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: VA-502 - Roanoke City & County, Salem CoC

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

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	No	Yes
7.	Homeless or Formerly Homeless Persons	Yes	No	Yes
8.	Hospital(s)	Yes	Yes	Yes
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	No	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	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	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	No	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	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

1B-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)

A letter of invitation to the community encourages individuals and organizations to join the CoC and is posted on the CoC's website as well as the planning entity's website. This letter from the Chair of the CoC invites conversation and dialogue to promote progress in making homelessness in our community rare, brief and one-time. Partner agency recruitment is a year-round process conducted by the CoC Chair, the planning entity and CoC Board members. Social media postings, email notifications, local websites and community education is used to conduct outreach to the community to solicit new members. Interested parties are invited to submit a membership application to join the CoC.

The CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats. The CoC and City of Roanoke websites include guidance regarding the use of assistive technology, such as a Braille reader, a screen reader and TTY. Users who need accessibility assistance can also use the Federal Information Relay Service for TTY/Voice communication. The websites have been designed to comply with Section 508 as well as 2.0 A and AA accessibility standards.

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

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

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

(limit 2,500 characters)

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

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

The CoC Chair and other CoC leaders attend the National Alliance to End Homelessness' National Conference on Ending Homelessness, the Virginia Governor's Housing Conference, the Virginia Housing Alliance's Housing Virginia's Most Vulnerable Conference and Community Solutions' Built for Zero Learning Sessions to learn best practices on preventing and ending homelessness from state and national experts.

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

	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)

On August 11, 2022, the public was notified that the CoC local competition was open and accepting project applications, including proposals from organizations that have not previously received CoC Program funding. Notifications were made through postings to the CoC website and through the social media accounts of the CoC and planning entity. The notification included details on the application submission process, local competition deadlines and encouraged those interested in applying to contact the CoC Chair or the Planning Agency for information on local funding priorities. The public announcement included the CoC's Rating and Review Procedure and project executive summary documents, which are used by the CoC Ranking Committee to review and rank new and renewal project applications and to determine which applications will be accepted for submission to HUD. Project application submission instructions were posted publicly on the executive summary documents posted to the CoC website. Potential applicants were also provided the contact information of the CoC Lead and planning entity through these public postings and were encouraged to reach out to these contacts should applicants have questions about the local competition process.

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

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

1C. Coordination and Engagement

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

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

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

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

Point-in-Time (PIT) Count and Housing Inventory Count (HIC) data are provided to the CRHRD annually for inclusion in the City of Roanoke's Consolidated Plan updates. The leadership and program staff that administer the City of Roanoke's CDBG, HOME and ESG funding sit on the CoC Board and the CoC planning committee. CRHD staff also coordinate our community's project ranking and review process for the HUD-CoC application, which provides further alignment in the planning and allocation of our ESG resources.

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.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, 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)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

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

Our CoC has a formal partnership with our community's primary Local Education Agency (LEA) and our local school district, Roanoke City Public Schools (RCPS). A seat on our governing board is reserved through our governance charter for the RCPS Homeless Student Liaison. In addition to providing policy oversight and making funding decisions as part of the governing board, the Liaison attends and actively participates in CoC planning meetings and client case conferencing meetings. The Liaison works closely with all other school divisions in our CoC to disseminate information on McKinney-Vento eligibility for individuals and families who qualify for services, providing a collaboration point between the CoC and other school districts. The Liaison attends meetings of the State Education Agency (SEA) and provides updates from these meetings to the CoC Board and planning committee, facilitating collaboration between both entities.

Our CoC's coordinated entry policies and procedures further formalizes this partnership with our LEA by requiring all CoC, ESG and State-funded projects providing services to families with school-age children who qualify for homeless education services, to connect these families to the Homeless Student Program Liaison with Roanoke City Public Schools, or to the homeless education service contact in their school district. Our local Community Action Agency, Total Action for Progress (TAP), administers the Early Head Start and Head Start programs and other US Department of Labor-funded educational programs for youth enrolled in public school. TAP is a member of our CoC governing board and planning committees. Youth-based education programs offered through TAP include mentorship, cultural workshops, SOL and SAT preparatory classes and workshops in financial aid and college life. Staff from TAP's youth educational programs participate in our client by-name list case conferencing meetings. This active participation in our CoC committees ensures children and youth in our homeless services system have streamlined access to these educational programs.

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)

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

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

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	No	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	Yes	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	Yes
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)

The CoC regularly collaborates with organizations in our community who help provide housing and services to survivors of domestic violence, dating violence, sexual assault and stalking. These organizations include the Salvation Army's Turning Point shelter, Total Action for Progress' Domestic Violence Services (TAP DVS) and SafeHome Systems. Each of these agencies are local victim service providers who provide critical safe overnight shelter and supportive services to meet the needs of individuals and families fleeing intimate partner and family violence.

Each of these victim service providers are members of our Continuum of Care and participate in regular meetings of our CoC planning committee and strategic plan work groups. These agencies are active participants in our community's Coordinated Entry System (CES) Refinement Lab work to ensure our community processes include access to services for individuals fleeing violence. This local Coordinated Entry work group is developing improvement strategies around each of the CES core elements and is updating our CoC-wide prioritization policies and assessment procedures. This is work is being conducted in partnership with the victim service providers previously referenced.

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

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)

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

1C-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)

The CoC uses de-identified aggregate data from VAdata (an HMIS comparable database) managed by the Virginia Sexual and Domestic Violence Action Alliance to assess the special needs related to domestic violence, dating violence, sexual assault and stalking survivors. All of the providers serving these populations in our community use the VAdata system in alignment with the FY 2022 HMIS data standards published by HUD. VAdata is Virginia's web-based data collection system, which was developed to enhance and improve the collection of statewide data from all survivors who use the services of domestic violence, dating violence, sexual assault and stalking agencies across the State. This project began in April of 1996 through the support of the Violence Against Women Act. VAdata has served as a tool to capture the services provided to survivors of sexual and/or domestic violence since its inception.

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

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)

In 2018, our CoC modified and adopted the HUD-recommended domestic violence emergency transfer plan that is used by all of our HUD CoC, State and ESG-funded service providers. All households seeking or receiving services through our CoC housing projects that are funded with CoC Program, State and Emergency Solutions Grant (ESG) resources are provided a copy of and informed of the transfer plan. This process is followed for all households seeking or receiving services through these projects, regardless of known survivor status.

This CoC policy allows for clients who may experience violence or stalking to request an emergency transfer from the client's current housing and/or service location to another safer location. The ability to request an emergency transfer is available to all participants. To request an emergency transfer, the project participant shall notify project staff and submit a written request for a transfer to the Emergency Transfer designee at the agency in which services are being sought or received. Projects provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer include either:

1.A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the program; OR
2.A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

The ability of agencies to honor such requests depends on a preliminary determination that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the agency has another available unit that is safe to offer the participant for occupancy. This ensures that the CoC continually maximizes client choice for housing and services while ensuring safety and confidentiality.

| | 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)

Survivors of domestic violence, dating violence, sexual assault and stalking have access to all of the housing and services available within the CoC geographic area through our community's integrated Coordinated Entry System (CES). Our community's victim service providers all use our CoC's common assessment tool and individuals in these programs are matched to housing resources through our case conferencing process in alignment with our prioritization policies. Through our CES, domestic violence participants are placed on the appropriate by-name list using a de-identified code that is generated out of the confidential VAdata (HMIS comparable) system and are case conferenced for housing placements using this code to ensure confidentiality. When participants are matched to a housing resource, the assigned housing navigator works with the participant to identify housing options that maximizes client choice while ensuring safety and confidentiality. Resources matched through this process includes all of our community rapid rehousing and permanent supportive housing services.

Individuals in our community DV programs are also referred through our coordinated entry process to Emergency Housing Voucher services and to the Housing Choice and Mainstream Voucher programs at our local Public Housing Authority (PHA) using the homeless preference we have implemented with our PHA partner. Our integrated coordinated entry system ensures that participants in our community DV programs have access to the full inventory of housing and services available in our CoC, not just to the resources provided through victim service organizations.

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)

Safety, planning and confidentiality protocols are incorporated into our CoC's coordinated entry processes to address the needs of domestic violence, dating violence, sexual assault, and
stalking survivors. When survivors are identified through coordinated entry, they are immediately referred to agencies with expertise in providing victim-centered practices and trauma-informed services. This ensures appropriate safety and planning protocols are in place as survivors move through our service system.

When applicable, survivors are placed on our community's by-name list using a de-identified code that is generated out of the confidential VAdata (HMIS comparable) system and are case conferenced for housing placements using this code to ensure confidentiality is maintained. Names and other personal identifying information of survivors are never shared in our community case conferencing meetings. When participants are matched to a housing resource, the assigned housing navigator works with the participant to identify housing options that maximizes client choice while ensuring safety and confidentiality. The physical locations of victim services providers are not published in our community's resource documents or systems, providing an additional layer of safety and confidentiality.

| 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)?	Yes
	3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

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

Our CoC addresses the needs of the protected class individuals in our community by ensuring services are provided in an inclusive non-discriminatory manner. Our CoC has a robust anti-discrimination policy for all of our homeless assistance projects, regardless of funding source, as part of our CES policies and procedures. The policy is updated as necessary based on stakeholder feedback.

During the community's annual monitoring process, project compliance with the Equal Access Rule, Gender Identity Final Rule and CoC-wide anti-discrimination policy is reviewed. Technical assistance is provided to providers on these requirements if deficiencies are identified through the monitoring process. Technical assistance may include revisions to and development of 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.

Training on our anti-discrimination policy is provided at our quarterly service provider-level committee meetings. Service providers also receive annual cultural competency and equal access training from the Drop in Center, Roanoke Diversity Center and other outside subject matter experts and individuals with lived experience. CoC-funded agencies and the Coordinated Entry System (CES) utilize gender appropriate language on assessments and service providers deliver information to clients at intake on how to report housing, shelter and service discrimination. CoC agency staff also participate in bi-annual trainings through the City of Roanoke's Fair Housing Board on how to effectively address Fair Housing non-compliance, including compliance with the Equal Access Rule and the Gender Identity Final Rule.

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?
Roanoke Redevelopment and Housing Authority	42%	Yes-Both	Yes

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

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

(limit 2,500 characters)

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

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

a) Meet the HUD definition of homeless.

b) Are referred to the RRHA by a CoC provider with whom the RRHA has executed a Memorandum of Understanding (MOU) outlining the provider's responsibilities to provide supportive services for the referred household.

c) Have received a written commitment from the CoC provider to offer supportive services on an as needed basis to help the household transition from homelessness to permanent housing by providing housing search assistance; and

d) Have received a written commitment from the CoC provider to offer supportive services to help the household maintain housing stability and comply with lease obligations once housed.

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

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

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
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)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
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)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream and emergency housing vouchers

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
City of Roanoke R...

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

Name of PHA: City of Roanoke Redevelopment and 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	Yes
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.	4
	2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	4
	3.	This number is a calculation of the percentage of new and renewal PSH, RRH, 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)

The CoC regularly evaluates every recipient that checks Housing First on their project application to determine if they are actually using a Housing First approach by evaluating the following factors and performance indicators:

•Project discharges are evaluated through regular monitoring
•Reasons for referral denials are tracked and reported through our Coordinated Entry System

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

Project adherence to Housing First principles is also evaluated through our Coordinated Entry referral process. Households entering our community's rapid re-housing and permanent supportive housing projects are referred through case conferencing meetings of our Housing Placement Teams. Households are referred to these projects following our community's Coordinated Entry prioritization policies, which are aligned with Housing First principles. Referred households are discussed at subsequent Housing Placement Team meetings to ensure rapid placement. If barriers or preconditions are identified, the Teams resolve them collaboratively through these meetings. Referrals to our community's housing projects must be accepted by providers. If referrals are declined, providers are required to provide a reason for the denial to the CoC coordinated entry lead staff person. Reasons for denial are tracked by CES staff and denials not in alignment with Housing First principles are reported to the CoC Lead and planning entity for resolution.

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)

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

HAT partners with the City of Roanoke's Parks and Recreation, Police and Code Enforcement departments to conduct joint outreach and to alert each other of encampment locations. Leadership and staff of the four departments meet in-person regularly to coordinate services. Outreach alerts and follow up messages are sent amongst members of the group on an on-going basis. HAT staff develop rapport, build relationships and connect clients to shelter resources, permanent housing options and supportive services through our community's housing placement committees.

HAT outreach services cover 100 percent of our CoC's geographic area. Upon request, but not less than quarterly, outreach is conducted in the rural areas of our CoC. Using a "quadrant" system, staff sweep the NE, NW, SE, and SW sections of the City on alternating days. Workers meet basic needs first and build relationships over time using progressive engagement techniques for the most service-resistant clients. HAT tracks locations of known encampment sites throughout our CoC coverage using Excel spreadsheets to ensure outreach efforts throughout our CoC are comprehensive and consistent.

One HAT case manager is a bilingual Spanish-speaker and American Sign Language (ASL) interpreter. The Team also uses language access services on mobile devices in the field and through in-office phone services through the City of Roanoke to ensure non-English speakers are able to access services. Housing and supportive services are marketed through resource cards used by outreach teams to further Fair Housing. Large print marketing materials are available for those with vision impairments.

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

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."	83	64

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	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
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 Blue Ridge Continuum of Care hosts a monthly resource meeting for service providers throughout the CoC geographic area, especially front-line staff. This monthly meeting is attended by local homeless service provider staff, departments of social services, health departments, healthcare organizations, substance abuse programs, mental health treatment programs, harm reduction programs, and other social/human services programs. The monthly agenda contains a time for an organization to present information about its programs and then resource sharing between organizations. Minutes are kept and sent out to all in attendance and those unable to attend.
2.The CoC by-name list committees conduct bi-weekly case conferencing meetings to coordinate housing solutions and ensure clients' healthcare, mental health, and substance use needs are coordinated. Representatives from the local health department, free clinics, community services board, and harm reduction organizations attend these meetings and provide linkages to care.
3.The CoC works with local SOAR representatives to ensure those eligible for SSI/SSDI are connected and working with these staff to submit their applications. The local SOAR representative attends our by-name list case conferencing meetings and holds regular office hours at our street outreach drop-in site and at emergency shelters to ensure individuals eligible for SSI/SSDI benefits receive expedited application assistance.

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)

Our CoC implemented a new non-congregate sheltering program for highly vulnerable unsheltered individuals to provide protection from infectious diseases during the height of the COVID-19 pandemic. These services were funded with ESG-CV resources. The CoC developed a prioritization system for these high-risk individuals and managed the 90-bed non-congregate program for 14 months. Individuals were sheltered at two hotels in Roanoke County. Staff from local CoC partners provided case management and oversight of basic services. At the end of the sheltering period, the majority of individuals from this non-congregate shelter were transitioned into permanent housing.

In addition to this non-congregate sheltering for those experiencing unsheltered homelessness, Total Action for Progress (TAP) implemented scattered-site, non-congregate shelter services for individuals fleeing domestic violence. These services were also originally funded with ESG-CV resources. As our local ESG-CV funds have been expended, the CoC has worked with TAP to identify additional funding sources to continue to provide these services. The CoC is receiving funding from the Virginia Department of Housing and Community Development (DHCD) for TAP to continue providing these critical resources for the community. This new funding will increase the capacity of our community to provide low barrier non-congregate sheltering as an alternative to other shelter options while preventing the spread of infectious diseases and protecting highly vulnerable individuals.

The CoC is also working closely with our local HOME-ARP recipient (the City of Roanoke's HUD Community Resources Division) to conduct a comprehensive needs assessment and gaps analysis that will be used to develop an allocation plan for our community's HOME-ARP resources. Non-congregate sheltering is a service option under consideration for use of these funds.

| | 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)

The CoC has worked with the local health department, as well as local health care providers and hospital systems, since the beginning of the COVID-19 pandemic to respond to infectious disease outbreaks and to prevent infectious disease outbreaks among people experiencing homelessness. Local health officials have provided the CoC timely and important information about the virus and how it may affect clients and services. The CoC partners have received valuable information about decreasing the spread of the virus in individuals and families experiencing homelessness and specific information about how the virus spreads within the community. CoC partners have hosted outreach events with local officials, providing masks, hand sanitizer, and information about COVID-19 and how to stay healthy and limit spread. CoC providers installed hand washing stations throughout their facilities and instituted masking and social distancing policies to keep staff and clients safe. The CoC hosted training for front line staff with the local health department on topics related to COVID-19 safety and vaccination frequently asked questions.

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

Our local health department partnered with the CoC to retro-fit one of our community emergency shelters into a COVID isolation facility. Policies and procedures were developed with the Health Department at the CoC-level to provide testing services for symptomatic individuals onsite in our emergency shelters and through local free clinics for those staying outside. Community-level isolation and quarantine procedures were developed for those testing positive or those needing to quarantine while awaiting test results. The placement of individuals needing to isolate or quarantine were coordinated through our community's coordinated entry process. Transportation, meal deliveries and medical check-ins were coordinated with our local health department through weekly huddle meetings. Medical oversight of the isolation process was provided by the health department.

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.The Blue Ridge Continuum of Care hosts monthly meetings with service providers. The health department attends and provides updates each month. During these updates, attendees are presented with information about how to prevent and/or limit infectious disease outbreaks among program participants. Information specifically related to service provision to homeless individuals is included. The local health department provides direct medical oversight of congregate and non-congregate shelters, providing guidance on isolation and quarantine, proper use of PPE, and sanitization to limit spread of infectious disease. Vaccination clinics are held with homeless service providers to ensure homeless individuals have access to public health information and vaccine.
2.The CoC also serves as an information clearinghouse between the local health departments, healthcare organizations, and others to share information with homeless service providers in a timely manner. Information regarding personal protective equipment, vaccine, and general disease information has been shared and will continue to be shared to prevent and limit the infectious disease outbreaks among program participants. When an infectious disease outbreak has occurred, the CoC has coordinated a response between local health officials, organizations, and others to contain the exposures and develop/provide alternate services for those infected.

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 Blue Ridge CoC's Coordinated Entry System covers 100% of the geographic area. The CoC ensures this coverage by engaging partners and stakeholders in all areas of the CoC. These partners and stakeholders in the outlying areas of the CoC are informed of the Coordinated Entry process and how individuals can be connected to Coordinated Entry services. Coordinated Entry services are accessible to all individuals in the CoC coverage area through street outreach and through Coordinated Entry hubs located in outlying areas.

2.The CoC uses the VI-SPDAT as a standardized assessment process to measure the vulnerability of each household entering our service system. The VI-SPDAT considers factors such as history of homelessness and housing, emergency service use, risk of harm, legal issues, socialization and daily functioning, physical health, substance use, mental health, and abuse and trauma to assign an objective vulnerability score. Scores are used to prioritize the most vulnerable households for housing services through community case conferencing.

3.The Coordinated Entry System and Assessment Process are updated regularly. This is done by soliciting feedback through surveys from participating projects and households participating in coordinated entry. These surveys are reviewed and updated annually by the Coordinated Entry Committee and adjustments are made based on findings.

| | 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)

Outreach teams and homeless system navigators sweep places not meant for human habitation and encampment sites to identify and engage those least likely to present at agencies for services. Street outreach staff go to clients in the field to complete intakes and coordinated entry assessments, reducing burdens related to transportation and access. An online application for homeless services is available on the CoC website. Online applications are received by Coordinated Entry staff who follow up with applicants to ensure households are connected to projects best able to meet their needs. These processes help reduce burdens on individuals accessing services through coordinated entry. Additionally, the CoC is implementing a phased assessment to eliminate unnecessary complexities in the assessment process.

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

The CoC has established a process to ensure that housing assistance is prioritized based on vulnerability and severity of need. The CoC utilizes the VISPDAT to prioritize referrals to housing resources. Case conferencing takes those with the highest vulnerability scores and most in need of assistance and matches them with a housing navigator who promptly assists the client in accessing permanent housing of their choice in a timely manner.

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.	01/01/2021

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)

Each year since 2016 our CoC has analyzed data from the Annual Performance Reports of our community homelessness prevention, rapid rehousing (RRH) and permanent supportive housing (PSH) programs to determine if there are racial disparities in the provision of these services in our community. Our CoC also conducts an annual system performance analysis to determine if there are racial disparities in the lengths of time individuals experience homelessness in our system or if there are disparities in returns to homelessness after individuals exit to permanent housing.

People of color are nearly two and a half times more likely to experience homelessness in our community than White individuals. African-Americans have comprised between 30 and 38% of both our annual and PIT counts each year since 2016, while representing only about 14% of the overall population of our CoC service area, according to US Census data.

Analysis of our prevention and housing programs has shown that over the past five years our programs are serving individuals of color equitably as a reflection of the representation of these populations in our shelter system. African-Americans have represented between 39 and 48% of the total number of individuals served in our RRH and PSH projects each year since 2016. These numbers are consistent with the overrepresentation of people of color in our homeless system.

People of color have made up an even higher percentage of the individuals served through our homelessness prevention programs. Since 2016, African-Americans and individuals of multiple races have made up between 61 and 77% of the total number of individuals receiving homelessness prevention services.

System performance metrics have shown that people of color in our system are not experiencing longer lengths of homelessness or significantly higher rates of returns to homelessness than White individuals. In 2020, the average length of time homeless for African-Americans in our system was 67 days. The average length of homelessness for White individuals was also 67 days. Similarly, in 2018, 43.4% of African-Americans who exited to permanent housing destinations two years prior, had a subsequent return to homelessness at some point over the subsequent two years. The return to homelessness rate for White individuals over this same period was 39.9%.

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.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes

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

1D-10c.	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)

Even though there have not been significant racial disparities in the provision and outcomes of assistance in our homeless response system, people of color are overrepresented in our system as a comparison to the broader regional population. In an effort to ensure our system continues to serve individuals equitably, our CoC provides ongoing training to staff at the direct assistance level to ensure our providers are able to recognize factors impacting inequitable service provision, such as implicit bias and cultural competency. These trainings are provided annually through our Homeless Educators Linking Providers (HELPS) Committee by community subject matter experts, including staff through our local Community Services Board (CSB).

The Virginia Department of Housing and Community Development (DHCD), in partnership with CoCs across the State, has offered a training series focusing on understanding racial disparities and taking action to address disparities in homeless services. These trainings allowed providers to learn from national experts to ensure service provision in projects align with best practice models.

In addition, the CoC has taken steps to improve racial equity in the provision and outcomes of assistance by increasing the representation of people of color on our CoC Board and other decision-making committees. Nineteen percent of our CoC governing board is now represented by people of color. This is an increase over the 11% that represented people of color on the governing board in 2020. Our CoC is concentrating on increasing people of color's representation on our decision-making bodies to reflect the racial make-up of individuals served in our homeless system. This strategy is being implemented to ensure the oversight of direct service provision in our community is conducted through a racial equity lens, resulting in equitable services being provided at the program participant level.

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)

As previously stated, our community conducts regular assessments of racial disparities in the provision and outcomes of homeless assistance. Data from the Annual Performance Reports of our community homelessness prevention, rapid rehousing (RRH) and permanent supportive housing (PSH) programs to determine if disparities exist. Our CoC also conducts an annual system performance analysis to determine if there are racial disparities in the lengths of time individuals experience homelessness or if there are disparities in returns to homelessness after individuals exit to permanent housing. These measures are used to track our community's progress on preventing or eliminating disparities. Strategies to improve our performance are implemented based on the results of these assessments.

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 Blue Ridge CoC is dedicated to involving individuals with lived experience of homelessness in service delivery and decision-making. The Blue Ridge CoC uses social media and targeted outreach to solicit feedback on its practices and processes from those with lived experience. For example, while creating the current strategic plan, the CoC engaged persons with lived experience in three focus groups and paper surveys at local shelters and day drop-in sites. Planning funds were used to compensate for the expertise provided by individuals with lived experience. This information was critical to crafting goals and strategies to improve service delivery within the community. In addition, the CoC governing board works to ensure that there is representation from someone with lived experience in homelessness on the board and committees. The input from those with lived experience is invaluable. The CoC strives to make providing feedback and serving on working committees easy and accessible for these individuals. The CoC has implemented online surveys for data collection and schedules meetings at times when individuals with experience can attend. The CoC will use planning funds to pay for transportation, parking, etc. to make it easier for those with lived experience to participate in discussions around service delivery processes.

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.	34	12
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	34	12
3.	Participate on CoC committees, subcommittees, or workgroups.	1	1
4.	Included in the decisionmaking processes related to addressing homelessness.	1	1
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)

Our CoC coordinates professional development and employment opportunities for individuals with lived experience through partnerships with several of our membership organizations.

Total Action for Progress (TAP) operates a Homeless Veterans Reintegration Program (HVRP), funded by the US Department of Labor. It works specifically with homeless veterans to put them into meaningful employment. To accomplish this, an employment specialist works directly with local businesses to place veterans in jobs that fit their interest and skill level. Job skills training is offered for those interested in careers that require certification. TAP trains people to pass the Virginia Board of Nursing's Nurse Aide training program. For homeless veterans interested in CDL or forklift operations, TAP refers them to Virginia Western Community College. For those in need of further training, the employment specialist may arrange a work experience opportunity. Veterans are placed with participating businesses and the owner/supervisor acts as a mentor, providing on-the-job training and other support. These participating employers will hire the veteran after four weeks if they are a good fit for the job.

TAP also operates a program at two area emergency shelters. The program provides training leading to industry-recognized credentials and/or competencies in high-demand fields such as healthcare, food services, and customer service. In addition to the industry-specific skills, TAP also provides soft skills training through job-readiness classes and life skills training, to facilitate participants' ability to retain employment once they have obtained it.

Our local VA Medical Center operates a peer-driven employment program for homeless Veterans. The staff person who oversees this program participates in our case conferencing meetings to facilitate connecting Veterans to peer-driven employment supports. The Compensated Work Therapy program at our VA Medical Center matches and supports work-ready veterans as they transition into jobs.

The Roanoke Rescue Mission offers skills-based training to guests staying in its emergency shelter programs. Skills such as meal preparation, customer service, housekeeping and laundry services are all offered to shelter participants. The organization has developed partnerships with local businesses who prioritize hiring of individuals with lived experience who are attempting to exit homelessness through employment utilizing these skill sets.

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 Blue Ridge CoC has made it a goal to solicit feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG programs on their experiences. To capture this information, the CoC hosts online surveys, in-person listening sessions facilitated by the planning entity, and invitations to give feedback by serving on CoC committees. Additionally, those receiving services are offered a chance to provide feedback on the services they received and the process itself via survey through the HMIS platform.

2.The CoC takes the feedback provided from people with lived experience of homelessness seriously. When challenges are identified, the issues are brought to the appropriate committee/workgroup. Challenges and solutions are discussed and implemented. Follow-up is done to ensure that the challenge is addressed and a suitable, effective solution has been found. Feedback from focus groups of individuals currently experiencing homelessness has been incorporated into the CoC's current strategic plan.

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)

In the past 12 months, our CoC leadership has been providing input and conducting collaborative planning with the City of Roanoke's HUD Community Resources Division on conducting a comprehensive needs assessment and gaps analysis on affordable housing in the City. As part of this assessment, consultants will be conducting interviews with local affordable housing developers to determine potential zoning and land use policy reforms that could permit more affordable housing development. The interviews will also be used to identify ways in which regulatory barriers may impede development. The assessment results will be used to create the City's allocation plan for HOME-ARP funds. It is anticipated that the allocation plan will result in additional affordable housing units being built that will prioritize units for individuals exiting homelessness. Further, the needs assessment will be used by our community to pursue other housing development partnerships to continue our work in filling the affordable housing gap in our community.

Also, in the past 12 months, our CoC Chair served on an advisory committee through the Roanoke Valley-Alleghany Regional Commission (RVARC), which provided input for and oversight of a comprehensive housing study in our region. The study, which was shared with local government officials in September 2021, highlighted the urgent need for an increase in the number of affordable units for low and extremely low-income households. This need for additional units that were documented in the study resulted in the RVARC receiving a $2 million grant from Housing Virginia to develop 24 affordable housing units.

This study has also resulted in the City of Roanoke's zoning and land use reforms. The reforms include zoning changes to integrate new housing types to better meet the needs of the community and address housing mismatch. In early 2022, Roanoke City Council approved Accessory Dwelling Units as a by-right development opportunity in the City. This change offers an affordable housing option for smaller households in our community that will directly impact individuals experiencing homelessness. More than 90% of households experiencing homelessness in our community are a single adult or adult-only households for whom this housing option could be a solution. The City has also eased mandatory parking requirements for new housing development, decreasing barriers to affordable housing development.

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.	08/11/2022

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)?		170
2.	How many renewal projects did your CoC submit?		6
3.	What renewal project type did most applicants use?	SSO	

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)

1Data was collected by HMIS Lead through various project performance reports. Project scorecards were completed by HMIS Lead and submitted to the Ranking and Review Committee staff lead for distribution to and analysis by Ranking Committee members.

2Because our community does not have CoC-funded RRH projects, the length of time it takes projects to house people in permanent housing is not a metric used by our community in our ranking process. Our CoC-funded PSH projects use leasing dollars to provide direct housing services. Because of this leasing strategy, as openings become available in these PSH projects, the units are typically move-in ready with minimal time required for housing location services.

3The CoC considered the following severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing: chronic homelessness; history of incarceration; frequency of use of crisis services; history of victimization/abuse or trauma; risk of exploitation; no income; lack of ability to provide self-care; physical health; current or past substance use; mental health needs. These vulnerabilities are assessed as part of the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), our community's common assessment tool. The average VI-SPDAT score of participants served by projects was included as part of our community's project ranking process. Projects received 15 points if the average VI-SPDAT score of participants was 7 or higher, providing a mechanism to compensate projects whose performance may be impacted by serving participants with severe service needs and high vulnerabilities.

4Our CoC assesses community need through regular reporting of system performance metrics. Our independent Ranking Committee considers the needs of the community based on our ongoing system performance reporting when ranking projects. The point system described in response #3 above provides an opportunity for our project ranking process to account for the potential for projects to perform lower due to them providing housing and services to the hardest to serve populations in our community.

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)

The CoC committee that determined the rating factors used by our Ranking Committee to review and rank project applications included individuals of different races, including those over-represented in our local homeless population. People of color represented 29% of the Ranking Committee membership that reviewed and ranked project applications for our 2022 local competition. People of color represented 32% of the total number of individuals experiencing homelessness in our 2022 Point-in-Time Count, which is more than double the percentage of African-Americans in the general population of our CoC's coverage area (14%). Having individuals of overrepresented races in our homeless system determining the rating factors used in our ranking and review process, and having these overrepresented populations serving on the CoC Ranking Committee, helps ensure these processes are executed through a racial equity lens.

The CoC has not yet implemented a process to include rating factors that include the degree to which program participants mirror the homeless population demographics or the extent to which projects have identified barriers in serving over-represented populations and taken steps to eliminate the identified barriers. Our CoC Ranking Committee will research best practice implementations and will make recommendations to the CoC Board for including these factors in our FY 2023 review, selection and ranking process.

| 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)

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

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

The CoC also conducts an annual assessment of community need utilizing PIT and LSA data. This data is compared to our HIC to identify potential gaps in services. If it is determined that a renewal project has performance issues or is no longer meeting a priority need, the CoC Lead may recommend to the CoC Board that the project be reallocated.
The CoC did not reallocate from any low-performing or less-needed projects during its local competition this year. A review of our PIT, LSA, and HIC data determined that all renewal projects are meeting critical needs in our community.

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? | No |

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)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	No
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.	

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.	09/15/2022

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.	09/26/2022

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

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.	05/05/2022

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

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

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

2.The Blue Ridge CoC complies 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	462	81	381	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	0	0	0	
4. Rapid Re-Housing (RRH) beds	64	0	64	100.00%
5. Permanent Supportive Housing	135	0	135	100.00%
6. Other Permanent Housing (OPH)	26	0	0	0.00%

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)

The CoC will create an Other Permanent Housing project in HMIS to track enrollments and exits of our community's new Emergency Housing Vouchers. The CoC has developed a process with our local Public Housing Authority to track issuances and leasing of our EHV's through our coordinated entry process. This process will be used to ensure 100% bed coverage for OPH projects in HMIS.

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?	No

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

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

- Notice of Funding Opportunity (NOFO) 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.	01/26/2022

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.	05/05/2022

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)

The CoC has a youth housing placement team whose responsibilities include coordinating outreach and identification of youth ages 18-24, case conferencing homeless youth, and matching youth to housing resources utilizing our community's prioritization and matching policies. Strategies used by the team to identify and better serve homeless youth in our community include engaging youth services staff through local government and outreach to stakeholders such as local school systems, LGBT-friendly businesses, and the Roanoke Diversity Center.

These stakeholders identify local hangouts and other locations where homeless youth gather. All of these existing structures for identifying and serving homeless youth in our community were used in the 2022 PIT Count process to better identify youth.

Homeless and formerly homeless youth were involved in the 2022 PIT planning process by providing peer advice to design youth services projects in our community and by serving on the outreach teams to help locate and survey sheltered and unsheltered youth during the PIT Count. An HMIS-informed analysis of youth homelessness in our community was conducted prior to this year's PIT count. The analysis showed that youth are disproportionately unsheltered in our community. As a result of these findings, staff from Total Action for Poverty's (TAP) Homeless Youth Program were engaged by our CoC to help our community better identify locations where homeless youth are most likely to be identified. These staff have established relationships with homeless youth in our community and know of active encampment sites, which drove the selections of sites for our street teams to visit. The street teams also included two formerly homeless youth to provide additional guidance on site selection and to provide input from those with lived experience in our planning and execution processes.

| 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.

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)

The CoC conducts a supplemental survey as part of its annual Point-in-Time (PIT) Count. Individuals counted as homeless on the PIT night are asked their primary reason for becoming homeless. This data is analyzed, included in our annual PIT report, and incorporated into community planning processes to reduce first-time homelessness. In 2022, domestic violence, family conflict, lack of affordable housing, and job loss were identified as key risk factors leading to first-time homelessness in our community.

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

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

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

2C-2.	Length of Time Homeless–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)

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

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

Each household referred for a voucher using our PHA's homeless preference is assigned a housing navigator who assists the household with locating housing. We leverage Medicaid resources by connecting individuals with a history of hospitalizations to mental health skill-building supports for additional housing search assistance. The CoC has also successfully implemented a new housing navigator position utilizing Virginia Housing Trust Fund resources to assist households who do not qualify for mental health skill-building services. This navigator provides "hands-on" housing search assistance, helping individuals locate housing more quickly and reducing the length of time individuals in our system spend homeless.

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

	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)

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

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

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

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

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

| | 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)

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

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

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

2C-5.	Increasing Employment Cash Income–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)

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

Two representatives from a mainstream employment organization, the Virginia Employment Commission (VEC), the State's public employment service established to assist workers in finding suitable jobs, are members of our by-name list (BNL) committees and help case managers connect clients to employment opportunities through these meetings. The VEC also hosts job fairs regularly and shares information on these events with CoC agency staff in these case conferencing meetings. Our street outreach teams have established a single point of contact at the VEC to facilitate efficient connection to employment services for individuals experiencing unsheltered homelessness. The VEC provides assistance with resume development, job coaching, interview preparation, and direct connection to employers.

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

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

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

2C-5a.	Increasing 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)

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

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

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

3A. Coordination with Housing and Healthcare

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)

Our CoC is not requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction.

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)

Our CoC is not 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.

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?	No
Applicant Name	
This list contains no items	

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	RRHA-PHA Homeless...	09/21/2022
1C-7. PHA Moving On Preference	No	RRHA-PHA Moving O...	09/21/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/21/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/21/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Forms for ...	09/22/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/21/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/21/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/21/2022
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: RRHA-PHA Homeless Preference

Attachment Details

Document Description: RRHA-PHA Moving On Preference

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 Accepted/Reduced

Attachment Details

Document Description: Notification of Projects Accepted/Rejected

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Attachment Details

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Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/14/2022
1B. Inclusive Structure	09/20/2022
1C. Coordination and Engagement	09/20/2022
1D. Coordination and Engagement Cont'd	09/20/2022
1E. Project Review/Ranking	09/22/2022
2A. HMIS Implementation	09/20/2022
2B. Point-in-Time (PIT) Count	09/20/2022
2C. System Performance	09/15/2022
3A. Coordination with Housing and Healthcare	09/20/2022
3B. Rehabilitation/New Construction Costs	09/20/2022
3C. Serving Homeless Under Other Federal Statutes	09/20/2022

4A. DV Bonus Project Applicants	09/20/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

City of Roanoke Redevelopment and Housing Authority

2020 Annual Plan

Agency Plan 2020 — 2024

RRHA

CITY of ROANOKE REDEVELOPMENT
and HOUSING AUTHORITY

PARTNERS IN PROGRESS

Please Do Not Remove Plan

EQUAL HOUSING
OPPORTUNITY

- Family Unification Program Families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care; or the delay in the discharge of the child, or children, to the family from out-of-home care; and youth at least 18 years and not more than 24 years of age (have not reached their 25th birthday), who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act and are homeless or are at risk of becoming homeless at age 16 or older.

- Veterans Affairs Supportive Housing (HUD-VASH)

- Persons with intellectual or developmental disabilities who are in the target population of Virginia's Olmstead Settlement Agreement with DOJ; 10 HCV Vouchers are set-aside to serve individuals meeting this preference.

- RRHA will offer a preference to families that include victims of domestic violence, dating violence, sexual assault, or stalking who have either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA from RRHA's public housing program or other covered housing program operated by RRHA.

Homeless Preference

RRHA will give preference to homeless applicants. RRHA will give a preference to applicants meeting all of the following criteria:

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

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

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

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

- RRHA will work with the following partnering service agencies:

  For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Domestic Violence Service Center 540-283-4813.

  For help regarding sexual assault, you may contact Domestic Violence Service Center 540-283-4813 or Sabrina's Place -777-HOPE (Jo Nelson).

  Victims of stalking seeking help may contact LGBTQ Partner Abuse and Sexual Assault -866-356-6998 (Person on call) or Roanoke City Police Department - Frank Leftwich - Criminal Investigations / Special Victims Unit 540-853-5299.

- The applicant must certify that the abuser will not reside with the applicant unless RRHA gives prior written approval.

- RRHA will first assist families that been terminated from the HCV program due to insufficient funding and then assist families that qualify for the VAWA preference.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

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

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

RRHA Policy

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

Order of Selection

The RRHA system of preferences may select families either according to the date and time of application, or by a random selection process (lottery) [(24 CFR 982.207(c)]. When selecting families from the waiting list RRHA is required to use targeted funding to assist only those families who meet the specified criteria, and RRHA is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

RRHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with RRHA's hierarchy of preference(s), if applicable. Applicants are selected from the waitlist based on the highest

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- Family Unification Program Families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care; or the delay in the discharge of the child, or children, to the family from out-of-home care; and youth at least 18 years and not more than 24 years of age (have not reached their 25th birthday), who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act and are homeless or are at risk of becoming homeless at age 16 or older.

- Veterans Affairs Supportive Housing (HUD-VASH)

- Persons with intellectual or developmental disabilities who are in the target population of Virginia's Olmstead Settlement Agreement with DOJ; 10 HCV Vouchers are set-aside to serve individuals meeting this preference.

- RRHA will offer a preference to families that include victims of domestic violence, dating violence, sexual assault, or stalking who have either been referred by a partnering service agency or consortia or is seeking an emergency transfer under VAWA from RRHA's public housing program or other covered housing program operated by RRHA.

Homeless Preference

RRHA will give preference to homeless applicants. RRHA will give a preference to applicants meeting all of the following criteria:

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

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

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

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

- RRHA will work with the following partnering service agencies:

  For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact Domestic Violence Service Center 540-283-4813.

  For help regarding sexual assault, you may contact Domestic Violence Service Center 540-283-4813 or Sabrina's Place -777-HOPE (Jo Nelson).

  Victims of stalking seeking help may contact LGBTQ Partner Abuse and Sexual Assault -866-356-6998 (Person on call) or Roanoke City Police Department - Frank Leftwich - Criminal Investigations / Special Victims Unit 540-853-5299.

- The applicant must certify that the abuser will not reside with the applicant unless RRHA gives prior written approval.

- RRHA will first assist families that been terminated from the HCV program due to insufficient funding and then assist families that qualify for the VAWA preference.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

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

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

RRHA Policy

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

Order of Selection

The RRHA system of preferences may select families either according to the date and time of application, or by a random selection process (lottery) [(24 CFR 982.207(c)]. When selecting families from the waiting list RRHA is required to use targeted funding to assist only those families who meet the specified criteria, and RRHA is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

RRHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with RRHA's hierarchy of preference(s), if applicable. Applicants are selected from the waitlist based on the highest

Blue Ridge
Continuum of Care
A Place to Call Home

Blue Ridge CoC: FY2022 CoC Competition Timeline

Date	Item	Action	Entity Responsibility
6/1	CoC Registration Review Opened	Agency/Project Applicants review for accuracy Grant Inventory Worksheet (GIW)	CoC Lead, Planning Agency
6/24	CoC GIW Review	Final HUD-approved GIWs sent from SNAPS (HUD Headquarters) to CoC CAs to review and approve Final GIW	CoC Lead Project applicants
8/3	FY 2022 NOFO released	Begin thorough review of NOFA	CoC Lead Planning Agency
8/8	NOFA Review	CoC Planning Team Meets	Matt, Alison, Brian
8/11	Public Notice Release	Notify Public of Release of FY 2022 NOFA, post on social media, lead agency website, community newsletter	Planning Agency, CoC Lead
8/11	Timeline Shared	Publicly Post Competition Timeline	Alison
8/12	Executive Summaries	Send guidelines to project applicants for executive summaries	CoC Lead/HUD Staff, HUD Planning
8/16	Review of Ranking Process	Meet with City HUD Community Resources Division	CoC Lead/HUD Staff, HUD Planning
8/16	Notify Perspective Ranking Committee Members	Send email to obtain interest and scheduling	HUD Community Resources Staff
8/17	Grant Writing Team Meets	Meet with applicants to review writing process and assignments	CoC Lead, project applicants
8/25	Executive Summaries	Executive Summaries due to City HUD Community Resources Division	Project applicants
8/30	New and Renewal Project Applications Due	All project applicants must submit projects in ESNAPS by COB	Planning Agency/CoC Chair, project applicants
9/1	CoC Application	Draft Copy of Application to CoC Lead/Planning for review	CoC Lead/Planning
9/7	Ranking Committee Meets	HUD Community Resources Division and Ranking Committee	Hope Browning
9/15	CoC Lead	Notice of Project Acceptance/Rejection and Ranking	CoC Lead
9/16	Planning Agency/CoC Chair	Final Draft of Consolidated Application Due	CoC Chair
9/18	Final CoC Application	Submit completed application to City Manager for review	Planning Agency/CoC Chair
9/29	Planning Agency/CoC Chair	Submit Final CoC Competition application	Planning Agency/CoC Chair

HUD CoC Submission Deadline – September 30, 2022

Council of Community Services
Published by Alison Cronise Jørgensen ● · August 11 at 5:00 PM · 🌐

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FY22 CoC program competition is now open! https://www.endhomelessnessblueridge.org/.../fy-2022-coc.../

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| People reached | Engagements | Distribution score | **Boost post** |

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Alison Cronise Jørgensen shared a link.

Admin · August 11 at 4:58 PM · 🌐

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ⓘ

FY 2022 CoC Program Competition is Now Open – A Place to Call Home

FY 2022 CoC Program Competition is Now Open August 11, 2022 brcocUncategorized The Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2022 Continuum of Care (CoC) Program Competition has been...

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Sent   FY 2022 CoC Program Competition is Now Open

Details   Reporting   Heat Map

	Subject	FY 2022 CoC Program Competition is Now Open
	From name	Council of Community Services
	Sent	August 12th 2022 at 1:26 pm EDT
	From Address	info@nonprofitroanoke.org
	Reply to address	alisonj@councilofcommunityservices.org
	Lists	Roanoke Nonprofit Partners
	Email link	https://conta.cc/3zVMHYm

👁 Preview

ompetiti ✕   +

endhomelessnessblueridge.org/2022/08/11/fy-2022-coc-program-competition-is-now-open/

:alendar - Alison J...   ⬤ SurveyMonkey: Fre...   🌐 Home - James River...   ◉ A Place to Call Hom...   ✔ verifiedvolunteers.c...   box UPDATED MEMO C...   ⬤ eGrants Log

FY 2022 CoC Program Competition is Now Open

📅 August 11, 2022   /   👤 brcoc   /   🗀 Uncategorized

The Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2022 Continuum of Care (CoC) Program Competition has been posted to the FY 2022 CoC Program Competition: Funding Availability page on the HUD Exchange. Additional resources are available on the HUD Exchange.

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

Those interested in applying for funding under the CoC Program Competition should contact Matthew Crookshank at matthew.crookshank@roanokeva.gov or Alison Jorgensen at alisonj@councilofcommunityservices.org for information on local funding priorities, applicant eligibility, and to access a project application. Full project proposals are due to the CoC Lead in e-snaps by August 30, 2022.

Projects will be scored and ranked by the CoC Ranking Committee using the 2022 rating and review procedure included below. The Executive Summary form, also attached below, must be completed by project applicants and submitted to Hope Browning at hope.browning@roanokeva.gov by August 25, 2022.

2022 CoC NOFO Timeline

FY22 New and Renewal Project Executive Summary

2022 Ranking and Review Procedure

Roanoke City and County/Salem CoC (VA-502)
2022 Continuum of Care Rating and Review Procedure

For the FY 2022 CoC Consolidated Grant Competition, the CoC Ranking Committee will review new and renewal project applications to determine if they meet the following project quality threshold requirements with clear and convincing evidence. The housing and services proposed must be appropriate to the needs of the program participants and the community.

Renewal projects will be scored and ranked using the rubric shown in Attachment 1.
Scoring criteria showed in Attachment 1 include consideration of factors relevant to renewal applications that are in alignment with the HUD System Performance Measures, including:

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

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

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

FY 2022 CoC Ranking Sheet – PSH
Permanent Supportive Housing (Including Legacy + Shelter Plus Care)

Reviewer:	Proposal:

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

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

Total Points Received by Proposal:	

Comments:

Reviewer Signature:	Date:

FY 2022 CoC Ranking Sheet – SSO
Supportive Services Only (Street Outreach)

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

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

Total Points Received by Proposal:	

Comments:	

Reviewer Signature:	Date:

FY 2022 CoC Ranking Sheet – SSO
Supportive Services Only (Excludes Street Outreach)

Reviewer: _____

Proposal: _____

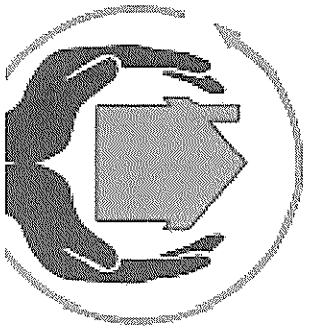| Scoring Elements	Point Values	Score
1. The percentage who exited to permanent housing (subsidized or unsubsidized) during the operating year. HUD standard is 80%. Max points =30. **Total number of individuals exiting:** **Total number of individuals exiting to permanent housing destinations:** **Percentage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

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

Total Points Received by Proposal:	

Comments:

Reviewer Signature:	Date:

Blue Ridge
Continuum of Care

HUD Continuum of Care Program Funds
Project Submissions for FY 2022

RANK	Status	Agency	Project Name	Project Type	ARD Amount	AVG Score
1	Renewal	Council of Community Services*	HMIS	HMIS	$129,060.00	76
2	Renewal	Roanoke City*	Central Intake	Coordinated Access System - SSO	$49,070.00	
3	Renewal	Roanoke City	Homeless Assistance Team (HAT)	Street Outreach - SSO	$140,422.00	
4	Renewal	ARCH Roanoke	Heroes Haven	Permanent Supportive Housing (PSH)	$90,882.00	68
5	Renewal	ARCH Roanoke	Healing Haven	Permanent Supportive Housing (PSH)	$432,821.00	63
6	Renewal	ARCH Roanoke	Trust House	Emergency Shelter - SSO	$56,476.00	12
				TOTAL ARD:	$898,731.00	

*HUD requires communities to have HMIS and CAS/CES in place.

Tier 1: $853,794.00
Tier 2: $44,937.00

FY 2022 CoC Ranking Sheet – SSO
Supportive Services Only (Street Outreach)

Reviewer: Carol Tuning	**Proposal:** Homeless Assistance Team (HAT)	

Scoring Elements	Point Values	Score
1. The percentage persons placed into housing (Emergency Shelter, TH or PH) as a result of the street outreach program during the operating year. Max points =50. **Total number of persons exiting during the operating year: 478** **Total number of persons placed into housing during the operating year: 193** **Percentage of persons placed into housing during the operating year: 40.4%** **(Source: HUD APR, Question 23 a&b)**	Housing Results: 75-100% = 50 points 60-74% =40 points 46-59% = 30 points 31-45% = 20 points 0-30% = 0 points	20
2. The percentage of households who do NOT return to the street or, having exited shelter, return to homelessness (street or shelter) within 2 years of exiting the program. HUD Std 95%. Max. points =15 **Total number of persons who exited to permanent housing destination two years prior: 195** **Number of returns in two years: 33** **Percentage of returns to homelessness: 16.9%** **(Source: System Performance Measure 2, ART Report 701)**	Returns to Homelessness: 0-5% = 15 points 6-20% = 10 points 21-30% = 5 points 31-100%=0 points	10
3. Percentage of people that were served who were categorized as chronically homeless at intake. Max. points = 10 **Total number of client served during operating year: 820** **Total number of chronically homeless clients served during operating year: 140** **Percentage of people served who were categorized as chronically homeless: 17.1%** **(Source: CoC APR Question 26b)**	Chronically Homeless: ≥75% = 10 points ≤74% = 0 points	0
4. Percentage of people entered with service connection need for whom that connection is recorded. Max. points = 15 **Total number of clients served during operating year: 820** **Total number of clients with service connection need for whom that connection is recorded: ?** **Percentage of clients with service connection need for whom that connection is recorded: ?** **(Source: HUD APR, Question 7)**	Service Connections: ≥75% = 15 points ≤74% = 0 points	?
5. Cost effectiveness: average cost per household served Max. points = 15 **Total project spending: ?** $140,422 / 767 =$183 **Total number of households served: 767** **Average cost per household: ?** **(Source: CoC project spending report and CoC APR, Question 8a)**	Cost Effectiveness (SO): ≤ $500 = 15 points ≥ $500 = 0 points	15
6. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 **Total number of individuals with completed VI-SPDAT 2.0 assessment: 370** **Average score of those with completed assessment: 6.77** **(Source: HMIS custom report)**	Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points	0

7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10	Max. points = 10 points.	10

8. Project summary included detailed budget and budget narrative. Match is documented, budget narrative included, itemized budget is clear. Max. points = 20	All elements are included will = 20 points.	20
9. Monitoring Criteria: 1) Documentation of participant eligibility 2) Data quality meets community standard 3) Drawdown dates from HUD were timely 4) Program identified frequency or amount of funds recaptured by HUD. Max. points = 20	Max. Points = 20	0
Maximum points available = 170		

Total Points Received by Proposal:	75

Comments:

Reviewer Signature: Carol Tuning, E-Signature   Date: 9/7/2022

FY 2022 CoC Ranking Sheet – SSO
Supportive Services Only (Street Outreach)

Reviewer: Matthew Wasikiswicz   **Proposal:** Homeless Assistance Team (HAT)

Scoring Elements	Point Values	Score
1. The percentage persons placed into housing (Emergency Shelter, TH or PH) as a result of the street outreach program during the operating year. Max points =50. **Total number of persons exiting during the operating year: 478** **Total number of persons placed into housing during the operating year: 193** **Percentage of persons placed into housing during the operating year: 40.4%** **(Source: HUD APR, Question 23 a&b)**	Housing Results: 75-100% = 50 points 60-74% =40 points 46-59% = 30 points 31-45% = 20 points 0-30% = 0 points	20
2. The percentage of households who do NOT return to the street or, having exited shelter, return to homelessness (street or shelter) within 2 years of exiting the program. HUD Std 95%. Max. points =15 **Total number of persons who exited to permanent housing destination two years prior: 195** **Number of returns in two years: 33** **Percentage of returns to homelessness: 16.9%** **(Source: System Performance Measure 2, ART Report 701)**	Returns to Homelessness: 0-5% = 15 points 6-20% = 10 points 21-30% = 5 points 31-100%=0 points	10
3. Percentage of people that were served who were categorized as chronically homeless at intake. Max. points = 10 **Total number of client served during operating year: 820** **Total number of chronically homeless clients served during operating year: 140** **Percentage of people served who were categorized as chronically homeless: 17.1%** **(Source: CoC APR Question 26b)**	Chronically Homeless: ≥75% = 10 points ≤74% = 0 points	0
4. Percentage of people entered with service connection need for whom that connection is recorded. Max. points = 15 **Total number of clients served during operating year: 820** **Total number of clients with service connection need for whom that connection is recorded: ?** **Percentage of clients with service connection need for whom that connection is recorded: ?** **(Source: HUD APR, Question 7)**	Service Connections: ≥75% = 15 points ≤74% = 0 points	? N/A
5. Cost effectiveness: average cost per household served Max. points = 15 **Total project spending: ?** $140,422 / 767 =$183 **Total number of households served: 767** **Average cost per household: ?** **(Source: CoC project spending report and CoC APR, Question 8a)**	Cost Effectiveness (SO): ≤ $500 = 15 points ≥ $500 = 0 points	15
6. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 **Total number of individuals with completed VI-SPDAT 2.0 assessment: 370** **Average score of those with completed assessment: 6.77** **(Source: HMIS custom report)**	Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points	0

7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10	Max. points = 10 points.	10
7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10	Max. points = 10 points.	

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

Total Points Received by Proposal:	75

Comments:

Reviewer Signature: _Matthew Wasikiewicz_   Date: 09/07/2022

FY 2022 CoC Ranking Sheet – SSO
Supportive Services Only (Street Outreach)

Reviewer: Lee Clark

Proposal: Homeless Assistance Team (HAT)

Scoring Elements	Point Values	Score
1. The percentage persons placed into housing (Emergency Shelter, TH or PH) as a result of the street outreach program during the operating year. Max points =50. **Total number of persons exiting during the operating year: 478** **Total number of persons placed into housing during the operating year: 193** **Percentage of persons placed into housing during the operating year: 40.4%** (Source: HUD APR, Question 23 a&b)	Housing Results: 75-100% = 50 points 60-74% =40 points 46-59% = 30 points 31-45% = 20 points 0-30% = 0 points	20
2. The percentage of households who do NOT return to the street or, having exited shelter, return to homelessness (street or shelter) within 2 years of exiting the program. HUD Std 95%. Max. points =15 **Total number of persons who exited to permanent housing destination two years prior: 195** **Number of returns in two years: 33** **Percentage of returns to homelessness: 16.9%** (Source: System Performance Measure 2, ART Report 701)	Returns to Homelessness: 0-5% = 15 points 6-20% = 10 points 21-30% = 5 points 31-100%=0 points	10
3. Percentage of people that were served who were categorized as chronically homeless at intake. Max. points = 10 **Total number of client served during operating year: 820** **Total number of chronically homeless clients served during operating year: 140** **Percentage of people served who were categorized as chronically homeless: 17.1%** (Source: CoC APR Question 26b)	Chronically Homeless: ≥75% = 10 points ≤74% = 0 points	0
4. Percentage of people entered with service connection need for whom that connection is recorded. Max. points = 15 **Total number of clients served during operating year: 820** **Total number of clients with service connection need for whom that connection is recorded: ?** **Percentage of clients with service connection need for whom that connection is recorded: ?** (Source: HUD APR, Question 7)	Service Connections: ≥75% = 15 points ≤74% = 0 points	? 0
5. Cost effectiveness: average cost per household served Max. points = 15 **Total project spending: ?** $140,422 / 767 =$183 **Total number of households served: 767** **Average cost per household: ?** (Source: CoC project spending report and CoC APR, Question 8a)	Cost Effectiveness (SO): ≤ $500 = 15 points ≥ $500 = 0 points	15
6. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 **Total number of individuals with completed VI-SPDAT 2.0 assessment: 370** **Average score of those with completed assessment: 6.77** (Source: HMIS custom report)	Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points	0

2 additional Case manager Ram ?

Hours of service ? 8-noon - afternoons in AM

threshold was ? score over.

7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10	Max. points = 10 points.	10

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

Total Points Received by Proposal:	75

Comments:

Reviewer Signature: _(signature)_   Date: 9-8-22
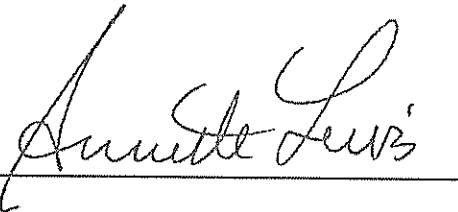
FY 2022 CoC Ranking Sheet – SSO
Supportive Services Only (Street Outreach)

Reviewer:	Annette Lewis	Proposal:	Homeless Assistance Team (HAT)

Scoring Elements	Point Values	Score
1. The percentage persons placed into housing (Emergency Shelter, TH or PH) as a result of the street outreach program during the operating year. Max points =50. Total number of persons exiting during the operating year: 478 Total number of persons placed into housing during the operating year: 193 Percentage of persons placed into housing during the operating year: 40.4% (Source: HUD APR, Question 23 a&b)	Housing Results: 75-100% = 50 points 60-74% =40 points 46-59% = 30 points 31-45% = 20 points 0-30% = 0 points	20
2. The percentage of households who do NOT return to the street or, having exited shelter, return to homelessness (street or shelter) within 2 years of exiting the program. HUD Std 95%. Max. points =15 Total number of persons who exited to permanent housing destination two years prior: 195 Number of returns in two years: 33 Percentage of returns to homelessness: 16.9% (Source: System Performance Measure 2, ART Report 701)	Returns to Homelessness: 0-5% = 15 points 6-20% = 10 points 21-30% = 5 points 31-100%=0 points	10
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4. Percentage of people entered with service connection need for whom that connection is recorded. Max. points = 15 Total number of clients served during operating year: 820 Total number of clients with service connection need for whom that connection is recorded: ? Percentage of clients with service connection need for whom that connection is recorded: ? (Source: HUD APR, Question 7)	Service Connections: ≥75% = 15 points ≤74% = 0 points	? N/A
5. Cost effectiveness: average cost per household served Max. points = 15 Total project spending: ? $140,422 / 767 =$183 Total number of households served: 767 Average cost per household: ? (Source: CoC project spending report and CoC APR, Question 8a)	Cost Effectiveness (SO): ≤ $500 = 15 points ≥ $500 = 0 points	15
6. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 Total number of individuals with completed VI-SPDAT 2.0 assessment: 370 Average score of those with completed assessment: 6.77 (Source: HMIS custom report)	Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points	0

7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10	Max. points = 10 points.	10

8. Project summary included detailed budget and budget narrative. Match is documented, budget narrative included, itemized budget is clear. Max. points = 20	All elements are included will = 20 points.	20
9. Monitoring Criteria: 1) Documentation of participant eligibility 2) Data quality meets community standard 3) Drawdown dates from HUD were timely 4) Program identified frequency or amount of funds recaptured by HUD. Max. points = 20	Max. Points = 20	N/A
Maximum points available = 170		75
Total Points Received by Proposal:		75

Comments: #4 - Not Sure that HMIS can track the connections or staff have the training to do so.
#9 - Monitoring didn't take Place

Reviewer Signature: _Annette Lewis_   Date: 9/6/22

FY 2022 CoC Ranking Sheet – SSO
Supportive Services Only (Street Outreach)

(75)

Reviewer: Malora Iben

Proposal: Homeless Assistance Team (HAT)

Scoring Elements	Point Values	Score
1. The percentage persons placed into housing (Emergency Shelter, TH or PH) as a result of the street outreach program during the operating year. Max points =50. **Total number of persons exiting during the operating year: 478** **Total number of persons placed into housing during the operating year: 193** **Percentage of persons placed into housing during the operating year: 40.4%** (Source: HUD APR, Question 23 a&b)	Housing Results: 75-100% = 50 points 60-74% =40 points 46-59% = 30 points 31-45% = 20 points 0-30% = 0 points	20
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4. Percentage of people entered with service connection need for whom that connection is recorded. Max. points = 15 **Total number of clients served during operating year: 820** **Total number of clients with service connection need for whom that connection is recorded: ?** **Percentage of clients with service connection need for whom that connection is recorded: ?** (Source: HUD APR, Question 7)	Service Connections: ≥75% = 15 points ≤74% = 0 points	0
5. Cost effectiveness: average cost per household served Max. points = 15 **Total project spending: ?** $140,422 / 767 =$183 **Total number of households served: 767** **Average cost per household: ?** (Source: CoC project spending report and CoC APR, Question 8a)	Cost Effectiveness (SO): ≤ $500 = 15 points ≥ $500 = 0 points	15
6. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 **Total number of individuals with completed VI-SPDAT 2.0 assessment: 370** **Average score of those with completed assessment: 6.77** (Source: HMIS custom report)	Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points	0

7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10	Max. points = 10 points.	10

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

Total Points Received by Proposal:	75

Comments:

Reviewer Signature: Malora Thorn   Date: 9-7-22

FY 2022 CoC Ranking Sheet – SSO
Supportive Services Only (Street Outreach)

Reviewer: Keith Holland	Proposal: Homeless Assistance Team (HAT)	

Scoring Elements	Point Values	Score
1. The percentage persons placed into housing (Emergency Shelter, TH or PH) as a result of the street outreach program during the operating year. Max points =50. **Total number of persons exiting during the operating year: 478** **Total number of persons placed into housing during the operating year: 193** **Percentage of persons placed into housing during the operating year: 40.4%** **(Source: HUD APR, Question 23 a&b)**	Housing Results: 75-100% = 50 points 60-74% =40 points 46-59% = 30 points 31-45% = 20 points 0-30% = 0 points	20
2. The percentage of households who do NOT return to the street or, having exited shelter, return to homelessness (street or shelter) within 2 years of exiting the program. HUD Std 95%. Max. points =15 **Total number of persons who exited to permanent housing destination two years prior: 195** **Number of returns in two years: 33** **Percentage of returns to homelessness: 16.9%** **(Source: System Performance Measure 2, ART Report 701)**	Returns to Homelessness: 0-5% = 15 points 6-20% = 10 points 21-30% = 5 points 31-100%=0 points	10
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5. Cost effectiveness: average cost per household served Max. points = 15 $140,422 / 767 =$183 **Total project spending: ?** **Total number of households served: 767** **Average cost per household: ?** **(Source: CoC project spending report and CoC APR, Question 8a)**	Cost Effectiveness (SO): ≤ $500 = 15 points ≥ $500 = 0 points	15
6. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 **Total number of individuals with completed VI-SPDAT 2.0 assessment: 370** **Average score of those with completed assessment: 6.77** **(Source: HMIS custom report)**	Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points	0

7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10	Max. points = 10 points.	10

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

Total Points Received by Proposal:	75

Comments:

Reviewer Signature: | Date:

FY 2022 CoC Ranking Sheet – SSO
Supportive Services Only (Street Outreach)

Reviewer: *PAULA PRINCE* | **Proposal:**

Scoring Elements	Point Values	Score
1. The percentage persons placed into housing (Emergency Shelter, TH or PH) as a result of the street outreach program during the operating year. Max points =50. **Total number of persons exiting during the operating year: 478** **Total number of persons placed into housing during the operating year: 193** **Percentage of persons placed into housing during the operating year: 40.4%** **(Source: HUD APR, Question 23 a&b)**	Housing Results: 75-100% = 50 points 60-74% =40 points 46-59% = 30 points 31-45% = 20 points 0-30% = 0 points	20
2. The percentage of households who do NOT return to the street or, having exited shelter, return to homelessness (street or shelter) within 2 years of exiting the program. HUD Std 95%. Max. points =15 **Total number of persons who exited to permanent housing destination two years prior: 195** **Number of returns in two years: 33** **Percentage of returns to homelessness: 16.9%** **(Source: System Performance Measure 2, ART Report 701)**	Returns to Homelessness: 0-5% = 15 points 6-20% = 10 points 21-30% = 5 points 31-100%=0 points	10
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4. Percentage of people entered with service connection need for whom that connection is recorded. Max. points = 15 **Total number of clients served during operating year: 820** **Total number of clients with service connection need for whom that connection is recorded: ?** **Percentage of clients with service connection need for whom that connection is recorded: ?** **(Source: HUD APR, Question 7)**	Service Connections: ≥75% = 15 points ≤74% = 0 points	*0*
5. Cost effectiveness: average cost per household served Max. points = 15 **Total project spending: ?** **Total number of households served: 767** **Average cost per household: ?** **(Source: CoC project spending report and CoC APR, Question 8a)**	Cost Effectiveness (SO): ≤ $500 = 15 points ≥ $500 = 0 points	
6. Average VI-SPDAT 2.0 score of individuals and families served during the operating year. Max. points = 15 **Total number of individuals with completed VI-SPDAT 2.0 assessment: 370** **Average score of those with completed assessment: 6.77** **(Source: HMIS custom report)**	Vulnerability Results: ≥ 7 = 15 points ≤ 6.9 = 0 points	0

8. Project summary included detailed budget and budget narrative. Match is documented, budget narrative included, itemized budget is clear. Max. points = 20	All elements are included will = 20 points.	~~18~~ 20
9. Monitoring Criteria: 1) Documentation of participant eligibility 2) Data quality meets community standard 3) Drawdown dates from HUD were timely 4) Program identified frequency or amount of funds recaptured by HUD. Max. points = 20	Max. Points = 20	NA ~~20/20~~
Maximum points available = 170		
Total Points Received by Proposal:		~~170~~ ~~90/90~~ 75

Comments:

#9 monitoring suspended due to COVID
#6 VISPDAT HAS significant reliability and validity problems which must be addressed for future reporting & ranking.

Reviewer Signature: *Paula Prince*

Date: 7 Sept 2022

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7. Project summary was clear and funding for objectives is reasonable for number of outcomes. Max. points = 10	Max. points = 10 points.	10

FY 2022 CoC Project Notification of Acceptance and Ranking

From: Matthew Crookshank/Employees/City_of_Roanoke
To: alisonj@councilofcommunityservices.org, "Brian Burnette"
         <brianb@councilofcommunityservices.org>, "Kevin Liptrap"
         <Kevin.Liptrap@archservices.org>, "Bailey Helgeson" <Bailey.Helgeson@archservices.org>,
Cc: "Sara Sprague" <sara.sprague@gmail.com>, "Prince, Paula" <pprince2@radford.edu>, Hope
         Browning/Employees/City_of_Roanoke@City_of_Roanoke

Good Morning CoC Program Project Applicants,

As you all know, the Blue Ridge Interagency Council on Homelessness' (BRICH) Ranking
Committee met last Wednesday afternoon (9/7/22) to review and rank the project applications
that were submitted as part of our local competition for U.S. Department of Housing & Urban
Development Continuum of Care Program funding.

Attached is the Ranking Committee's final project ranking. The project ranking was approved by
the full BRICH on Friday, September 9, 2022. All projects included on the attached project listing
have been accepted and recommended for funding by the BRICH and will be submitted as part
of our CoC's Consolidated Application. No project applications were rejected.
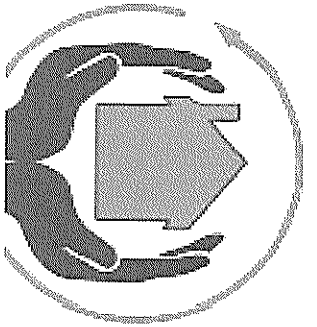
Please let me know if you have any questions.

Thank you all for all that you do to meet the needs of individuals experiencing homelessness in
our community.

Matt

22-23 FY final ranking.pdf

Matt Crookshank
Human Services Administrator
CoC Lead - Blue Ridge Continuum of Care
City of Roanoke
339 Salem Avenue SW
Roanoke, VA 24016
(540)312-8301
matthew.crookshank@roanokeva.gov

Blue Ridge
Continuum of Care

HUD Continuum of Care Program Funds
Project Submissions for FY 2022

RANK	Status	Agency	Project Name	Project Type	ARD Amount	AVG Scores
		Council of Community Services*				
1	Renewal		HMIS	HMIS	$129,060.00	
		Roanoke City*	**Central Intake**	**Coordinated Access System - SSO**		
2	Renewal	Roanoke City	Homeless Assistance Team (HAT)	Street Outreach - SSO	$49,070.00	76
3	Renewal			Permanent Supportive Housing (PSH)	$140,422.00	
4	Renewal	ARCH Roanoke	Heroes Haven	Permanent Supportive Housing (PSH)	$90,882.00	68
5	Renewal	ARCH Roanoke	Healing Haven		$432,821.00	63
6	Renewal	ARCH Roanoke	Trust House	Emergency Shelter - SSO	$56,476.00	12
				TOTAL ARD:	**$898,731.00**	

*HUD requires communities to have HMIS and CAS/CES in place.

Tier 1: **$853,794.00**
Tier 2: **$44,937.00**

FY 2022 CoC Project Notification of Acceptance and Ranking

From: Matthew Crookshank/Employees/City_of_Roanoke

To: alisonj@councilofcommunityservices.org, "Brian Burnette"
        <brianb@councilofcommunityservices.org>, "Kevin Liptrap"
        <Kevin.Liptrap@archservices.org>, "Bailey Helgeson" <Bailey.Helgeson@archservices.org>,

Cc: "Sara Sprague" <sara.sprague@gmail.com>, "Prince, Paula" <pprince2@radford.edu>, Hope
        Browning/Employees/City_of_Roanoke@City_of_Roanoke

Good Morning CoC Program Project Applicants,

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Committee met last Wednesday afternoon (9/7/22) to review and rank the project applications
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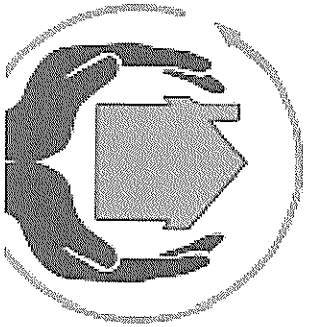
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Thank you all for all that you do to meet the needs of individuals experiencing homelessness in
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Matt

22-23 FY final ranking.pdf

Matt Crookshank
Human Services Administrator
CoC Lead - Blue Ridge Continuum of Care
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339 Salem Avenue SW
Roanoke, VA 24016
(540)312-8301
matthew.crookshank@roanokeva.gov

Blue Ridge
Continuum of Care

HUD Continuum of Care Program Funds
Project Submissions for FY 2022

RANK	Status	Agency	Project Name	Project Type	ARD Amount	AVG Scores
1	Renewal	Council of Community Services*	HMIS	HMIS	$129,060.00	
2	Renewal	Roanoke City*	Central Intake	Coordinated Access System - SSO	$49,070.00	76
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Blue Ridge
Continuum of Care

HUD Continuum of Care Program Funds
Project Submissions for FY 2022

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1	Renewal	Council of Community Services*	HMIS	HMIS	$129,060.00	■
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