clearly indicated for case management and wrap around services?

Reviewers Notes:

Oneby1 Coordinated Entry	**25** out of 25
Considerations: Proposal narrative, Coordinated Entry Audit Report	
Scoring Breakdown:	
20-25 - Excellent -Demonstrates strong understanding of Coordinated Entry, associated best practices, and the Oneby1 system for our CoC. Understands the use of the prioritization list and demonstrates a clear internal operational flow to work in conjunction with coordinated entry and community collaboration. 14-19 - Good – Agency and proposal demonstrates some of the standard above. 8-13 - Fair – Agency and proposal demonstrates minimal understanding of the standard above. 7 and below – Agency will need training to better understand and incorporate this element in their practices.	

Definitions and questions for consideration:

Excerpt from HUD:

Coordinated entry changes a CoC from a project-focused system to a person focused system by asking that "communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources" (Coordinated Entry Notice, p. 2). Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about

whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project?	*What housing and service assistance strategy among all available is best for this household?*
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Does the proposal reflect an understanding of coordinated entry in that every homeless individual needs an Access Point intake which includes a VI-SPDAT, where they are prioritized on a master list for housing?

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Does the agency's Coordinated Entry Audit Report show the agency takes referrals only through OneBy1, or do they also enter people into projects that have not come through Coordinated Entry?

Reviewer Notes:

CASL PSH RENEWAL

Bonus Points	**9** out of 10 points
Submission Considerations: MOUS, Commitments from Behavioral Health / Health Care entities, Proposal narrative.	
Scoring Breakdown: 5 points awarded if the agency has demonstrated a partnership with Mental Health / Healthcare that positively impact project outcomes. 5 5 points awarded if the agency has demonstrated how they will leverage housing resources. 4	

Questions for consideration:

Does the proposal leveraging healthcare resources such as direct contributions from a public or private health insurance provider to the project, Medicaid, or provision of healthcare services tailored to the program participants, such as Ryan White funded organization?

Is participant eligibility not restricted by any eligibility requirements of the health care service provider?

Are their written commitments submitted with the application and the formal written agreement include the value of the commitment and the dates the healthcare resources will be provided? (In-kind contributions are acceptable)

Does the proposal utilize housing subsidies or subsidized housing units not funded through CoC or ESG programs to account for at least 25% of the units included in the project?

Does the proposal include a commitment letter funds or resources regarding the housing subsidies or units?

System Area: Permanent Supportive Housing

Refer to pages 4-6 in the RFP for the questions to be answered in this service area.

Scoring Rubric – Permanent Supportive Housing	Max Points
Agency Experience and Capacity Applicants demonstrating extensive experience in administering federal, state and municipal funds, and providing the proposed service and/or serving the proposed population, with demonstrated fiscal stability to maintain operations, and actively addressing diversity, equity, and inclusion will receive up to 15 points.	15
Project Quality Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following: ▪ Housing First: Applicants may receive up to 5 points based on the extent to which they have followed and will follow a Housing First Model/Low Barrier approach. ▪ Collaboration: Projects with specific referenced collaborations that include either MOU's or other letters of documentation demonstrating collaborative efforts will receive up to 2 points. ▪ Low Barrier: Projects demonstrating Low Barriers to program admission and flexible participation policies designed to retain program participants will receive 5 points. ▪ Leverage Impact: Projects demonstrating that they are scalable relating to amount of funds available and have matching funds or in-kind services to maximize impact and support the project proposed will receive up to 5 points. ▪ Understanding: Projects demonstrating a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring may receive up to 5 points.	25
Oneby1 Coordinated Entry To receive maximum points, applicants must demonstrate appropriate use of the Oneby1 Coordinated Entry System, and a clear commitment to Housing First and collaborating with community partners to ensure our community goal of effectively ending homelessness.	25
CSIS/HMIS – System Performance Measures Data Quality – Up to 5 points Data Consistency – Up to 5 points Data Entry Timeliness – Up to 5 points Positive outcomes either at exit or with move in dates during participation – Up to 10 points Total days from project entry to move in date being from 30 to 60 days -Up to 5 points Households with permanent housing at exit remain stably housed at the one-year mark -Up to 5 points	35
BONUS POINTS Partnership with mental health/healthcare -Up to 5 points Leveraging housing resources per priorities- Up to 5 points	10
TOTAL POSSIBLE POINTS for PROJECTS	110

System Area: Permanent Supportive Housing (Renewal)

Agency: CASL   Request: $113,970

Reviewer Name: Nancy DeLoach

CSIS/HMIS Score: 27   (to be provided by Suncoast Partnership)

Final Point Total: (to be filled in after the committee review meeting)

Agency Experience and Capacity	15 out of 15 points
Submission Considerations: Agency fiscal assessment, Agency fiscal management policies, Evidence of good standing with the State of Florida, Proposal narrative	
Scoring Breakdown: 11-15 – Excellent - Agency has demonstrated strength and stability; has provided a solid, positive history of the organization; demonstrates strong and engaged governance and leadership. 7-10 – Good – Agency meets some of the standards above. 4-6 – Fair – Agency meets few of the standards above. 1-3 – Agency meets at least one standard.	

Questions to consider:

Does the agency have an effective governing board, i.e. one that meets on a regular basis, with active members that are knowledgeable of the agency's operations? Does the governing board have a significant role in establishing policy for the agency; in monitoring operations and service quality; in reviewing, approving, and overseeing the agency's budget? Does the agency diversify its Board (gender, age, geography, race, etc.)?

Is the background and previous experience of the agency director/CEO consistent with the responsibilities of the position? Does the agency have a succession plan?

Sustainability: Includes evaluation of reserves, deficit spending, fundraising, and use of endowment, if one exists.

Does the agency have the ability to keep a program going during potential contract gaps so there is no interruption in client services?

Leverage: Includes evaluation of agency-wide and program-specific leveraging of resources.

Diversification: Includes evaluation of proportion of funding from all sources in comparison to this request.

Reviewer Notes:

CASL PSH RENEWAL

Project Quality	**24** out of 25 points
Submission Considerations: Proposal narrative, MOUs	
Scoring Breakdown:	
Housing First: to what extent does proposal demonstrate housing first/low barrier approach Questions to consider: Are applicants allowed to enter the program even if they are not "clean and sober" or "treatment compliant"? Are applicants allowed to enter the program even if they have criminal justice system involvement?	**5** of 5
Collaboration: to what extent has agency demonstrated collaboration with other agencies, service providers, and community resources 4-5 Excellent demonstration of collaboration 1-3- Fair – Agency somewhat demonstrates partnerships	**5** of 5
Low Barrier: to what extent does it demonstrate Low Barriers to program admission and flexible participation policies designed to retain program participants such has no or low sobriety requirements, no or low checklist of things to do before they are accepted, etc.	**4** of 5
Leverage Impact: to what extent does agency demonstrate project is scalable relating to amount of funds available and that they have matching funds or in-kind services to maximize impact and support the project proposed will receive 4-5 Excellent- project is clearly scalable successfully and agency is utilizing other funds/programs/in-kind support to maximize impact 2-3-Fair – project could be scalable and agency demonstrates some additional impact to project/clients by leveraging resources 1-Project is either scalable or leverages impact but not both	**5** of 5
Understanding: Project demonstrates a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring .	**5** of 5

Question for consideration:

Does proposal positively address questions outlined in RFP, pages 4-6?

Does the proposal reflect an understanding of what PSH truly is? Financial assistance with supportive service package customized to the individual/household that involves progressive engagement to ensure sustainability.

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CASL PSH RENEWAL

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Reviewers Notes:

Oneby1 Coordinated Entry	**24** out of 25
Considerations: Proposal narrative, Coordinated Entry Audit Report	
Scoring Breakdown:	
20-25 - Excellent -Demonstrates strong understanding of Coordinated Entry, associated best practices, and the Oneby1 system for our CoC. Understands the use of the prioritization list and demonstrates a clear internal operational flow to work in conjunction with coordinated entry and community collaboration. 14-19 - Good – Agency and proposal demonstrates some of the standard above. 8-13 - Fair – Agency and proposal demonstrates minimal understanding of the standard above. 7 and below – Agency will need training to better understand and incorporate this element in their practices.	

Definitions and questions for consideration:

Excerpt from HUD:

Coordinated entry changes a CoC from a project-focused system to a person focused system by asking that "communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources" (Coordinated Entry Notice, p. 2). Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about

CASL PSH RENEWAL

whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project? • Project-centric • Different forms and assessment for each organization or small subgroup of projects • Project-specific decision-making • Ad hoc referral process between projects • Uneven knowledge about available housing and service interventions in the CoC's geographic area	*What housing and service assistance strategy among all available is best for this household?* • Person-centric • Standard forms and assessment used by every project for every participant • Community agreement on how to triage based on the household's needs • Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance

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Does the agency's Coordinated Entry Audit Report show the agency takes referrals only through OneBy1, or do they also enter people into projects that have not come through Coordinated Entry?

Reviewer Notes:

CASL PSH RENEWAL

Bonus Points	**10** out of 10 points
Submission Considerations: MOUS, Commitments from Behavioral Health / Health Care entities, Proposal narrative.	
Scoring Breakdown: 5 points awarded if the agency has demonstrated a partnership with Mental Health / Healthcare that positively impact project outcomes. 5 points awarded if the agency has demonstrated how they will leverage housing resources.	

Questions for consideration:

Does the proposal leveraging healthcare resources such as direct contributions from a public or private health insurance provider to the project, Medicaid, or provision of healthcare services tailored to the program participants, such as Ryan White funded organization?

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Does the proposal utilize housing subsidies or subsidized housing units not funded through CoC or ESG programs to account for at least 25% of the units included in the project?

Does the proposal include a commitment letter funds or resources regarding the housing subsidies or units?

System Area: Permanent Supportive Housing

Refer to pages 4-6 in the RFP for the questions to be answered in this service area.

Scoring Rubric – Permanent Supportive Housing	Max Points
Agency Experience and Capacity Applicants demonstrating extensive experience in administering federal, state and municipal funds, and providing the proposed service and/or serving the proposed population, with demonstrated fiscal stability to maintain operations, and actively addressing diversity, equity, and inclusion will receive up to 15 points.	15
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Oneby1 Coordinated Entry To receive maximum points, applicants must demonstrate appropriate use of the Oneby1 Coordinated Entry System, and a clear commitment to Housing First and collaborating with community partners to ensure our community goal of effectively ending homelessness.	25
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BONUS POINTS Partnership with mental health/healthcare -Up to 5 points Leveraging housing resources per priorities- Up to 5 points	10
TOTAL POSSIBLE POINTS for PROJECTS	110

System Area: **Permanent Supportive Housing (Renewal)**

Agency: CASL   Request: **$113,970**

Reviewer Name: **Renese Remy**

CSIS/HMIS Score: **27**   (to be provided by Suncoast Partnership)

Final Point Total: **102**   (to be filled in after the committee review meeting)

Agency Experience and Capacity	**15** out of 15 points
Submission Considerations: Agency fiscal assessment, Agency fiscal management policies, Evidence of good standing with the State of Florida, Proposal narrative	

Scoring Breakdown:
11-15 – Excellent - Agency has demonstrated strength and stability; has provided a solid, positive history of the organization; demonstrates strong and engaged governance and leadership.
7-10 – Good – Agency meets some of the standards above.
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Sustainability: Includes evaluation of reserves, deficit spending, fundraising, and use of endowment, if one exists.

Does the agency have the ability to keep a program going during potential contract gaps so there is no interruption in client services?

Leverage: Includes evaluation of agency-wide and program-specific leveraging of resources.

Diversification: Includes evaluation of proportion of funding from all sources in comparison to this request.

Reviewer Notes:

CASL PSH RENEWAL

Project Quality	**25** out of 25 points
Submission Considerations: Proposal narrative, MOUs	
Scoring Breakdown:	
Housing First: to what extent does proposal demonstrate housing first/low barrier approach Questions to consider: Are applicants allowed to enter the program even if they are not "clean and sober" or "treatment compliant"? Are applicants allowed to enter the program even if they have criminal justice system involvement?	**5** of 5
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Understanding: Project demonstrates a clear understanding of the community goals, intended outcomes of this service area in the community homeless crisis response system, and a commitment to best practice service delivery, in a client centered manner, that works towards a community where homelessness is rare, brief, and non-recurring .	**5** of 5

Question for consideration:

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CASL PSH RENEWAL

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Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

Does the math work for PSH? Is the amount of money requested vs. the number to be served reflective of appropriate supportive services best practices for effective PSH? Is there sufficient rental assistance? Has sufficient cost been included or connected services clearly indicated for case management and wrap around services?

Reviewers Notes:

Oneby1 Coordinated Entry	**25** out of 25
Considerations: Proposal narrative, Coordinated Entry Audit Report	
Scoring Breakdown:	
20-25 - Excellent -Demonstrates strong understanding of Coordinated Entry, associated best practices, and the Oneby1 system for our CoC. Understands the use of the prioritization list and demonstrates a clear internal operational flow to work in conjunction with coordinated entry and community collaboration. 14-19 - Good – Agency and proposal demonstrates some of the standard above. 8-13 - Fair – Agency and proposal demonstrates minimal understanding of the standard above. 7 and below – Agency will need training to better understand and incorporate this element in their practices.	

Definitions and questions for consideration:

Excerpt from HUD:

Coordinated entry changes a CoC from a project-focused system to a person focused system by asking that "communities prioritize people who are most in need of assistance" and "strategically allocate their current resources and identify the need for additional resources" (Coordinated Entry Notice, p. 2). Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. Ideally, coordinated entry can be the framework that transforms a CoC, from a network of projects making individual decisions about

CASL PSH RENEWAL

whom to serve, into a fully integrated crisis response system. By gathering information through a standardized assessment process, coordinated entry provides a CoC with data that it can use for system and project planning and resource allocation.

Differences in Focus Before and After Implementation of Coordinated Entry

BEFORE COORDINATED ENTRY IMPLEMENTATION	AFTER COORDINATED ENTRY IMPLEMENTATION
Should we accept this person into our project?	*What housing and service assistance strategy among all available is best for this household?*
• Project-centric	• Person-centric
• Different forms and assessment for each organization or small subgroup of projects	• Standard forms and assessment used by every project for every participant
• Project-specific decision-making	• Community agreement on how to triage based on the household's needs
• Ad hoc referral process between projects	• Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance
• Uneven knowledge about available housing and service interventions in the CoC's geographic area	

Suncoast CoC Coordinated Entry manual is available for use in reviewer folder.

Does the proposal reflect an understanding of coordinated entry in that every homeless individual needs an Access Point intake which includes a VI-SPDAT, where they are prioritized on a master list for housing?

Does the proposal reflect an understanding that clients must be accepted and entered into the proposed PSH project based on the "by name" priority list?

Does the proposal reflect any "side door" exceptions to utilizing the Oneby1 priority system for all project entries? (i.e. someone who comes to agency's door with a ready to go lease, who otherwise might be a lower priority, is served because they are "ready" with a lease regardless of priority.)

Does the proposal reflect collaboration and cooperation as required in an effective coordinated entry system?

Does the proposal unnecessarily restrict the groups to be assisted (i.e. serve only two parent traditional families with children from 3 yrs. old to 10 yrs.) and therefore create an exception to serving those of high or highest acuity of need?

Does the agency's Coordinated Entry Audit Report show the agency takes referrals only through OneBy1, or do they also enter people into projects that have not come through Coordinated Entry?

Reviewer Notes:

Bonus Points	**10** out of 10 points
Submission Considerations: MOUS, Commitments from Behavioral Health / Health Care entities, Proposal narrative.	
Scoring Breakdown: 5 points awarded if the agency has demonstrated a partnership with Mental Health / Healthcare that positively impact project outcomes. 5 points awarded if the agency has demonstrated how they will leverage housing resources.	

Questions for consideration:

Does the proposal leveraging healthcare resources such as direct contributions from a public or private health insurance provider to the project, Medicaid, or provision of healthcare services tailored to the program participants, such as Ryan White funded organization?

Is participant eligibility not restricted by any eligibility requirements of the health care service provider?

Are their written commitments submitted with the application and the formal written agreement include the value of the commitment and the dates the healthcare resources will be provided? (In-kind contributions are acceptable)

Does the proposal utilize housing subsidies or subsidized housing units not funded through CoC or ESG programs to account for at least 25% of the units included in the project?

Does the proposal include a commitment letter funds or resources regarding the housing subsidies or units?

HMIS System Performance: CASL	Total Points: _27_____ out of 35
HMIS Data Quality and Consistency	__1____ out of 5
Consideration: HMIS data quality report cards, HMIS consistency reports A – 5 B – 3 C – 1 D – 0 F - 0	
HMIS Data Entry Timeliness	__5____ out of 5
Consideration: HMIS performance reports A – 5 B – 3 C – 1 D – 0 F - 0	
Positive outcomes either at exit or with move in dates during participation	__10____ out of 10
Consideration: HMIS performance reports 85% or higher – 10 points 65 – 84 – 8 points 45 – 64 – 6 points 25 – 44 – 2 points Below 25 is zero	
Total days from project entry to move in date 30 to 60 days	___5___ out of 5
Consideration: HMIS performance reports 45 days or less – 5 points 46 – 60 – 4 points 61-75 – 3 points	

76 - 90 – 2 points More than 90 is zero	
Households with either housing at exit or with move-in dates during participation remain stably housed at the one-year mark	__2___ out of 5
Consideration: HMIS performance reports 85% or higher – 5 points 70 – 84 – 4 points 60 – 69 – 2 points 50 – 59 – 1 points Less than 50 is zero	
Households have an increase in income from project entry to project exit	__4____ out of 5
Consideration: HMIS performance reports Above 30 % - 5 points 25-30 – 4 points 16-24 - 2 points 10-15 – 1 point Less than 10% is zero	
Notes: _____ _____	

1E-5

ATTACHMENT

Notification of Projects Rejected-Reduced

Good afternoon,

I am pleased to inform you the Review and Ranking Committee has accepted your proposal for CCDOV TH-RRH 2019 in the amount of $83,275. This project will be submitted in our RFP process and ranked on the priority listing in the CoC Competition.

I regret to inform you your DV Bonus project in the amount of $309,932 was rejected. Although you submitted a quality project, another DV Bonus project scored higher than your submission and HUD limits funding requests submitted during the CoC Program Competition.

Your approved applications need to be completed in eSnaps by 4:00 pm on Monday, September 19th; the Suncoast Partnership targeted submission date to HUD is Wednesday, September 28th. To complete the esnaps submission, Suncoast Partnership staff need to be added as registrants to the agency's applicant profile, please contact Chris Johnson Chris@suncoastpartnership.org if you have questions.

Please note, applicants may appeal decisions, in writing, within 2 days of the project selection notification date. Appeals must be submitted to Chris Johnson, CEO, at

chris@suncoastpartnership.org and must be received by 5:00 pm on Friday, September 9th, 2022. For further information on appeals, please refer to the published RFP section titled "Legal and Additional Submission Requirements."

Thank you for all you do within our continuum of care.

Chris Johnson
Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987 x104

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This e-mail message, including any attachments, is intended only for the use of the individual or entity to which it is addressed and may contain information
that is privileged and/or confidential. If you are not the intended recipient or the employee or agent responsible for delivering the communication to the

Good afternoon,

I regret to inform you your new Rapid Rehousing project in the amount of $450,000 was rejected by the Review and Ranking Committee. Although you submitted an eligible project for the Competition, HUD does not allow newly funded projects to be submitted unless they are funded through Bonus funding or through reallocation of exiting renewal funds. The Review and Ranking Committee did not reallocate any funding this year.

Please note, applicants may appeal decisions, in writing, within 2 days of the project selection notification date. Appeals must be submitted to Chris Johnson, CEO, at

chris@suncoastpartnership.org and must be received by 5:00 pm on Friday, September 9th, 2022. For further information on appeals, please refer to the published RFP section titled "Legal and Additional Submission Requirements."

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Chris Johnson
Chief Executive Officer
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1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987 x104

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Good afternoon,

I am pleased to inform you the Review and Ranking Committee has accepted your proposals for Returning Home - Suncoast 2021 in the amount of $285,730 and your DV Bonus in the amount of $309,932. These projects will be submitted in our RFP process and ranked on the priority listing in the CoC Competition.

I regret to inform you your CoC Bonus-PSH project in the amount of $154,966 was rejected. Although you submitted a quality project, another CoC Bonus-PSH project scored higher than your submission and HUD limits funding requests submitted during the CoC Program Competition. Please remember demonstration of a formal collaboration with our two DV service providers must be included in both the narrative and by way of an attachment for the DV bonus.

Your approved applications need to be completed in eSnaps by 4:00 pm on Monday, September 19th; the Suncoast Partnership targeted submission date to HUD is Wednesday, September 28th. To complete the esnaps submission, Suncoast Partnership staff need to be added as registrants to the agency's applicant profile, please contact Chris Johnson Chris@suncoastpartnership.org if you have questions.

Please note, applicants may appeal decisions, in writing, within 2 days of the project selection notification date. Appeals must be submitted to Chris Johnson, CEO, at

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Chris Johnson
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Sarasota, FL 34234
941-955-8987 x104

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From:	Chris Johnson
To:	Michael Raposa
Cc:	Shellie Legarsky; Nehemiah Warner
Subject:	CoC Competition DV Bonus Project Rejection
Date:	Monday, September 12, 2022 2:24:08 PM
Attachments:	CoC Competition Appeal - DV Bonus Project.pdf

Michael,

Suncoast Partnership staff, on behalf of the Review and Ranking Committee of the Leadership Council, received an appeal regarding the Priority Listing and the approved project for the Domestic Violence Bonus funding submitted by Society of St. Vincent de Paul South Pinellas (SVDP). This appeal was issued on 09/08/2022 by Catholic Charites Diocese of Venice (CCDOV), Safe Place and Rape Crisis Center (SPARCC), and HOPE Family Services (HOPE).

This appeal was lodged on the basis of SVDP's lack of partnership or collaboration with local Domestic Violence Service Providers, a stipulation of the Request for Proposal (RFP) issued by Suncoast Partnership.

In response to this appeal and the subsequent review of the information, the Review and Ranking Committee has rejected the proposal from SVDP for the lack of documented or verbal agreements with the DV Providers. SVDP's DV Bonus project will not move forward in the Priority Listing or in the collaborative application submitted to HUD.

Please see the attached document for details of the appeal and review.

Chris Johnson
Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987 x104

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1E-5a

ATTACHMENT

Notification of Projects Accepted

Good afternoon,

I am pleased to inform you the Review and Ranking Committee has accepted your proposal for CCDOV TH-RRH 2019 in the amount of $83,275. This project will be submitted in our RFP process and ranked on the priority listing in the CoC Competition.

I regret to inform you your DV Bonus project in the amount of $309,932 was rejected. Although you submitted a quality project, another DV Bonus project scored higher than your submission and HUD limits funding requests submitted during the CoC Program Competition.

Your approved applications need to be completed in eSnaps by 4:00 pm on Monday, September 19th; the Suncoast Partnership targeted submission date to HUD is Wednesday, September 28th. To complete the esnaps submission, Suncoast Partnership staff need to be added as registrants to the agency's applicant profile, please contact Chris Johnson Chris@suncoastpartnership.org if you have questions.

Please note, applicants may appeal decisions, in writing, within 2 days of the project selection notification date. Appeals must be submitted to Chris Johnson, CEO, at

chris@suncoastpartnership.org and must be received by 5:00 pm on Friday, September 9th, 2022. For further information on appeals, please refer to the published RFP section titled "Legal and Additional Submission Requirements."

Thank you for all you do within our continuum of care.

Chris Johnson
Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987 x104

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Good afternoon,

I am pleased to inform you the Review and Ranking Committee has accepted your proposals for Returning Home - Suncoast 2021 in the amount of $285,730 and your DV Bonus in the amount of $309,932. These projects will be submitted in our RFP process and ranked on the priority listing in the CoC Competition.

I regret to inform you your CoC Bonus-PSH project in the amount of $154,966 was rejected. Although you submitted a quality project, another CoC Bonus-PSH project scored higher than your submission and HUD limits funding requests submitted during the CoC Program Competition. Please remember demonstration of a formal collaboration with our two DV service providers must be included in both the narrative and by way of an attachment for the DV bonus.

Your approved applications need to be completed in eSnaps by 4:00 pm on Monday, September 19th; the Suncoast Partnership targeted submission date to HUD is Wednesday, September 28th. To complete the esnaps submission, Suncoast Partnership staff need to be added as registrants to the agency's applicant profile, please contact Chris Johnson Chris@suncoastpartnership.org if you have questions.

Please note, applicants may appeal decisions, in writing, within 2 days of the project selection notification date. Appeals must be submitted to Chris Johnson, CEO, at

chris@suncoastpartnership.org and must be received by 5:00 pm on Friday, September 9th, 2022. For further information on appeals, please refer to the published RFP section titled "Legal and Additional Submission Requirements."

Thank you for all you do within our continuum of care.

Chris Johnson
Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987 x104

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From:	Chris Johnson
To:	Michele Matthews; Brenda Downing; Andrew Brady
Cc:	Taylor Neighbors
Subject:	HUD CoC Program Competition Submission
Date:	Wednesday, September 7, 2022 4:08:55 PM

Good afternoon,

I am pleased to inform you the Review and Ranking Committee has accepted your proposals for PSH Bonus 2021 in the amount of $329,289, your PSH Plus 2021 in the amount of $101,577, and your Everyone's Home 2021 in the amount of $253,995. These projects will be submitted in our RFP process and ranked on the priority listing in the CoC Competition.

Please remember demonstration of a formal collaboration with our two DV service providers must be included in both the narrative and by way of an attachment for the DV bonus.

Your applications need to be completed in eSnaps by 4:00 pm on Monday, September 19th; the Suncoast Partnership targeted submission date to HUD is Wednesday, September 28th.

To complete the esnaps submission, Suncoast Partnership staff need to be added as registrants to the agency's applicant profile, please contact Chris Johnson Chris@suncoastpartnership.org if you have questions.

Thank you for all you do within our continuum of care.

Chris Johnson
Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987 x104

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From:	Chris Johnson
To:	Scott Eller; PJ Brooks
Cc:	Taylor Neighbors
Subject:	HUD CoC Program Competition Submission
Date:	Wednesday, September 7, 2022 4:08:37 PM

Good afternoon,

I am pleased to inform you the Review and Ranking Committee has accepted your proposals for CoC Bonus-PSH in the amount of $154,966 and your Suncoast CoC 2021 Renewal PSH-RA COMBINED project in the amount of $123,318. These projects will be submitted in our RFP process and ranked on the priority listing in the CoC Competition.

Your applications need to be completed in eSnaps by 4:00 pm on Monday, September 19th; the Suncoast Partnership targeted submission date to HUD is Wednesday, September 28th.

To complete the esnaps submission, Suncoast Partnership staff need to be added as registrants to the agency's applicant profile, please contact Chris Johnson Chris@suncoastpartnership.org if you have questions.

Thank you for all you do within our continuum of care.

Chris Johnson
Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
941-955-8987 x104

Suncoast Partnership

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Cristy,

Suncoast Partnership staff, on behalf of the Review and Ranking Committee of the Leadership Council, received an appeal regarding the Priority Listing and approved projects for the Domestic Violence Bonus funding submitted by Society of St. Vincent de Paul South Pinellas (SVDP). This appeal was issued on 09/08/2022 by Catholic Charites Diocese of Venice (CCDOV), Safe Place and Rape Crisis Center (SPARCC), and HOPE Family Services (HOPE).

This appeal was lodged on the basis of SVDP's lack of partnership or collaboration with local Domestic Violence Service Providers, a stipulation of the Request for Proposal (RFP) issued by Suncoast Partnership.

In response to this appeal and the subsequent review of the information, the Review and Ranking Committee has rejected the proposal from SVDP and CCDOV's DV Bonus project will move forward in the Priority Listing and in the collaborative application submitted to HUD.

Please see the attached document for detailed information regarding the review.

Thank you.

Chris Johnson
Chief Executive Officer
Suncoast Partnership to End Homelessness
1750 17th Street/C-1
Sarasota, FL 34234
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1E-5b

ATTACHMENT

Final Project Scores for All Projects

Applicant Name	Project Name	Renewal or New	Project Score	Project Rank	Award Amount	Accepted or Rejected
Suncoast Partnership to End Homelessness	HMIS	Renewal	n/a	1	$74,575	Accepted
Suncoast Partnership to End Homelessness	One-by-1 Coordinated Entry	Renewal	n/a	2	$50,006	Accepted
Community Assisted and Supported Living	Suncoast PSH-RA	Renewal	99	3	$123,318	Accepted
Salvation Army	PSH Bonus	Renewal	99	4	$329,289	Accepted
Salvation Army	PSH Plus	Renewal	98	5	$101,577	Accepted
Salvation Army	Everyone's Home	Renewal	98	6	$253,995	Accepted
St. Vincent de Paul – South Pinellas	Returning Home	Renewal	94	7	$285,730	Accepted
Community Assisted and Supported Living	CoC Bonus – PSH	New	99	8	$181,387	Accepted
Catholic Charities, Diocese of Venice	DV Bonus	New	86	9	$362,774	Accepted
Catholic Charities, Diocese of Venice	CCDOV TH-RRH	Renewal	86	10	$83,275	Accepted
Suncoast Partnership to End Homelessness	Planning	New	n/a	n/a	$108,832	Accepted
Total Accepted					**$1,954,758**	
St. Vincent de Paul – South Pinellas	CoC Bonus – PSH	New	93		$154,966	Rejected
Jewish Family Children Services of the Suncoast	New RRH Project	New	71		$450,000	Rejected
St. Vincent de Paul – South Pinellas	DV Bonus	New	Determined ineligible		$309,932	Rejected
Total Rejected					**$914,898**	

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