

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: MN-505 - St. Cloud/Central Minnesota CoC

1A-2. Collaborative Applicant Name: Central MN Housing Partnership, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute of Community Alliance

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
23.	Organizations led by and serving LGBT persons	No	No	No
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Senior Services	Yes	Yes	Yes
34.				

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

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

(limit 2,000 characters)

1. Central MN CoC advertises an open invitation for new members at least annually, via emails, Facebook & the CoC Website. Meetings are open to anyone interested in preventing & ending homelessness. Whenever new agencies or seasoned agencies who do not currently participate in the CoC are identified, they are welcomed & provided with information regarding the CoC; who we are, who we serve, how we operate & they are invited to attend a CoC meeting.
2. Central CoC ensures effective communication with individuals with disabilities by providing accessible information on our Facebook and Website with options for telephone & email contact. Telecommunications relay services are utilized. Central CoC monthly meetings are held virtually using meeting applications that include close captioning and other accessibility options. These methods make it easier for those with a disability to connect with the CoC and ask questions about membership.
3. Outreach is conducted to welcome those who have experienced homelessness or are currently homeless to join the CoC. Six agency representatives have lived experience with homelessness. Voices of those

currently homeless are being brought to meetings through outreach workers & their advocates who attend. Agency representatives are regularly encouraged to identify people with lived experience and encourage them to join committees and meetings and to freely share their insights and experiences. CoC Coordinator & CoC members attend monthly Family Homeless Prevention & Assistance Program meetings where current and formerly homeless persons attend.

4. Organizations serving culturally specific communities are invited to join the Full Membership meetings and to offer input on programs and policies that may affect various communities. The CoC has an active Racial Equity Accountability Project group that is promoted throughout the CoC at meetings and actively recruits new members in order to expand input from the BIPOC community.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	
Describe in the field below how your CoC:		
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and	
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,000 characters)

1. Central CoC ensures that the voices of a broad array of organizations and individuals are shared and impact decision making. CoC Full Membership meetings, Provider Collaboration meetings, and a variety of committees are widely promoted and participation is solicited in all of these capacities. All subpopulations are represented within the different regions of the CoC. This is accomplished by ongoing review of membership & outreach to those in under-represented populations. Central CoC solicits and values input from the following subpopulations: domestic violence victims, sex trafficked, veterans, youth, mental health, seniors, BIPOC individuals, Native American providers, those with a criminal background, LGBTQ+ providers, homeless service providers including emergency shelters, outreach, prevention, TH, RRH, PHAs, and PSH.

2. CoC Coordinator and representatives attend meetings including United Way, Community Solutions, Family Homeless Prevention & Assistance Program, city task force, landlord engagement meetings and veteran's weekly meetings to speak on behalf of the CoC and to solicit valuable information/feedback needed to ensure those with the most needs are served effectively. Communities are educated on who is experiencing homelessness in their community and encouraged to participate in discussions and solutions around preventing and ending homelessness.

3. Concerned citizens, agency personnel and public officials all contribute to program improvement & development. Information learned and resulting recommendations are brought to committees as well as the Full Membership group for consideration and recommendations on changes to policies or procedures that will create equitable and effective programs and services throughout the CoC. An example is changes that have been made to the Coordinated Entry System that resulted in more accurate and effective referrals

to housing agencies.

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

Describe in the field below how your CoC notified the public:

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

(limit 2,000 characters)

1. Central CoC notified the public that the 2021 HUD NOFO was open & accepting project applications by emailing agencies, posting information on the CoC Website & Facebook as soon as it came out. It provided ample time for agencies to notify the CoC of their intent to apply for funds. CoC Coordinator also notified agencies of the NOFO process at various meetings. Instruction links for both new & renewal projects are included online. The CoC website has the timeline for applications and the scoring spreadsheet that will be used.

2. Central CoC notified the public that new projects would be considered through emails, specific outreach to agencies that had previously expressed interest, and via information on the CoC website. The Intent to Apply form for New Projects is readily available on the website. Information is also shared during Full Membership committee meetings. New project applicants are notified of available technical assistance through the CoC.

3. Project applicants are notified of the process to submit application via email, verbal notification at meetings, and through timelines and process information on the website. Applicants are also notified during available technical assistance through the CoC.

4. The Scoring Committee reviews & scores applications for eligibility, meeting homeless unmet needs, priority needs in the area, project design & HMIS & Coordinated Entry requirements. Documents are posted on the CoC website which explain the process that will be used & how projects will be prioritized for submission. The scoring spreadsheet is available online for applicants to review & to help them understand the priorities that have been established for this year's competition.

5. CoC provided NOFO notification to individuals with disabilities via Facebook & Website in pdf, Word & different languages upon request. Notices are sent to agencies that work with individuals with disabilities with instructions on how to apply

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

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

In the chart below:

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

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

18.	Senior Housing	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. ESG Program recipients were involved in meetings at the full CoC level. Discussions with ESG providers occurred regarding which agencies would be providing services, where clients would be housed, and creating collaborations with other agencies to ensure that availability of resources was adequately announced.
2. Minnesota's Department of Human Services (DHS) Office of Economic Opportunity (OEO) is the ESG recipient for the balance of MN. In the ESG RFP process DHS OEO and Central CoC Coordinator reviews, scores and ranks proposals which lead to funding recommendations. A meeting was held with OEO personnel to review scores and to discuss any concerns that were noted. Programmatic performance was discussed for each applicant program. HMIS and PIT count numbers were used to assist in determining the ESG needs in the CoC area. Scoring Criteria include priority need in area, past performance of sub-grantees, program design, program policy and procedures and budget.
3. PIT & HIC data is available through HUD reports. CoC level data is also posted on the CoC website. Agencies that request specific information are sent information that has been customized to meet their specific needs.
4. Central CoC local needs are addressed along with the other 9 MN CoC's and are part of the MN Consolidated Plan and updated as needed.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	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, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

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

(limit 2,000 characters)

1. CoC policy requires ESG & CoC funded projects with school age children to link youth to a Homeless School Liaison (HSL) & have formal agreements with early childhood programs. Formal partnerships between Youth Service workers & HSLs connect HH to resources. 2. CoC partners with CAP programs which operate Head Start (HS) & Early Head Start (EHS) programs. Programs that work with young children have agreements with the CAP agencies to ensure children are enrolled, receive transportation, & regularly attend class. HS Programs have homeless preferences. CoC agencies work with schools to ensure homeless youth are provided services. 3. The CoC & MDE collaborate on training, data sharing, & online training for HSLs. The CoC participates with MDE & DHS on the Minnesota Interagency Council on Homelessness meetings. The CoC works with SEAs & LEAs to ensure the McKinney-Vento Act is followed. The 10 MN CoCs, MN Tribal Collaborative & SEA work in tandem to coordinate resources, align strategies, & influence policy & funding decisions. 4. LEAs include ECFE & ECSE. Formal partnerships are typically between LEAs & service providers. The CoC works with the SEA & LEAs for the annual Point in Time (PIT) Count to ensure that every homeless student is accounted for which is one of the hardest groups to account for. 5. CoC collaborates with district staff at monthly meetings. Issues & trends are discussed, information & resources shared, & networking occurs. CoC is a resource for staff within school districts that need information or resources to better serve homeless students. 6. Central CoC participated in the Homework Starts with Home Grant RFP with two school districts. These groups included HSLs, social workers, county staff, & service providers. These partnerships are being used to develop focus groups with families with lived experience to improve services. HSLs serve on 3 regional Homeless Advisory Boards & the CoC Youth Committee.

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

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

(limit 2,000 characters)

From page 43 of the Central CoC Written Standards & Policies: Education Policies: All homeless assistance projects within the Central MN CoC region that serve households with children (shelter, transitional housing, rapid re-housing, and permanent supportive housing) will be expected to comply with the following policies: i. Identify staff person(s) who have primary responsibility for school attendance. ii. Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their children can maintain enrollment in school. iii. Advocate for families with their school district to ensure that transportation is arranged (as needed). iv. Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences (as needed). v. Assist families in developing education related goals for all family members when completing Housing Goal Plans. vi. Ensure that all family members are connected to relevant educational resources in the community. vii. Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start. This policy was updated and approved February 2, 2021.

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

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

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

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

Describe in the field below how your CoC coordinates to provide training for:

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

(limit 2,000 characters)

1. Coordinated Entry Policies & Procedures state: Through education and training on Historical Trauma and Trauma Informed Care assessors will increase cultural knowledge, awareness, and sensitivity to respond in a way that promotes healing. Central MN CoC will ensure that survivors of domestic violence and those attempting to flee domestic violence, dating violence, sexual assault, stalking, and human trafficking will have access to resources regardless of which access point they initially contact seeking crisis services. CES will attempt to address the safety needs of domestic violence, dating violence, sexual assault, trafficked, and stalking survivors who have been housed in Central MN CoC homeless dedicated housing programs through Coordinated Entry.

All advocates are trained in completing individual safety plans and Domestic Abuse No Contact Orders, Orders for Protection, and Harassment Orders. An advocate assists clients to get a Family Safety MFIP/DWP Employment Plan if needed. Additional training includes Trauma Informed Care, Cultural Competence, victim-centered approaches to understand trauma reactions and Motivational Interviewing. These approaches are utilized in written manuals & all actions throughout the shelter. Practices and policies have been established that keep the most vulnerable and at-risk residents safe. Victims are given the opportunity to complete an assessment tool for a housing priority list to secure housing in the place of their choosing. Individualized case plans focus on strengths to empower survivors to make their own choices & set their goals, emphasizing participant's strengths. Staff are trained on equal access, cultural competencies and nondiscrimination.

2. The Coordinated Entry Coordinator/Priority List Manager position is responsible for training all new assessors in safety and best practices in serving survivors of domestic violence. These trainings are offered on a yearly basis.

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

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

(limit 2,000 characters)

Minnesota does not have a comparable database used by VSPs which can make needs assessment difficult. However, it is important to get a complete picture of the special needs around domestic violence, dating violence, sexual assault, trafficking and stalking to assist with client's needs. In order to do this we analyzed information and data from 2021 MN Crime Victim Needs Assessment and Gap Analysis from OJP, 2020 Violence Free Minnesota Safe Housing Survey, The 2018 Annual Homeless Assessment Report (AHAR) to Congress released in 2020, statistics from the HMIS demographics report,

conversations with state and local victim service providers, and from victims/survivors. This provides the CoC with an overall picture of the array of services needed to provide safe, secure, and affordable housing and services. Research into best practices is also crucial. Policies and procedures are developed based on this information. VSPs are active participants in CoC Full Membership meetings where their experience is shared with other service and housing providers. A housing safety and stability plan is developed by staff who are trained in trauma informed and victim centered approaches and specialty services are procured.

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

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1.CoC follows HUD policy: Individuals fleeing or attempting to flee domestic violence & victims of trafficking must have safe & confidential access to the coordinated entry process & victim services, including access to the comparable process used by victim service providers, as applicable, & immediate access to emergency services such as domestic violence hotlines & shelter. CoC & VSPs provide annual training to providers on Trauma Informed Care, Strengths Based assessments & Motivational Interviewing. Central MN CoC will ensure that survivors of domestic violence & those attempting to flee domestic violence, dating violence, sexual assault, stalking, & human trafficking will have access to resources regardless of which access point they initially contact seeking crisis services. Clients are assessed & placed on the Priority List via a Google Docs spreadsheet allowing for maximum choice for housing & services via referrals the same as the HMIS Priority List while protecting their identity.

2. CE Safety Plans & Emergency Transfers policy: CES will attempt to address the safety needs of domestic violence, dating violence, sexual assault, trafficked, & stalking survivors who have been housed in Central MN CoC homeless dedicated housing programs through Coordinated Entry. Whenever possible, household information will be de-identified & kept confidential. If no immediate viable transfer is available through the current housing provider, the housing provider should follow the Emergency Transfer Procedure to initiate assistance from the CES. An Emergency Transfer Form is completed and focused efforts are made to find suitable housing.

3. Central CES uses a Google Docs spreadsheet for VSPs allowing client information to be entered that would typically appear on the HMIS Priority List without personally identifiable information. A unique identifier is entered by the VSP to provide identifiable information only after a housing provider contacts the case worker directly.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
St. Cloud HRA	40%	Yes-Both	Yes
Brainerd HRA	9%	No	No

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC has strong working relationships with the PHAs within the CoC. Central CoC works closely with the St. Cloud and Brainerd HRA's, both of which are active participants on the CoC Advisory Committee. The St. Cloud HRA has a general homeless preference. The Brainerd HRA does not have a written homeless preference but notifies the CoC when they are opening up the waiting list for their HCV and PH units so that homeless households are able to be one of the first people applying for housing. We continue to encourage PHA's to provide a homeless preference for their HCV and PH programs. Most major PHA's in Central CoC have very large waiting lists. As a result their waiting lists have been closed for several years. Central CoC is working to have collaborations with HRAs that do not currently participate in the CoC Full

Membership committee as they can provide valuable partnerships with other organizations as we work to house households as quickly as possible. Morrison County HRA recently was awarded 14 Emergency Housing Vouchers. This has facilitated the CoC to collaborate with this HRA as they obtained their first HMIS license, began interacting with Coordinated Entry to receive referrals, and worked with other agencies within the CoC to complete assessments to place clients onto the Priority List.

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

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

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

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1. PHA units are included in the Coordinated Entry System the same way as other units throughout the CoC. St. Cloud HRA has HUD COC Rental Assistance units and Bridges Rental Assistance units which are filled using referrals through the CES. When there is an opening in these programs, the HRA completes a referral request that is submitted to CES. The Priority List Manager determines the next eligible household to refer based on existing priorities and existing programmatic criteria and that household is referred for the HRA to determine final eligibility for available housing.

2. There is a signed MOU with St. Cloud HRA on file. The MOU is reviewed

annually and updated to incorporate changes and clarification of roles and responsibilities as needed. CES policies are reviewed by the Coordinated Entry Advisory Committee and the CoC Governing Board and updated as needed.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
--	----

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

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
St. Cloud HRA
Morrison County HRA

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

Name of PHA: St. Cloud HRA

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

Name of PHA: Morrison County HRA

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	14
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	14
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

In order for a new employee to be licensed to use HMIS, they must attend a training through Coordinated Entry that includes Housing First that covers requirements, expectations, and implementation. All CoC funded programs are required to complete an annual Housing First Checklist as part of the funding

application process. Coordinated Entry referrals are reviewed quarterly to determine if denials are based on any criteria that is in violation of the Housing First policy. If any concerning trends are identified, additional training is provided and these trends will be considered as part of the Scoring & Ranking process for the annual NOFO application. Data is collected and analyzed from HMIS and agency APRs that show an agencies success rate in rapid placement through Length of Time Homeless, and stabilization through Returns to Homelessness. These elements are a part of the scoring process for the annual NOFO application.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1. CoC has 6 outreach workers, 3 for youth and 3 for singles & families. 100% of its 13-county region is covered. Outreach services are provided several times a week. Translating services are available through phone calls, written materials & in person if needed. Outreach targets homeless in encampments, transit hubs, on the streets, in vehicles & other places not meant for habitation, connecting them with services to meet their immediate needs, administering VI-SPDATs & entering data into HMIS (when possible). To reduce barriers, outreach workers come to people, rather than scheduling office appointments that require travel. Workers receive training in trauma-informed person-centered care, motivational interviewing, and unique strategies for youth, veterans, trafficked, persons with serious mental illness, and other unsheltered homeless persons. CoC maintains a 24/7 “homeless hot-line” for people needing housing assistance. Outreach posters and business cards are given to local businesses, property owners, emergency responders, places of worship, libraries, food shelves, non-profit organizations and to media outlets. Outreach workers have devices with internet access so the HH has access to online services.
2. The CoC has 6 outreach workers, 3 for youth 3 for singles & families. 100% of the 13-county region is covered.
3. Outreach services are provided several times a week. Youth street outreach is conducted across the CoC on a daily basis including evenings and weekends.
4. CoC tailored outreach efforts to target those least likely to request assistance

through hiring practices that ensure experience with targeted populations, targeting strategic locations for outreach & using communication tools that are accessible to various sub-populations. Additionally, collaborations have been formed between law enforcement and emergency service providers that include transporting individuals to shelters and providing contact information to needed services.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	245	294

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

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

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

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

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

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

(limit 2,000 characters)

1. CoC provides notices of trainings & funding opportunities via email & at CoC meetings & invites people to attend meetings to discuss available resources. Representatives from many counties within the CoC attend various regularly scheduled meetings where updates & opportunities for training are shared with other organizations
2. Central CoC disseminates the availability of mainstream resources & assistance information to projects monthly at Full Membership & other meetings. CoC emails updated information on resources on an ongoing basis whenever notification is received about new or updated information.
3. Central CoC works with programs to collaborate with healthcare organizations to assist program participants with enrolling in health insurance by including health care organizations in local meetings & discussions where updates are shared. Participants are connected to MNsure certified navigators for free assistance to enroll into health coverage through MNsure. CoCs Call to Connect process is used to refer to programs that can assist clients in obtaining health insurance when the need is identified during the initial assessment process.
4. CoC assists with the effective utilization of Medicaid & other benefits by making sure all who are eligible are aware of & apply for services. MN has a statewide document vault accessible through its Disability Benefits 101 & Housing Benefits 101 programs. These programs provide access to information for SSI, SSDI, health care, SNAP, Energy assistance, work programs, childcare, affordable housing, Veteran Housing, Housing & Supports Program & forms to apply. Agencies use these programs to assist clients apply for mainstream services. These services provide clients & agencies with alternatives to HUD housing and/or additional supports to help increase incomes & housing stability. CoC Programs have SOAR trained staff to assist with SSDI applications.

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

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

1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;

3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1. Central CoC has multiple CE entry sites. Due to the large geographic area (13 counties over 12,000 square miles) Central CoC has three CE hubs - Northern, Eastern & Central. All CE activities are provided to people in all regions. Households can access CES services in any region of the CoC. Central CES has an open access policy so households can enter several entry sites to receive CES services within the entire geographic area. "Call to Connect" fliers (in different languages) are given to agencies to post at their locations. These fliers highlight the hotline option and the Central CES website & Facebook. Policies are in place to ensure those who are fleeing DV & Trafficking are provided an alternative CES Priority List to ensure they are not excluded from the CES while protecting this vulnerable population.
2. Street outreach workers assess those who do not come in for services. They go to campsites, food shelves, parks, & libraries to reach out and assess households and put on the PL. "Call to Connect" cards are given to agencies to hand out so their clients have a 24-hour phone number.
3. An assessment is conducted to determine level of service needed for the household, then entered on the priority list based on assessment score & client choice. Priority categories are established and reviewed yearly to ensure those most in need are placed highest on the PL. Those with the highest vulnerability score that have been homeless the longest are the first to be chosen for appropriate housing. The household is referred to providers with an opening matching the needed service through the CE process. All agencies agree to accept households available from the priority list.
4. The CoC encourages providers to contact clients within 24 hours of their initial call requesting assistance. Assessment sites have established processes to determine quickly if a client is eligible for diversion, referral to services, or placed on the PL.

1C-15.	Promoting Racial Equity in Homelessness—Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

Central CoC is in year 2 of the Racial Equity & Accountability Project. This has facilitated a focused examination of all policies & procedures in the CoC & CES. Extensive work has been done on moving to an assessment process that no

longer uses the VI-SPDAT in order to achieve more equitable outcomes and remove systemic biases. Racial equity data from HMIS is collected quarterly and analyzed to identify disparities so intentional and targeted efforts can be applied to those areas. Programmatic outcomes are now collected on an ongoing basis so equity issues can be identified in specific programs. If issues are found, training or consultation is offered in an effort to address those concerns. Efforts are underway to increase the diversity of all aspects of the CoC, including the Governing Board and all committees. CoC Written Standards & Policies were examined through a racial equity lens and policies were updated, replaced, or implemented to address any issues identified. A particular area of focus in Central CoC is equitable outcomes for American Indians. The CoC has a representative from the MN Tribal Collaborative on the Governing Board and work is being done to identify causes of disparities and identify solutions for this population while also developing trust and increasing CoC/MTC collaboration.

Provider level data is being collected through HMIS and APRs and analyzed specifically to identify any disparities for BIPOC individuals in areas such as placements to permanent housing, housing stability, length of time homeless and increasing income compared to non-BIPOC individuals. Agencies have increased the diversity of staff and leadership to increase the voices of those overrepresented in homelessness.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	21	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	21	0
3.	Participate on CoC committees, subcommittees, or workgroups.	21	0
4.	Included in the decisionmaking processes related to addressing homelessness.	21	0
5.	Included in the development or revision of your CoC's local competition rating factors.	21	0

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

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

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

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1. Outreach workers actively engaged with unsheltered people on a regular basis. When it was not possible to have direct contact, phone numbers were widely shared that people could use to reach out to workers to ask for assistance. Mobile staff from local health care facilities went to identified unsheltered sites to offer COVID testing. Masks, hand sanitizer, and hygiene items were distributed to those who were unsheltered. Unsheltered people were encouraged to go into emergency shelter where there was more control over social distancing and hygiene protocols. Counties received COVID funding that was used particularly for the unsheltered clients to provide motel vouchers to create individual client spaces. This also allowed access to additional services as agencies knew where clients were on a regular basis.
2. In congregate emergency shelters, rooms were changed from double to single occupancy rooms. PPE were required for all clients and staff and CDC requirements were followed for hand washing and social distancing. Plexiglass partitions were added in areas where staff were in contact with clients. Meals were changed from a communal setting to being served individually to clients in their rooms. If clients were exposed to or tested positive for COVID, quarantine rooms were used to separate them from the larger population. If shelters did not have enough room for quarantining, ESG CV funds were used to provide motel vouchers so people could quarantine in their own room while still maintaining contact with service providers. Multiple agencies delivered free meals to those in motels.
3. Transitional Housing programs also moved clients to single occupancy rooms, provided COVID testing onsite, and provided the necessary supplies to meet CDC guidelines. If it was not possible to quarantine onsite, clients were

connected to agencies that could provide motel vouchers.

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

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

(limit 2,000 characters)

Providers throughout the CoC have improved connections with health care agencies. Conversations that were initially necessary now also include future planning, brainstorming, and resource sharing. Agencies have changed how they interact with clients. Online forms, virtual meetings, and how intakes are completed have all been modified. There is a better understanding of what providers can provide crisis services and identifying gaps in needed services has allowed us to begin planning for permanent solutions. For example, one county that administered Covid motel vouchers discovered the level of need and time commitment needed to meet client needs. The county has added staff and is working closely with organizations in their county that they had not worked with before. This has the benefit of improving services to clients regardless of a health crisis as well as preparing for future crises. Collaborations with law enforcement have increased such that unsheltered individuals are referred-and often transported-to emergency shelters so that they can have access to individual rooms. Lines of communications between the CoC, public health agencies, county staff, CDC, state officials, and program staff were established and have substantially strengthened such that it is much faster to contact the correct personnel and to put emergency actions into place.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1. Bi-weekly meetings with service providers created the opportunity to learn of needs and networking between agencies that could offer assistance. These meetings also provided the opportunity to keep agencies updated on changes to funding, CDC requirements, and DHS recommendations. The CoC was involved in the scoring process used by the Office of Economic Opportunity to determine where and how additional funds would be distributed. The CoC was able to share insights on agency needs, performance outcomes, and client success within various programs.

2. FHPAP providers were able to share information with the full membership

about housing and utility assistance they had available as well as the opportunity to refer to other agencies to meet specific needs they could not meet.

3. The CoC provided many opportunities to promote RentHelp MN to pay back rent. Other funding sources to pay past due utility bills were also shared in an effort to prevent evictions. RentHelp MN was shared in Full Membership meetings, provider meetings, and on the CoC website. Information was shared with providers concerning the timeline for ending the eviction moratorium so clients could accurately know the urgency of applying for assistance on overdue rent.

4 & 5. The CoC facilitated regular meetings with providers that allowed for coordination of obtaining needed healthcare and sanitary supplies. Weekly COVID virtual meetings are promoted and attended by staff where ongoing updates are provided as well as announcements of additional monetary support.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	
Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:		
1.	decrease the spread of COVID-19; and	
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).	

(limit 2,000 characters)

1. CoC staff attended weekly virtual calls with federal and state agencies including Department of Health, DHS, CDC, and others. The data and recommendations from these meetings were then shared with the full CoC. Multiple health care systems established mobile vaccination clinics that went to various shelters as well as several encampments to offer vaccinations to clients. Onsite COVID testing was also provided.

2.. When an emergency shelter had an outbreak among staff and clients, MN Department of Health and County Public Health personnel worked with the provider to locate and fund temporary staff, provide money for cleaning and other mitigation efforts, and ongoing monitoring to ensure the outbreak was promptly controlled and ultimately resolved. CoC personnel were consulted and updated as the outbreak was identified and then contained. Agencies were regularly included in provider meetings where CDC requirements were discussed, questions were asked regarding safety measures that had been implemented, and funding options shared if agencies needed to increase their compliance with CDC requirements.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	
Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:		
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

1 & 2. Information was shared through various means. Information on safety measures was shared at Full Membership Committee meetings as well as biweekly provider meetings. Information received through email from Federal, State, and Local agencies were distributed to the full membership email listserv. Agencies representatives are invited to join weekly COVID update meetings online which are led by state, CDC, and public health personnel. These are front line meetings that disseminate the latest guidance, updates, and requirements and encourage best practices at the agency level as well as recommendations to increase vaccination rates.

3. Vaccine implementation information was shared verbally at full CoC and provider meetings and through distribution of information to the full CoC email listserv. County level personnel attend the full CoC membership meetings and were able to share updates, changes in requirements, and opportunities for vaccinations and testing directly to agencies. Data is received monthly from state personnel that shows vaccination rates for the CoC which can then be passed along to providers and health agencies.

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

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

(limit 2,000 characters)

Much of the identification of individuals eligible for vaccinations was coordinated at the provider level. Providers working directly with individuals would promote opportunities for testing and vaccinations. Onsite vaccination clinics were conducted at various shelters where anyone could get the vaccination. Vaccination incentives were also promoted through agency staff and health care workers onsite. The Trusted Messenger program was instituted in the CoC where agency staff were able to share accurate information, address concerns, and answer questions in an effort to encourage those who were hesitant to get vaccinated. County agencies actively promote vaccination opportunities and are integral in identifying people who still need to be vaccinated.

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

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

(limit 2,000 characters)

Victim Service Providers maintained 24-hour hotlines to take additional calls that came in. Shelters increased capacity as much as possible and several were overfilled in order to meet the ongoing demand. These agencies converted common areas into living spaces to increase capacity in conjunction with the

elimination of communal activities. Overflow beds were established in local motels. DV providers quarantined clients in motels as needed and ensured that DV clients were housed in separate motels from other clients in order to protect their identities and to mitigate any safety concerns from being with the general population. Agencies offered additional resources as possible to try to blunt the effects of declines in income in an effort to lessen the stressors that could lead to additional instances of DV.

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

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

(limit 2,000 characters)

The Central CoC implemented an Expedited Housing Policy During COVID-19 Pandemic for those on the Priority List for CES. This policy states:

The Expedited Housing Policy

1. Central CoC-CE PLM will prioritize households who are HUD Homeless including shelters, streets/encampments, vehicles, and hotels paid for by other agencies who are older adults or have underlying medical conditions as per CDC guidelines.

2. Central CoC homeless assistance programs will make efforts to expedite housing placements by utilizing any waivers allowed by their funders to reduce barriers.

Programs will participate in CE weekly calls to advocate for those most at risk and ensure quick movement through the homeless response system. Housing providers will implement creative solutions and utilize technology to ensure housing continues, such as live streaming or video calls for intakes, case management and housing inspections and/or utilizing electronic signatures.

3. The current CE prioritization for Veterans can be set aside so that the system remains as flexible as possible. The Central CoC Board, CoC Full Membership and CE Committee will continue to follow CDC recommendations and determine the best course of action to keep the homeless population as safe as possible.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/09/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/17/2021

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

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

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

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

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. The CoC scoring tool rewards projects that serve households with the most severe barriers by assigning higher points to agencies with dedicated chronic beds. The total points possible were higher in this category to reflect the importance of serving CH and ultimately increase the score of programs with CH beds versus those that do not. The scoring committee looks at and rewards the applicants that have the most vulnerable in their program by scoring higher on criteria such as: maintain their permanent housing, have maintained and/or increased households' incomes and have worked with households to obtain needed mainstream resources. The CoC also reviewed agency policies, applications, Housing First Assessment, APR data and threshold assessments to identify if service plans and coordination met the difference in level of need for different project types and were low barrier for all participants, including those with the greatest challenges to obtaining housing.
2. The scoring tool takes into account projects that serve those with higher barriers by using different outcome expectations depending on the population served. For example, increasing HH income has a lower threshold percentage for PSH in comparison to TH or RRH programs. Additionally, the exits to permanent housing score have different expectations for PSH versus TH/RRH programs to account for additional barriers present. The CoC Scoring and Ranking committee considers the results of the scoring tool as well as the target populations and service approaches toward clients with severe needs and vulnerabilities in the ranking conversation. Projects who serve more chronic homeless or those with high barriers (criminal histories, low to no income, etc.) to housing are prioritized above those that do not.

1E-3. Promoting Racial Equity in the Local Review and Ranking Process.

NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. & 2. Input was obtained from those over-represented in the local homeless population at the CoC Full Membership Committee & Governing Board. Both have representatives of demographics over-represented in the CoC. The American Indian demographic is represented which is the group identified as having the greatest disparities in the CoC. The Minnesota Tribal Coalition has

representatives on the Full Committee & Governing Board. Due to Covid restrictions, community wide meetings were not held this year to offer input. The scoring tool was changed this year to one that has been implemented & tested in other CoCs & the consultant brought insight & suggestions based on input received in those CoCs in previous years as well as presenting any concerns that were identified in the previous scoring process in this CoC. Scoring was refined to reflect barriers experienced by participants in different demographic groups. The tool will be reviewed during the coming year and revisions will be made where better accuracy can be reflected for the experience of those in demographic groups over-represented in the CoC.

3. Agencies reported the percentage of staff, management, & leadership who identify as BIPOC and/or had lived experience. Questions were added to document the percent of BIPOC HH that increased income in the last 12 months, exited the program to permanent destinations, & returned to homelessness within 12 months of exiting to a permanent destination. Agencies were also asked to list ways their programs are culturally specific/responsive & any planned changes that will make the programs more responsive over the next year. Responses were listed on the scoring sheet with corresponding scoring categories. These questions were not scored this year as they were new to the process & the CoC wanted to build awareness about ongoing expectations. Programs will be scored next year. Answers were considered for ranking outside the actual numerical score.

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

Describe in the field below:

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

(limit 2,000 characters)

1. Central CoC reallocation process starts with a gaps analysis to determine if there are gaps in the CoC. If needed projects can be eliminated or reduced to reallocate funds. Determining factors include:

- Would the elimination of a grant cause a gap in needed services
- Can the grant sustain a reduction in funding
- Are there other funds that can be used to supplement the reduction in HUD CoC funding
- Performance of reduced or eliminated grant.

Reduced and/or eliminated grant applications are approved by a vote of the CoC Committee & CoC Board at the same time as the scoring, rating & ranking of all HUD NOFA grant applications. Agencies are notified regarding reduction and/or elimination of grant funds by phone and email at least 15 days prior to NOFA submission date. Applicants are provided with appeal information If they feel it has been unfairly eliminated from the local or federal competition, that a

decision made by the Rating and Ranking Committee regarding the ranking, rejection, or funding of their project was prejudicial, unsubstantiated by project performance, or in violation of the current CoC Guidelines.

2. Central CoC identified low performing projects by reviewing APRs and looking at performance in the areas of returns to homelessness, increase in income, utilization rate and use of grant funds. The CoC identified several programs that were lower performing. Improvement plans will be implemented for the coming year.

3. The CoC did not reallocate any projects for this year. The CoC was not required to put programs into Tier 2 this year.

4. No programs were reallocated this year because there were no new programs applying that would be eligible for funding. The one new project that did apply was not eligible for funding due to several disqualifying issues.

5. All applicants were made aware of the reallocation process through documents posted on the CoC website. All applicants were notified via email that this document was available for review.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/20/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/20/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

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

11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

1. Minnesota does not currently have a statewide comparable database for DV provides. A grant was recently received for a collaboration between the Office of Justice Programs (MN Department of Public Safety) and the statewide DV coalition (Violence Free Minnesota) to develop a statewide comparable database. CoC's, HMIS lead agency, state agencies, and housing providers will engage in the needs assessment for this project. Minnesota's statewide DV coalition currently has a staff position that provides technical assistance to victim service providers (VSPs) as it relates to comparable databases. Staff from the HMIS Lead Agency meet regularly with the coalition staff person, providing guidance with respect to HMIS data standards and participating in meetings with VSPs and funders as needed. The HMIS Lead Agency will be meeting with CoCs in the coming year to determine methodology used when any new comparable database is assessed to ensure compliance with HUD data standards.

2. There is no process currently whereby victim service providers submit data to the HMIS Lead Agency for performance measures data analysis. Central CoC does have a Google Docs spreadsheet that VSPs use to place clients on the Priority List. This spreadsheet provides the same information as the HMIS based Priority List with the exception of personally identifiable information in order to protect the privacy and safety of DV victims.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	504	106	187	46.98%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	216	16	154	77.00%
4. Rapid Re-Housing (RRH) beds	294	57	294	124.05%
5. Permanent Supportive Housing	286	0	286	100.00%
6. Other Permanent Housing (OPH)	419	8	397	96.59%

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 2,000 characters)

1. The low percentage of ES beds in HMIS represents a positive increase in desperately needed ES beds. Religious and community organizations, as well

as Tribal organizations have stepped up to meet the need. These are groups that tend to not use HMIS initially. A focused effort began in summer 2021 and will continue into 2022 to get ES providers to use HMIS and report beds within the system. We have used CE referrals as a tangible benefit of using HMIS. One ES provider recently obtained their HMIS license and another provider added staff specifically to handle HMIS reporting. This has already led to a noticeable increase in reporting and the provider has commented that more of their clients have received referrals than ever before. TH providers create a unique barrier as agencies that are not required by funders to use HMIS need to see a benefit to the investment of money and staff time. Increasing participation of TH providers in Full Membership meetings creates an opportunity for other agencies to share their successes in using HMIS and the benefit to their clients in obtaining housing.

2. Efforts will be made to identify ES and TH providers who have beds not in HMIS and the CoC Coordinator will reach out to those providers to offer assistance in moving to HMIS reporting. There has been stated opposition from programs within the American Indian population around entering information into the database as there is a cultural fear of agencies taking children away if families in need are identified. This will take long term and specific attention in order to build trust and actual experience will have to match the rhetoric if they are going to increase reporting. Ongoing intentional collaboration will occur to bring those voices forward so concerns can be addressed.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	0.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

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

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

(limit 2,000 characters)

1. Minnesota does not currently have a statewide comparable database for DV provides, resulting in a 0% coverage rate. VSPs did report 122 beds for the 2021 HIC. Agencies track some data internally but none are using a HUD compliant database. A grant was recently received for a collaboration between the Office of Justice Programs (MN Department of Public Safety) and the statewide DV coalition (Violence Free Minnesota) to develop a statewide comparable database. CoC's, HMIS lead agency, state agencies, and housing providers will engage in the needs assessment for this project. Minnesota's statewide DV coalition currently has a staff position that provides technical assistance to victim service providers (VSPs) as it relates to comparable databases. Staff from the HMIS Lead Agency meet regularly with the coalition staff person, providing guidance with respect to HMIS data standards and participating in meetings with VSPs and funders as needed. The HMIS Lead

Agency will be meeting with CoCs in the coming year to determine methodology used when any new comparable database is assessed to ensure compliance with HUD data standards.

2. Minnesota CoCs will be engaged in discussions with the HMIS lead agency and the Office of Justice Program throughout the upcoming year in order to push forward the development of a HUD compliant database that VSPs can use. Now that this gap has been identified statewide, urgency has been added to this process and CoCs will state their expectations for timelines and results so that data can be accurately examined and bed coverage rates will meet expectations. Central CoC will engage in conversations with identified VSPs to understand current limitations and encourage adoption of a HUD comparable database within the upcoming year.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

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

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2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	
	Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;	
2.	how your CoC addresses individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.	

(limit 2,000 characters)

1. Central CoC consists of three regions having common assessment prevention targeting tools to identify risk factors to determine who could potentially become homeless. Risk factors include current housing status, income, barriers to housing, history of homelessness, economic instability, relationship breakdown, domestic violence, mental health, & substance abuse. Housing affordability and housing availability is one of the most significant reasons people lose their housing and become homeless. Most initial diversion/prevention calls are taken by FHPAP providers who use the Minnesota Homelessness Prevention Assessment Tool. This tool is based on research and program evaluation data that identifies conditions, characteristics and attributes most closely associated with a future incidence(s) of homelessness. Non-FHPAP assessors use a Housing Crisis Screening Form available on the CES website.

2. Central CoC's strategy is to focus on diversion/prevention to reduce first time homelessness. The CES Coordinator emphasizes diversion and prevention throughout assessor trainings. A "9 Steps to Diversion" process is used and is available on the CES website. CoC uses established prevention and diversion tools for those that have the most risk factors. Each of the CoCs regions have active FHPAP programs who are front line access points trained in diversion and prevention strategies. The majority of initial client calls are taken by FHPAP providers. These programs have direct access and strategies for prevention money. Direct landlord engagement is available in situations where mediation may prevent an eviction or nonrenewal of a lease.

3. The Central MN CoC Coordinator and the Central CES coordinator are ultimately responsible for overseeing the CoC's strategy to reduce first-time homelessness in Central MN.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	Describe in the field below:	
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,000 characters)

1. The average length of time for persons in ES, SH and TH was 102 bed nights. This has remained steady from 101 bed nights in 2019. Agencies throughout the CoC have reported increases in length of time homeless as a direct result of Covid eviction moratoriums. People were not moving out of units which severely limited availability. Increased volatility of personal income led many people to not pursue new housing options, choosing to stay where they were while waiting to see what long term impacts Covid would have on their situation. The CoC continues its strategy to reduce the length of time HH are homeless by increasing PH & RRH beds, using CE to target HH with the highest barriers & longest time homeless. Focused on effort to encourage landlords to adopt a Housing First approach, including changes in how background histories are used. Navigators assist CH & LTH with obtaining needed documentation when put on the priority list so this is completed before a unit is available, saving time & increasing the success rate of referrals. Central CoC policy is to house those that have been homeless the longest first. Incentives such as landlord mitigation funds are used to increase the housing stock for those with multiple barriers. Work with MN Housing and housing developers to build affordable housing within the Central CoC.

2. Central CoC identifies and houses and persons in families with the longest lengths of time homeless through the Coordinated Entry Priority List. Length of time homeless is a data point that is listed on the Priority List and is used to prioritize which households are referred to housing programs first. Those that have been homeless longest along with the highest scores are assisted first.

3. The Central MN CoC Coordinator and Coordinated Entry Coordinator are ultimately responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

1. Central CoC's strategy for individuals & families in ES, SH, TH & RRH to exit to PH destinations include: Use CE to move households into appropriate housing quickly. Extra focus is placed on accuracy and timeliness of data on the PL and maintaining regular contact with households to make referrals faster and

increase successful referrals; Work with HH on a housing plan as they enter the temporary housing including budgeting, plans to increase income & linking HH to mainstream resources; Identify options available to HH to reduce overall housing costs relative to their budget; Use of tenant/landlord mediation to resolve lease violations through solution driven action plans; Use of Landlord Mitigation funds to reduce the financial risk when renting to households with barriers thereby creating more housing opportunities; On-going case management support that focuses on housing stability and; Increasing affordable housing stock by working with state funding agencies & developers to develop more affordable housing. These strategies will stabilize HH by increasing their income & using available connections to strengthen their ability to obtain and stay in PH.

2. Strategies to assist households maintain PH include: Continue to provide ongoing case management with households once they obtain housing to increase problem solving skills needed to retain it; Teach budgeting to identify ways to reduce overall housing costs relative to their income; Tenant/landlord mediation (if needed) to help resolve lease violations through solution driven action plans; Link households to mainstream resources they may need, including childcare assistance, medical assistance, veterans assistance, domestic violence resources, SSI/SSDI, workforce agencies, substance abuse treatment, mental health providers & transportation options.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;	
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,000 characters)

1. The CoC strategy is to identify individuals & families who return to homelessness by reviewing System Performance Measures (SPM) & Coordinated Entry data. The CoC reviews progress data on SPM including how many individuals & persons in families have returned to homelessness. Additionally, reports are obtained from the HMIS provider which track returns to homelessness on a statewide basis. This ensures that clients who re-enter in another CoC area will be counted as well. The timeframe is 365 days to make sure it is a true 12-month time period.

2. The CoC's strategy to reduce the rate of returns to homelessness is to utilize a network of resources households can turn to prior to returning to homelessness. The CoC worked with housing providers to revise written standards for RRH & PSH. Updates include expectations on case management services & after care services. A key component in the expectations is communicating early & often with the household about the resources available to maintain housing stability. Providers are committed to re-engaging with households after program exit if the household needs support in re-stabilizing their housing. Service providers may offer longer rent subsidies, intensive case management, assist clients in finding employment & unearned income, and health resources to maximize their housing stability. Landlord Mitigation funds can assist in mediation between landlords & households to enable a household

to stay in their current housing and not return to homelessness. Central CoC has a transfer policy for those at risk of homelessness stating if it is determined that a household's needs no longer fit with the program they are currently participating in, or the understanding of their needs have changed since program entry they may have the ability to transition to a different housing program that better fits their needs.

3. CoC Coordinator is responsible for overseeing the strategy to reduce the rate households return to homelessness.

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

Describe in the field below:

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

(limit 2,000 characters)

1. Collaborate with area workforce centers, community education, & employment agencies to provide ongoing training & access to employment opportunities. Connect clients with workforce centers, provide job readiness programs, employment coaching, resume creation, interview practice & training for specific careers. Identify employers who have flexibility in hiring people with criminal backgrounds. Focus on promoting youth employment programs. Assist Veterans with engagement to Veteran Service Officers & agencies to receive Veteran employment services.

2. CoC agencies have partnerships with for-profit and non-profit employment agencies & workforce centers. This partnership includes on-site services for homeless households that includes resume writing, interview practice and employment coaching. Employment agencies notify homeless service agencies of potential job openings & often provides the training needed for certain jobs. Employment and Training programs assist with individual employment plans, life skills and 1:1 sessions that include job readiness topics. Connection to career clothing for interviews/ job required clothing & emergency bus cards/gas cards support job search and retention. Mainstream employment organizations are essential to the success of households obtaining and/or increasing their cash income. CoC agencies have partnerships with for-profit & non-profit businesses, employment agencies & workforce centers. Opportunities for assistance to pay for additional schooling as well as GED classes are promoted as increasing education often leads to increased income, increased benefits, and more stable employment.

3. CoC Coordinator is responsible for overseeing the strategy to increase job & income growth from employment

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. Central CoC promotes partnerships and access to employment opportunities with private employers and private employment organizations by making monthly announcements regarding education, job training programs and job fairs. The CoC is a known resource that will forward announcements about job fairs, training opportunities and job openings throughout the region via email to the CoC listserv. Regular meetings of the full CoC membership provide opportunities for agencies to promote opportunities for employment to the larger CoC in a quick fashion. Local jobs and training programs are a resource for agencies when they have an individual with employment needs. They may be connected with volunteer opportunities or internships if they are looking for employment and are not hired right away. Employment providers work cooperatively with other providers such as housing providers because having stable employment increases housing stability.

2. Collaborations have been formed with Career Force Centers in the region. Agencies work directly with employment agencies and Career Force Centers to promote education, training, internships, and employment opportunities. Agencies have forged relationships with tech schools, community colleges, and universities which share funding opportunities and personalized assistance to enable program participants to enroll in classes. Community Education programs offer GED classes and promote these widely throughout the CoC. Agencies have worked diligently to identify employers and employment agencies who offer flexibility for clients with criminal backgrounds to obtain on the job training and internships. When these opportunities are identified, agencies spread that information widely through CoC meetings.

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

Describe in the field below:

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

(limit 2,000 characters)

1. Central CoCs strategy to increase non-employment cash income includes partnerships with agencies assisting individuals with applications for mainstream resources such as Minnesota General Assistance, Minnesota Family Investment Program (both MN unearned income supports), Food Support, SSI, SSDI, unemployment & other unearned income benefits. Central CoC has developed robust connections with Veteran's agencies to ensure Veterans are connected to Veteran Service Officers and agencies to receive VA benefits including veteran pensions. Individuals with a disability are connected to SOAR for support and assistance with applications and navigating the SSI/SSDI process. Households are assisted in applying for child support, alimony, energy assistance, weatherization, and health insurance.

2. Central CoC's strategy to increase access to non-employment cash sources includes local partnerships with county services, Veteran Service Officers, MN Assistance Council for Veterans, SOAR and transportation services.

Communication of available mainstream resources are shared and updates reported at the Central CoC Full Membership Committee meeting and other local monthly meetings. Agencies throughout the CoC educate households on services available to them to increase their non-employment cash income and reduce overall household expenses. Households are supported with applications and transportation options to increase access to mainstream resources. Many agencies will assist clients in completing applications and obtaining required documentation.

3. The CoC Coordinator, working with the CoC's Governing Board is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

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

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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
St Cloud HRA DV F...	RRH	18	Housing

3A-3. List of Projects.

1. What is the name of the new project? St Cloud HRA DV FY 2021

2. Select the new project type: RRH

**3. Enter the rank number of the project on
your CoC's Priority Listing:** 18

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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 2,000 characters)

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

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

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

(limit 2,000 characters)

4A. DV Bonus Application

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

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

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	210
2.	Enter the number of survivors your CoC is currently serving:	122
3.	Unmet Need:	88

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

Describe in the field below:

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

(limit 2,000 characters)

1. This number was difficult to accurately calculate as Victim Service Providers (VSPs) in Central CoC do not use HMIS or a systemwide HUD Comparable Database. This number was calculated by first gathering HIC bed totals for all VSPs in the CoC. A total of 122 beds were counted for 2021. Then the total number of HH on the Priority List that had a DV flag were counted. This showed 88 HH currently on the Priority List. An assumption was made that all available DV beds were full as programs should be asking for referrals for open beds or at least be able to take in more clients from the surplus HH included on the Priority List. The number of DV HHs on the Priority List was added to the total number of beds from HIC and this number became the total number of survivors that need housing or services. Bed locations were also determined for each county as well as the number of DV HHs on the Priority List by county. This showed that there are 43 HH who are in counties that do not currently have a VSP- essentially half of all HH listed.

2. The data sources used for these calculations included the 2021 HIC totals reported to HUD, data from HMIS to correlate bed counts to individual programs, and the Priority List for Central CoC to determine the number of DV HHs on the waiting list for shelter.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects--Project Applicant Information.	
	NOFO Section II.B.11.	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects--only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name

St Cloud HRA

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

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

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

1.	Applicant Name	St Cloud HRA
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	100.00%

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

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1.&2. The Sub-grantee and service provider is Anna Marie's Alliance (AMA) who provided the housing placement/retention rates. The data source is AMAs Long Term Permanent Housing Database. Data is from AMAs shelter housing which consists of 4 LTH units. Over the time period reported, there were 3 households who applied for PH. All 3 HH obtained PH and all 3 remained permanently housed. AMA does not have a system in place to easily track housing placement or retention for clients not in their TH program.

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

1. Anna Marie's Alliance (AMA) is the sub-grantee & service provider. With 40+ years of experience advocating for Domestic Violence victims, they have well established processes & programs. They employ a Housing First model. Their emergency shelter program limits a client's stay to 45 days so they work quickly & efficiently with clients to obtain housing. Advocates assess the victim's source of income & assist with filling out applications for MFIP, and/or job search for those who can work. Once a victim has a source of income, advocates assess victim's budget & offer a variety of housing options that will fit within their budget that they could apply for. Collaborations with other agencies aid with move in costs, rental deposits, & utility start up. 2. AMA uses Central CoCs Google Docs to put clients onto the Priority List (PL) while protecting their identity. Assessments are done with clients to determine barriers to housing & determine placement on the PL. These clients are considered for referrals the same as those on the HMIS PL using the same criteria & scoring method. 3. Once physical safety is established, comprehensive services are offered including mental & emotional care, assistance with general wellness, financial management skills, parenting classes, educational opportunities, & housing & employment assistance. These efforts are aimed at guiding victims toward self-sufficiency. AMA has sheltered more than 19,000 women & children. Resources may include childcare, transportation, life skills, & job training. Survivors may stay in the TH program up to 24 months. 4. Throughout their time with AMA, advocates assess residents' financial situations & work with them to learn money management & obtain financial stability. Before housing subsidies end, advocates ensure residents are in a program that allows them to maintain stable housing. Advocates follow up with residents every month for 6 months to ensure safety, stability & progress to self-sufficiency.

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

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1. Staff working with victims are trained extensively on how to create a safety plan and follow best practices established by the National Hotline for Domestic Violence which is an industry leader in the field.

2. During the last phase of recent capital improvements, AMA added private interview rooms that have a computer, phone, etc. to allow for a private virtual conversations with referral agencies, health and wellness practitioners, county workers, private one-on-one conversations with trained staff, and all additional intake procedure conversations. Private spaces were previously a part of the facilities but the COVID pandemic created a need for more spaces and more

technology as many appointments became virtual rather than occurring offsite.

3. Shelter screenings are done with the victim alone, not anyone else on behalf of or accompanying the victim. Shelter intakes are done with the victim alone, and no others, including children, are in the room when the victim is sharing with staff to provide total confidentiality and create a safe space for the client to be open and honest about trauma they have experienced. Separate "daycare intakes" are done for each child in a family to separately assess each child's individual needs. Screenings for the Transitional Housing program are also done with the victim alone and include assessments around mental health, finances, abuse history, homelessness history and demographic information.

4. AMA advocates function similar to case managers conducting weekly and sometimes daily check ins with each client. These check-ins often relate to housing, and the advocates focus on assisting victims with seeking housing that will be safe, and affordable within their budget. The advocates are able to refer to HRA vouchers and assist victims with searching for open Section 8 and project-based Section 8 waiting lists that are in locations the victim would consider moving to, while also ensuring the client can remain safe and away from their abuser. Advocates work to place residents in safer communities, attempting to avoid locations with high crime rates which could trigger past trauma.

5. AMA employs full time maintenance staff to allow for rapid attention to any safety or maintenance issues that may arise. There is a weekly visit from a contracted facility management company which addresses larger scale projects or upgrades that may need to occur. Volunteers conduct daily visits specifically to identify and address facility maintenance concerns. Transitional Housing residents and AMA staff have regular check-ins and house meetings during which any additional maintenance issues or safety concerns can be brought up by clients and discussed.

6. The physical address is never published for either the congregate living spaces at Anna Marie's Shelter or its Transitional Housing location. Incoming residents are informed that these are secure buildings and they are not to give out the addresses in order to protect the safety of everyone living there. No personal visitors are allowed at either the congregate living spaces at Anna Marie's Shelter or the Transitional Housing location. There is a zero-tolerance policy on this requirement. Only professional referral visitors are allowed.

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

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

(limit 2,000 characters)

Anna Marie's Alliance is dedicated to effective programming and continuous improvements that demonstrate results. The organization uses industry developed evaluations to inform decision making with regard to staffing, services, curriculum, and partnerships. Anna Marie's Alliance shares results and best practices with partner agencies and funders and communicates successes to stakeholders via the organization's website and annual report. Additionally, the Board of Directors annually evaluates DV survivor safety policies and procedures to ensure that best practices are used throughout the

organization. Safety audits are conducted at all AMA locations to ensure facilities, maintenance and staffing is adequate to provide a safe environment for all victims. The transitional housing location is equipped with additional security including a building security system, multiple bedroom locks, and window/door sensors. The physical address is never published so its location is unknown to the general public.

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

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. AMA advocates for their residents' housing preferences by using a Housing First model. Clients are able to pick their own housing in whatever location they choose. Advocates will work with clients to assess if a housing choice will be safe and provide stability, but ultimately it is the client's choice where they will live. Ongoing meetings with advocates and attending support groups are used to help the clients achieve housing stability as quickly as feasible. This is done through providing resources, strengths-based goals, and supporting and encouraging positive choices.

2. On-going trauma informed care (TIC) training for all staff, advocates, and survivors is provided through a contract therapist. No punitive measures are in place, and there are only 5 zero-tolerance rules that will cause a victim to be asked to leave the program. Victims are told the zero-tolerance rules at intake and reminded occasionally. These zero-tolerance rules are in place to ensure the safety and success for all clients and include things such as absolutely no outside visitors are allowed onsite, personal information about other clients is not to be shared with others, etc.

Ongoing TIC training ensures that power differentials are minimized and avoided whenever possible.

Policies are enforced equally to ensure equal access and to prevent discrimination or perceived favoritism.

3. DV survivors are provided opportunities to participate in group therapy, both through a community advocacy program as well as shelter programming. Clients can attend these whether they are in emergency shelter or in the Transitional Housing program. A licensed social worker visits Anna Marie's

Shelter regularly to talk specifically with the children. A licensed therapist provides all AMA staff trauma informed care training through a series of sessions. 100% of staff are trained in trauma-informed care.

4. AMA uses a Restorative Process approach – building victims up through respect, support and understanding. Advocates work with clients to determine what their goals are and what strengths they already possess that can be built upon. These strengths and goals are then incorporated into planning for the individual to achieve positive outcomes in areas such as relationships, employment, family, and housing. Each client is a unique individual who will have a customized plan created through understanding of the client's strengths and aspirations. Transitional housing residents create additional goals to further enhance safety, stability, successful outcomes and progress to self-sufficiency.

5. AMA has legally mandated organizational policies prohibiting discrimination and providing equal access to all individuals seeking services including all protected classes and regardless of gender identity. Staff is trained regularly on these policies and adherence is required of all staff and advocates.

6. A variety of in-house support groups are offered. Additionally, resources about AA/NA meetings and Big Brother/Big Sister programs are available. Spiritual materials can be provided upon request and clients are encouraged to attend religious organizations and groups if they feel that is something that would be a benefit to them.

7. Parenting support is provided in a variety of ways. AMA has a licensed on-site day care. They provide group support, activity time, and advocacy for children, including immediate on-site help for children traumatized from witnessing or experiencing domestic abuse. Advocates provide 1:1 time with children to provide support and identify referrals as necessary. Play therapy is provided to children residing in transitional housing. A licensed consultant and/or child psychiatrist will continue to meet with the children long-term on a referral basis. A weekly parenting group with a particular focus on parenting topics related to trauma is offered. Weekly 1:1 parenting support is provided to all victims residing in the organization. Enhanced opportunities for additional 1:1 parenting support are provided if additional specific needs are identified. Continued outreach opportunities are provided to victims after they no longer reside in AMA facilities.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

(limit 5,000 characters)

1. Anna Marie's Alliance provides shelter, support, and transitional services to women and children who have experienced domestic violence in their homes and relationships. Upon arrival at the shelter, the primary objective is to provide safety for women, children, and pets. Once physical safety is established, comprehensive services are offered, including mental and emotional healthcare, assistance with general wellness, financial management skill-building, parenting classes, education opportunities, and housing and employment assistance.

These efforts are aimed at guiding women toward self-sufficiency. Since 1979, Anna Marie's Alliance has sheltered more than 19,000 women and children, and provided resources to countless more. Staff advocate for clients and employ a Housing First model which works to quickly obtain housing for clients while minimizing barriers and expectations in order to be housed. With our length-of-stay in congregate shelter limited to 45 days, typically our advocates begin assessing a victim's housing needs very soon after they arrive at shelter. If the victim is interested in applying for our transitional house, we advocate they do so in order to be housed more quickly. Otherwise, an assessment is done to determine if they are a good candidate for a referral to existing HRA programs, or if they will be able to sustain market-rate rent on their own. Advocates assist with connecting victims to partnering agencies such as Catholic Charities, which is able to help pay for application fees, and Good Samaritan, which is able to provide up to \$1200 in assistance for a down payment.

2. Anna Marie's Alliance provides shelter, support, and transitional services to women and children who have experienced domestic violence in their homes. A vast array of support groups, parenting support, health care referrals and life skills training opportunities are offered throughout a client's time in the shelter. Advocates work directly with the clients to determine their goals and hoped for outcomes and then referrals are made to agencies and providers who can assist with obtaining those goals. Connections are made with agencies that can offer monetary assistance to obtain housing, assistance is offered in completing paperwork needed for county assistance, and transportation options are located if needed. School liaisons are contacted to arrange transportation for school age children to minimize disruptions in their education.

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. Clients will be referred through the Central CoC Priority List and Google Docs. Referrals will be filtered such that DV is a priority flag. Google Docs is used for DV clients so that they can be placed on the Priority List with no identifying information included in order to protect their safety. Applicant has a Tenant Choice Policy so once the referral is received and the client is determined to be eligible, the client can choose their own housing in any location that will accept

the rental assistance. Clients are given a list of all landlords in the client's area of choice who will take the rental assistance to assist clients in obtaining housing quickly. St. Cloud HRA follows a Housing First model which assists in rapid housing placements by reducing barriers to housing as well as minimizing expectations for clients before they can obtain housing. Once the client is housed, advocates from Anna Marie's Alliance (AMA) will work with clients to develop permanent housing plans, offer financial education classes, and refer clients to employment agencies that work with clients to prepare for work, assist with job searching, and offer other resources needed to become gainfully employed which can assist in obtaining and keeping permanent housing.

2. St. Cloud HRA staff receive annual training in participant/client interactions that focus on equality and respect. Staff also receive training on customer service which emphasizes the minimization of power differentials. St. Cloud HRA is a Housing First program which expects agencies to not use punitive interventions and work with those who have barriers to obtaining housing. By using the Housing First model, the agency minimizes power differentials as the agency has a posture of assistance rather than control towards the client.

3. HRA staff collaborate with a wide range of supportive service providers including mental health agencies, DV advocates, and others. Referrals are provided to clients as needed. HRA staff also provide information on mainstream service providers, including new information as it is provided.

4. The St. Cloud HRA does not provide direct case management but rather relies on partnering agencies who already are working with the clients. As a sub-grantee for this program, Anna Marie's Alliance (AMA) will be providing intensive and ongoing case management. AMA advocates are fully trained in strengths-based coaching, case planning, and using strengths as clients create and work towards their personalized life goals.

5. St. Cloud HRA provides training for all staff on a regular basis which includes the HUD Equal Access Rule, cultural responsiveness, and inclusivity as well as Fair Housing training. Sub-grantee AMA staff receive regular and ongoing training on cultural inclusivity and the agency has equal access and nondiscrimination policies in place. AMA is proficient with working with a variety of cultures and offers culturally specific groups to offer peer support and develop healthy ongoing relationships.

6. The sub-grantee for this project, AMA, provides a variety of support groups, parenting classes, and has robust partnerships with a wide range of supporting organizations within the CoC who have a variety of client focused groups, mentorships, and peer-to-peer opportunities. AMA has a focus on helping DV survivors develop relationships with healthy people, organizations, etc. This can include building relationships with spiritual resources which are consistent with the client's particular belief system.

7. AMA provides a variety of parenting classes, offers an onsite health care clinic twice per week that is staffed by a licensed public health nurse who provides assessments for women and children, helps women connect to health providers, conducts well-child exams, and childhood immunizations. Advocates are available as well as peer groups for children who have witnessed or experienced DV to assist them in their recovery process and breaking cycles in an effort to prevent ongoing unhealthy relationships.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/11/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/11/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/11/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/11/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Public Posting-Pr...	11/11/2021
1E-5a. Public Posting—Projects Accepted	Yes	Public Posting-Pr...	11/11/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting-CoC-A...	11/12/2021
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/12/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Ranking Process

Attachment Details

Document Description: Public Posting-Projects Rejected-Reduced

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Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description: Web Posting-CoC-Approved Consolidated Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/04/2021
1B. Inclusive Structure	11/09/2021
1C. Coordination	11/09/2021
1C. Coordination continued	11/08/2021
1D. Addressing COVID-19	11/08/2021
1E. Project Review/Ranking	11/11/2021
2A. HMIS Implementation	11/12/2021
2B. Point-in-Time (PIT) Count	09/27/2021
2C. System Performance	11/06/2021
3A. Housing/Healthcare Bonus Points	11/01/2021
3B. Rehabilitation/New Construction Costs	09/27/2021

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3C. Serving Homeless Under Other Federal Statutes	11/06/2021
4A. DV Bonus Application	11/12/2021
4B. Attachments Screen	11/12/2021
Submission Summary	No Input Required

1. How long have you been staying in your current housing situation? _____

2. Have you been homeless before? ☐ Yes, *answer Homeless History section.* ☐ No, *proceed to question #3.*

Yes	No	HOMELESS HISTORY
		Have you ever stayed at a shelter or in housing program before? If yes, list programs and dates. _____
		Were you homeless in the past 12 months?
		Have you been continuously homeless for over a year?
		Have you had four (4) or more separate episodes of homelessness in the past three (3) years?

3. Do you believe you will become homeless in the next 14 days? ☐ Yes ☐ No

4. Do you or anyone in your household have a disability (mental health, chemical, or physical)? ☐ Yes ☐ No
If yes, does your disability affect your ability to seek or maintain housing or employment? ☐ Yes ☐ No

5. Do you have any of the following barriers that make it difficult to find housing? (*check all that apply*)

Yes	No	HOUSING BARRIERS
		Criminal History
		Previous Evictions
		Poor or No Rental History
		Poor or No Credit
		Past Due Rent/Utilities
		Large family (4 bedroom +)

6. Is anyone in your household under the age of 18 or pregnant? ☐ Yes ☐ No
If yes, please list the ages of your children and due date?

7. Do you currently have a housing voucher or subsidy to help you pay rent each month? ☐ Yes ☐ No

8. Do you currently or have you ever served on active duty in the United States Armed Forces? ☐ Yes ☐ No

9. Do you have any source of monthly income? *If so please list income sources and total amount:*

Yes	No	Source	Amount (Monthly)
		Employment	
		Unemployment	
		Child Support	
		SSI/SSDI	
		TANF/MFIP	
		General Assistance	
		Retirement	
		Veterans Benefits	
		Tribal Funds	
		Other:	

10. Does anyone in your family currently have a case manager or worker? ☐ No ☐ Yes, *please list*

Name: _____ Agency: _____

Name: _____ Agency: _____

Name: _____ Agency: _____

FOR OFFICE USE ONLY:

Household Name: _____

Total Prevention Points: _____ (Questions 2 = 2 PTs, 3-8=1 Pts, +1 for 55+)

SPDAT Score (if applicable): _____

1. Does the household qualify for Prevention or Diversion assistance? ☐ Yes ☐ No
Is the household automatically qualified for homeless assistance (currently homeless with a voucher)?
If yes, what kind of assistance do they need initially to be successfully housed?
- | | |
|---|---|
| <input type="checkbox"/> Landlord Mediation | <input type="checkbox"/> Rental Assistance: \$ _____ |
| <input type="checkbox"/> Utility Assistance: \$ _____ | <input type="checkbox"/> Other Financial Assistance: \$ _____ |
| <input type="checkbox"/> Other Assistance: \$ _____ | |

Follow Up:

1. Was the household diverted from entering the shelter? ☐ Yes ☐ No
If yes, to where: ☐ Friends ☐ Family ☐ Previous Housing ☐ Other: _____
If no, date entered shelter: _____
2. Was the household prevented from becoming homeless? ☐ Yes ☐ No
3. If the household was homeless at intake, were they able to obtain housing? ☐ Yes ☐ No
If not, what was the primary barrier that prevented them from obtaining housing?
- | | | |
|--|---|---|
| <input type="checkbox"/> Unable to locate a unit | <input type="checkbox"/> Programs at capacity | <input type="checkbox"/> Ineligible for program |
| <input type="checkbox"/> Household left the area | <input type="checkbox"/> Other _____ | |
4. Did the household receive financial assistance? ☐ Yes ☐ No
If yes, what type?
- | | | |
|---|--|---|
| <input type="checkbox"/> Utility Assistance: \$ _____ | <input type="checkbox"/> Rental Assistance: \$ _____ | <input type="checkbox"/> Moving Costs: \$ _____ |
| <input type="checkbox"/> Security Deposit: \$ _____ | <input type="checkbox"/> Other: _____ | |

After 30 days: Did they find or maintain Permanent Housing? ☐ Yes ☐ No

After 90 days: Have they come back to shelter/the homeless assistance system since they were assisted? ☐ Yes ☐ No

Are there whereabouts known? ☐ Yes ☐ No

If yes, where do they live currently?

- ☐ Remained in initial housing
☐ Relocated to different permanent housing unit
☐ In homeless assistance system
☐ Other: _____

If they "remained in initial housing" or "relocated to different permanent housing unit" how long have they been there?

Number of days: _____

HOUSING CRISIS SCREENING

"To help direct you to the most appropriate services I will ask you a few basic questions about your situation. I may ask you to repeat information or slow down so I do not miss any information AND so I can direct you to the best solution for your situation. If you need me to slow down or repeat something please let me know. I will be entering your information into our data system, but I will ask for your consent prior to sharing or referring you to another agency. OK, let's begin."

"Are you in need of shelter, in a housing crisis, or seeking housing assistance in _____ county today?"

"What is your county of financial responsibility?"

☐ No, end interview and referral to appropriate city/state ☐ Yes, continue interview

"What is your first and last name": _____

"Are there additional family members with you that are also in need of shelter?" ☐ No ☐ Yes

"First & Last Name of 2nd Adult" _____ How many persons under 18? _____

1. *"Are you seeking housing due to concern for your safety, or fear of violence or abuse from another person staying with you? ☐ NO ☐ YES (If YES, skip to Question 6.)"*

2. *"Where did you stay last night?" (check one)*

<input type="checkbox"/>	Outside/Park/Campground	<input type="checkbox"/>	Emergency or DV Shelter	<input type="checkbox"/>	Own apartment/house/trailer
<input type="checkbox"/>	Shed/Garage or building	<input type="checkbox"/>	Motel paid by agency	<input type="checkbox"/>	With a family member or friend
<input type="checkbox"/>	Vehicle	<input type="checkbox"/>	Hospital or Treatment Facility	<input type="checkbox"/>	Motel paid by self, family, friend
<input type="checkbox"/>		<input type="checkbox"/>	Jail, Prison or Detention	<input type="checkbox"/>	Other: _____
Skip to Question 6		Skip to Question 3		Continue with screening	

3. *"How long are you able to stay at your current housing situation?"*

<input type="checkbox"/>	I can no longer stay there	<input type="checkbox"/>	2-7 days	<input type="checkbox"/>	Indefinite/Unknown
<input type="checkbox"/>	If checked, go to question #5.	<input type="checkbox"/>	1-3 weeks	<input type="checkbox"/>	Other
If checked, go to next question (#4).					

4. *"What are the reasons you need to leave your current housing situation?"*

<input type="checkbox"/>	Late Rent	<input type="checkbox"/>	Utility shut-off	If checked, refer to appropriate mainstream or prevention resources to divert from entry to homeless system.
<input type="checkbox"/>	3 day notice to evict	<input type="checkbox"/>	Problems with landlord	
<input type="checkbox"/>	Court eviction/foreclosure	<input type="checkbox"/>	Overcrowded (staying w/ someone & asked to leave).	
<input type="checkbox"/>	Other:	<input type="checkbox"/>		

5. *"Is there anyone else you could stay with for the next 3-7 days if you were able to receive other supports (i.e. case management, transportation assistance, Tribal assistance, food basket, limited financial support, etc.)?"*

<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
If NO, refer question 6	Other housing options including your own home elsewhere:		
	What resources would you need to stay there?		

6. EMERGENCY SHELTER SCREEN ONLY:

DV: *"Given that you are concerned for your safety, I would like to make a referral to _____ who may be able to provide you an immediate but temporary safe place to stay. They can also help you access other resources."*

NON-DV: *"Based on the information you provided, you may be eligible for emergency shelter services. However, I first need to assess whether you are eligible for emergency shelter or voucher services."*

Do you give me permission to share your household data in order to make a referral for safe shelter? ☐ Yes ☐ No

If YES, "Prior to making the referral I will need some additional household information"

What is the first name of all household members seeking shelter?	Gender?	What are the ages of all members?	Are you a US Veteran?	Does anyone in your family have a verifiable disability?	Have you been homeless 4 x in the past 3 years or for 1 year or longer?
HH:			Yes No	Yes No	Yes No
2 nd Adult:			Yes No	Yes No	Yes No
# of Dependents:				Yes No	

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
SINGLES

Administration: Assessor Information

First Name:	Last Name:	Survey Date:
Agency:	Survey Time:	
Email:	Survey Location:	

Supplement:

Client & Household Information

First Name:	
Nickname (s):	
Last Name:	

Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Other		
What gender do you identify with?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not Collected		
Date of Birth	Day / Month / Year		
Race (may select more than one)	<input type="checkbox"/> American Indian or Alaska Native (HUD) <input type="checkbox"/> Asian (HUD) <input type="checkbox"/> Black or African American (HUD) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (HUD) <input type="checkbox"/> White (HUD) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
Ethnicity	<input type="checkbox"/> Non-Hispanic/Latino (HUD) <input type="checkbox"/> Hispanic/Latino (HUD) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
Household Type	<input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> Youth - Family <input type="checkbox"/> Youth -Single		
Household Size	Total # of Persons	Total # of Adults	Total # children
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not collected		

Eligibility Information:

Please do a housing summary

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLES

Assessing MN Long Term Homelessness			
Extent of Homelessness by Minnesota's Definition	<input type="checkbox"/> Not currently homeless		
	<input type="checkbox"/> 1 st time homeless and less than 1 year without home		
	<input type="checkbox"/> Multiple times homeless, but NOT meeting LTH definition		
	<input type="checkbox"/> Long term: At least 1 year OR at least 4 times in past 3 years.		
Approximate Date of Most Recent Episode of Homelessness		Day	/Month /Year
Total # of months homeless or doubled up? (do not include time in TH or other housing)			
Assessing Chronic Homelessness (HUD)			
Did the client leave any of the places listed in the last 3 months before project start date?	<input type="checkbox"/> Adoptive home (from foster care) <input type="checkbox"/> Foster Home <input type="checkbox"/> Juvenile Detention Center <input type="checkbox"/> County Jail <input type="checkbox"/> State or Federal Prison <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Drug or Alcohol Treatment		<input type="checkbox"/> Combined MI/CD treatment <input type="checkbox"/> Group Home <input type="checkbox"/> Halfway House <input type="checkbox"/> Residence for people with physical disabilities <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused
Prior Living Situation	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel/motel paid w/ voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing/Bridge Housing <input type="checkbox"/> <i>Foster care home or foster care group home</i> <input type="checkbox"/> <i>Hospital or other residential non-psychiatric medical facility</i> <input type="checkbox"/> <i>Jail, prison or juvenile detention facility</i> <input type="checkbox"/> <i>Long-term care facility or nursing home</i> <input type="checkbox"/> <i>Psychiatric hospital or other psychiatric facility</i> <input type="checkbox"/> <i>Substance abuse treatment facility or detox center</i> <input type="checkbox"/> Hotel/motel paid for w/out emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, w/ ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Don't know		
Length of Stay in Previous Place	<input type="checkbox"/> One night or less	<input type="checkbox"/> 1 month to 90 days	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days to one year	<input type="checkbox"/> Refused
	<input type="checkbox"/> Over 1 week to under a month	<input type="checkbox"/> One year or longer	
Did you stay less than 90	<input type="checkbox"/> Yes <input type="checkbox"/> No		

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
SINGLES

days?			
Approximate Date of Most Recent Episode of Homelessness (HUD)			
Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past three years, including today	<input type="checkbox"/> One time <input type="checkbox"/> Two Times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
Total number of months homeless on the street, in ES or SH in the past 3 years.	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1 month (this episode w/in 1st month) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 </div> <div> <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div> </div>		
Veteran Status			
Did you serve on Active Duty, or in the National Guard or Reserves?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Active Duty (regardless of Guard/Reserve answer) <input type="checkbox"/> Yes, National Guard	<input type="checkbox"/> Yes, Reserves <input type="checkbox"/> Guard & Reserves <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	
What kind of discharge did you have?	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable but not dishonorable <input type="checkbox"/> Dishonorable	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> N/A	
Have you been referred to the Homeless Veteran Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the client has not been referred to the Homeless Veteran Registry, take a moment and offer to complete the release of information/application form with them. More information can be found at https://mn.gov/mdva/ or by calling 1-888-LinkVet (546-5838).			
Tribal Membership			
Are you Native American?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, with which Tribe are you affiliated?	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Lower Sioux in MN <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe <input type="checkbox"/> Prairie Island in Minnesota </div> <div> <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux of MN <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other: </div> </div>		
Disability Information			
Do you have a disability of long duration? (Collect Household Disability Information)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		
Have you been told by a medical professional that you have a severe mental illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused		

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLES

Is the disability documented?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What accommodations do you require for housing due to health/disability?			
Medical Conditions Central CoC Assessors ONLY Do you have any of the following underlying medical conditions: Cancer; Chronic kidney disease; COPD; Weakened immune system; Obesity; Serious heart condition; Sickle cell disease; or Type 2 diabetes mellitus?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic Violence			
Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Situation			
How many times have you moved in the past year? Enter value 0-10			
Client Location	<input type="checkbox"/> MN-500 Hennepin <input type="checkbox"/> MN-501 Ramsey <input type="checkbox"/> MN-502 Southeast <input type="checkbox"/> MN-503 SMAC	<input type="checkbox"/> MN-504 Northeast <input type="checkbox"/> MN-505 Central <input type="checkbox"/> MN-506 Northwest	<input type="checkbox"/> MN-508 West Central <input type="checkbox"/> MN-509 St Louis <input type="checkbox"/> MN-511 Southwest
County where resides			
County of (current) Primary Residence?			

Client Choice

Are you willing to live anywhere in the state?			
West Central ONLY: Are you willing to live in North Dakota?			
Client Preference County 1-3		1.	
		2.	
		3	
If you are not currently living in the city/county you want to live, do you have any connections to the area?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain connections:			
Please note if you have a need or a preference for each of the following.	Need	Preferred	Notes
Cultural or population specific housing (tribal, HIV/AIDS, LBGT)	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed Site	<input type="checkbox"/>	<input type="checkbox"/>	
Housing and Supports	<input type="checkbox"/>	<input type="checkbox"/>	
Have a Front Desk	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility/Access	<input type="checkbox"/>	<input type="checkbox"/>	
Access to public transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Scattered Site	<input type="checkbox"/>	<input type="checkbox"/>	
Stay enrolled in same school district	<input type="checkbox"/>	<input type="checkbox"/>	
Sober Housing/Treatment based	<input type="checkbox"/>	<input type="checkbox"/>	

Follow-Up Questions

On a regular day, where is it easiest to find you and what	PLACE	
--	-------	--

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
SINGLES

time of day is easiest to do so?	TIME	
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	PHONE	
	EMAIL	

Contact Information:

Contact Name	Relationship	Phone	Email	Notes

Current Case Workers/Providers that you are working with:

PROVIDER TYPE	AGENCY	WORKER	EMAIL	PHONE	NOTES

Opening Script

Hello, my name is [interviewer name] and I work for [organization name].

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will ask personal questions, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

Basic Information

First Name:			
Nickname:			
Last Name:			
In what Language do you feel best able to express yourself?			
Date of birth:		Age:	
SSN:			
Consent to participate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IS THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
			SCORE

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Refused
If the person answers anything other than "shelter", "transitional housing", or "safe haven," then SCORE 1	
2. How long has it been since you lived in permanent stable housing?	<input type="checkbox"/> Refused
3. In the last 3 years, how many times have you been homeless?	<input type="checkbox"/> Refused
If the person has experienced 1 or more consecutive years of homelessness, AND/OR 4 episodes of homelessness, then SCORE 1	

**Optional Minnesota clarifications*

B. Risks

4. In the past 6 months, how many times have you? (Enter number for each questions)	
a. Received health care at an emergency department/room? <i>This would include seeking emergency healthcare at IHS or other health facility?</i>	___ <input type="checkbox"/> Refused
b. Taken an ambulance to the hospital?	___ <input type="checkbox"/> Refused
c. Been hospitalized as an inpatient?	___ <input type="checkbox"/> Refused
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	___ <input type="checkbox"/> Refused
e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or * because the police told you that you must move along? *or any other reason such as being asked to move along, loitering, etc.?	___ <input type="checkbox"/> Refused
f. Stayed one or more nights in a holding cell, jail, or prison, * whether that was short-term stay like the drunk tank, or a longer stay for a more serious offense, or anything in between? *or detox?	___ <input type="checkbox"/> Refused
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.	
SCORE	
5. Have you been attacked or *beaten up* since you've become homeless? <i>*assaulted</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM	
SCORE	
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? <i>*This includes any current legal issues that may result in going to jail, having to pay fines, or make it more difficult to rent a place to live*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" THEN SCORE 1 FOR LEGAL ISSUES	
SCORE	
8. Does anyone force or *trick* you to do things that you do not want to do? <i>Or manipulate</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
SINGLES

9. Do you ever do things that *may be considered risky* like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? <i>Or *you think could possibly put you at harm*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION	
SCORE	

C. Socialization & Daily Functioning Please answer yes or no for the following

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money? <i>*This could include things like rent, drugs, gambling, taxes, or similar?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
11. Do you get any money from the government, a pension, an inheritance, *working under the table, * a regular job, or anything like that? <i>*cash job, per cap, *</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES TO QUESTION 10, OR NO TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.	
SCORE	
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? <i>*Do you have planned activities that make you feel happy and fulfilled?*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF NO, SCORE 1 FOR MEANINGFUL DAILY ACTIVITY	
SCORE	
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? <i>(without assistance)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF NO, THEN SCORE 1 FOR SCORE 1 FOR SELF-CARE	
SCORE	
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? <i>*Is your current homelessness in any way caused by relationship problems, for example: a relationship that ended, an unhealthy or abusive relationship, or because family or friends caused you to become homeless?*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES, THEN SCORE 1 FOR SOCIAL RELATIONSHIP	
SCORE	

D. Wellness – Please answer YES or NO for the following

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLES

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR PHYSICAL HEALTH	
SCORE	
21. Has your drinking or drug use led you to being *kicked out of an* apartment or program where you were staying in the past? * "asked or forced to leave"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.	
SCORE	
23. Have you ever had trouble maintaining your housing, or been *kicked out of* an apartment, shelter program or other place you were staying, because of: *	
a. A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH	
SCORE	
IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.	
SCORE	
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed *or where* you sell the medications? <i>*, are you not following a pain contract, or do*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES, TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.	
SCORE	
27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES, SCORE 1 FOR ABUSE AND TRAUMA.	
SCORE	

Scoring Summary

DOMAIN	SUBTOTAL	SCORE RECOMMENDATION
PRE-SURVEY	/1	

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)
SINGLES

A. HISTORY OF HOUSING & HOMELESSNESS	/2	Score: Recommendation: 0-3: no housing intervention 4-7: Rapid Re-housing/Transitional Housing 8+: Permanent Supportive Housing/Housing First
B. RISKS	/4	
C. SOCIALIZATION	/4	
D. WELLNESS	/6	
TOTAL:	____/17	

Don't forget to give each household a CES RECEIPT & enter assessments within 24 hours!

CES Assessment: Greater MN Step 2: VI-SPDAT + Eligibility Supplement

ASSESSOR INFORMATION – Step 2

Date of Assessment: ____ / ____ / ____

Assessor's Name: _____ Assessor's Organization: _____

Assessor's Title: _____ Assessor's Phone: () _____ - _____

Assessor's Email: _____ End Date: ____ / ____ / ____

SECTION 1: Client & Household Information

It is the responsibility of the agency with the first signed ROI to enter the date signed below. Do not override.

Name: _____ Date of Assessment: ____ / ____ / ____

Date of ROI Consent: ____ / ____ / ____ Shared: ☐ Yes ☐ No

Relationship to Head of Household: ☐ Self ☐ HoH's Child ☐ HoH's Spouse/Partner ☐ HoH's Other Relation Member
☐ Other: Non-relation member ☐ Data not collected

Gender: ☐ Female ☐ Male ☐ Transgender (male to female) ☐ Transgender (female to male) ☐ Doesn't Identify ☐ DK ☐ R ☐ NC

Date of Birth: ____ / ____ / ____

Race 1: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Pacific Islander ☐ White ☐ DK ☐ R ☐ NC

Race 2: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Pacific Islander ☐ White ☐ DK ☐ R ☐ NC

Ethnicity: ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino

Household Type: ☐ Family ☐ Single ☐ Youth-Family ☐ Youth-Single

Household Size: Total # of Persons: _____ # Adults: _____ # Children: _____

SECTION 2: Eligibility

Please provide a list of previous living experiences in the sub-assessment below to help determine an appropriate placement

Move-In Date	Move-Out Date	Residence Type	State	City (MN Only)	County (MN Only)

Assessing MN Long Term Homelessness

Extent of Homelessness by Minnesota's Definition:

- ☐ Not currently homeless
- ☐ 1st time homeless & less than 1 year without home
- ☐ Multiple times homeless, but NOT meeting LTH definition

- ☐ Long term: at least 1 year continuously homeless OR at least 4 times in past 3 years

Please look back to the date of the last time the client had a place to sleep that was not on the streets, in ES, in SH, doubled up/couch hopping, or staying somewhere that is considered a neutral event (e.g. TH) and enter that date below:

Approximate date homelessness started (MN): _____

Total number of months homeless on the street, in ES, in SH, or doubled up/couch hopping in the past three years.

Note, please do not factor months in staying somewhere that is considered a neutral event. (e.g. TH). _____ Months

Leave any of these? (0-3 months ago)

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Adoptive home (from foster care system) |
| <input type="checkbox"/> Foster home (youth only) | <input type="checkbox"/> Juvenile Detention Center |
| <input type="checkbox"/> County Jail or Workhouse | <input type="checkbox"/> State or Federal Prison |
| <input type="checkbox"/> Mental Health Treatment Facility or Hospital | <input type="checkbox"/> Drug or Alcohol treatment facility |
| <input type="checkbox"/> Combined MI/CD treatment facility | <input type="checkbox"/> Group home |
| <input type="checkbox"/> Halfway House | <input type="checkbox"/> Residence for people with physical disabilities |
| <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC | |

Assessing Chronic Homelessness (HUD)

Note, HUD does not factor in doubled up/couch hopping episodes when assessing chronic homelessness. If you are asked to complete Approximate Date Homelessness Started below, have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH and enter that date.

Residence prior to entry:

HOMELESS SITUATION

- ☐ Place not meant for habitation
- ☐ Emergency shelter (hotel/motel paid for with emergency shelter voucher)
- ☐ Safe Haven
- ☐ Interim Housing

INSTITUTIONAL SITUATION

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

TRANSITIONAL & PERM. HSG SITUATION

- ☐ Hotel/Motel paid for without emergency shelter voucher
- ☐ Owned by client, no ongoing hsg subsidy
- ☐ Owned by client, with ongoing hsg subsidy
- ☐ Permanent hsg for formerly homeless persons
- ☐ Rental by client, no ongoing hsg subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing hsg subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying/living with family member
- ☐ Staying/living with friend
- ☐ Transitional hsg for homeless persons

☐ DK ☐ R ☐ NC

Length of Stay in Previous Place:

- | | | |
|---|--|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> Two to six nights | <input type="checkbox"/> One week or more, but less than one month |
| <input type="checkbox"/> One month or more, but less than 90 days | | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> One year or longer | | <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> NC |

Did you serve on Active Duty, or in the National Guard or Reserves?

- ☐ No ☐ Yes, Active Duty (regardless of Guard & Reserve answers) ☐ Yes, National Guard
☐ Yes, Reserves ☐ Both Guard and Reserves
☐ DK ☐ R ☐ NC

If yes, what kind of discharge do you have?

- ☐ Honorable or under honorable conditions ☐ Other than honorable but not dishonorable
☐ Dishonorable ☐ DK ☐ R ☐ NC

Are you Native American? ☐ Yes ☐ No

If yes, which tribe are you affiliated? ☐ Lower Sioux Indian Community in MN ☐ Mdewakanton Sioux Indians ☐ MN Chippewa Tribe ☐ Prairie Island Indian Community in MN ☐ Red Lake Band ☐ Shakopee Mdewakanton Sioux Community of MN ☐ Upper Sioux Community ☐ Other: _____

Does client have disability of long duration? ☐ Yes ☐ No ☐ DK ☐ R ☐ NC

If yes, have you been told by a medical professional that you have a severe mental illness?

- ☐ Yes ☐ No ☐ DK ☐ R

If yes, is the disability documented?

- ☐ Yes ☐ No

What accommodations do you require for housing due to health/disability? _____

Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you? ☐ Yes ☐ No

Living Situation:

How many times have you (your family) move in the past year?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 or more

Client location:

- ☐ MN-500 Hennepin ☐ MN-501 Ramsey ☐ MN-502 Southeast ☐ MN-503 SMAC ☐ MN-504 Northeast
☐ MN-505 Central ☐ MN-506 Northwest ☐ MN-508 West Central ☐ MN-509 St. Louis
☐ MN-511 Southwest

County of primary residence? _____

SECTION 3: Client Choice

Are you willing to live anywhere in the state? ☐ Yes ☐ No

West Central ONLY: Are you willing to live in North Dakota? ☐ Yes ☐ No

Please list the CoC's where you are willing to live:

- ☐ MN-500 Hennepin ☐ MN-501 Ramsey ☐ MN-502 Southeast ☐ MN-503 SMAC
☐ MN-504 Northeast ☐ MN-505 Central ☐ MN-506 Northwest ☐ MN-508 West Central
☐ MN-509 St. Louis ☐ MN-511 Southwest

(Counties) Client choice 1: _____ Client choice 2: _____ Client choice 3: _____

If you are not currently living in the city/county you want to live in, do you have any connections to the area?

☐ Yes-employment ☐ Yes-family ☐ No ☐ Other: _____

Please explain any connections: _____

Housing Preferences:

Need or preference? ☐ Need ☐ Preference

☐ Desire to live in culturally/population specific hsg (HIV/AIDS, LGY Youth, Tribal, etc.)

☐ Hsg that would support your desire to reduce chemical usage

☐ Need to access public transportation

☐ Scattered Site ☐ School Enrollment

☐ Front desk that monitors visitors

☐ Willingness to live in shared housing

☐ Sober Hsg/Treatment Based

☐ Mobility/Access

☐ Fixed Site

☐ GRH

☐ Safety

☐ Other: _____

SECTION 4: Contact Information

Phone number where you can be reached or where a message can be sent: () _____ - _____

Email where you can be reached or where a message can be sent: _____

Alt Contact #1 Name: _____ **Relationship:** _____

Phone: () _____ - _____ **Email:** _____

Alt Contact #2 Name: _____ **Relationship:** _____

Phone: () _____ - _____ **Email:** _____

Please list all providers/case managers who client is currently involved with:

Provider type: County Financial Worker

County Mental Health

County Social Services

Veterans Services

Vocational Services

Other: _____

County: _____

Agency Name: _____

Worker Name: _____

Worker Email: _____

Worker Phone: _____

Worker Notes: _____

SECTION 5: VI-SPDAT

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will ask personal questions, but most only require yes or no answers, not specific details. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you feel uncomfortable, you can ask me to take a break or skip a specific question. Also, at any time you can ask that your information not be shared. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services so skipped or inaccurate answers may affect your eligibility. This information will only be used to determine your eligibility and linkage to housing and service and to gain an overall understanding the needs of our region. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

VI-SPDAT Type:

☐ VI-SPDAT for Individuals v2.0

☐ Youth VI-SPDAT Tay v1.0

☐ Family-VI-SPDAT v2.0

☐ Central CoC Housing Receipt provided

Notes: _____

FOR OFFICE USE ONLY:

Household Name: _____

Total Prevention Points: _____ (Questions 2 = 2 PTs, 3-8=1 Pts, +1 for 55+)

SPDAT Score (if applicable): _____

1. Does the household qualify for Prevention or Diversion assistance? ☐ Yes ☐ No
Is the household automatically qualified for homeless assistance (currently homeless with a voucher)?
If yes, what kind of assistance do they need initially to be successfully housed?
☐ Landlord Mediation ☐ Rental Assistance: \$ _____
☐ Utility Assistance: \$ _____ ☐ Other Financial Assistance: \$ _____
☐ Other Assistance: \$ _____

Follow Up:

1. Was the household diverted from entering the shelter? ☐ Yes ☐ No
If yes, to where: ☐ Friends ☐ Family ☐ Previous Housing ☐ Other: _____
If no, date entered shelter: _____
2. Was the household prevented from becoming homeless? ☐ Yes ☐ No
3. If the household was homeless at intake, were they able to obtain housing? ☐ Yes ☐ No
If not, what was the primary barrier that prevented them from obtaining housing?
☐ Unable to locate a unit ☐ Programs at capacity ☐ Ineligible for program
☐ Household left the area ☐ Other: _____
4. Did the household receive financial assistance? ☐ Yes ☐ No
If yes, what type?
☐ Utility Assistance: \$ _____ ☐ Rental Assistance: \$ _____ ☐ Moving Costs: \$ _____
☐ Security Deposit: \$ _____ ☐ Other: _____

After 30 days: Did they find or maintain Permanent Housing? ☐ Yes ☐ No

After 90 days: Have they come back to shelter/the homeless assistance system since they were assisted? ☐ Yes ☐ No

Are there whereabouts known? ☐ Yes ☐ No

If yes, where do they live currently?

- ☐ Remained in initial housing
☐ Relocated to different permanent housing unit
☐ In homeless assistance system
☐ Other: _____

If they "remained in initial housing" or "relocated to different permanent housing unit" how long have they been there?

Number of days: _____

1. How long have you been staying in your current housing situation? _____

2. Have you been homeless before? ☐ Yes, answer Homeless History section. ☐ No, proceed to question #3.

Yes	No	HOMELESS HISTORY
		Have you ever stayed at a shelter or in housing program before? If yes, list programs and dates. _____
		Were you homeless in the past 12 months?
		Have you been continuously homeless for over a year?
		Have you had four (4) or more separate episodes of homelessness in the past three (3) years?

3. Do you believe you will become homeless in the next 14 days? ☐ Yes ☐ No

4. Do you or anyone in your household have a disability (mental health, chemical, or physical)? ☐ Yes ☐ No
If yes, does your disability affect your ability to seek or maintain housing or employment? ☐ Yes ☐ No

5. Do you have any of the following barriers that make it difficult to find housing? (check all that apply)

Yes	No	HOUSING BARRIERS
		Criminal History
		Previous Evictions
		Poor or No Rental History
		Poor or No Credit
		Past Due Rent/Utilities
		Large family (4 bedroom +)

6. Is anyone in your household under the age of 18 or pregnant? ☐ Yes ☐ No
If yes, please list the ages of your children and due date?

7. Do you currently have a housing voucher or subsidy to help you pay rent each month? ☐ Yes ☐ No

8. Do you currently or have you ever served on active duty in the United States Armed Forces? ☐ Yes ☐ No

9. Do you have any source of monthly income? If so please list income sources and total amount:

Yes	No	Source	Amount (Monthly)
		Employment	
		Unemployment	
		Child Support	
		SSI/SSDI	
		TANF/MFIP	
		General Assistance	
		Retirement	
		Veterans Benefits	
		Tribal Funds	
		Other:	

10. Does anyone in your family currently have a case manager or worker? ☐ No ☐ Yes, please list

Name: _____ Agency: _____

Name: _____ Agency: _____

Name: _____ Agency: _____

October 28, 2021

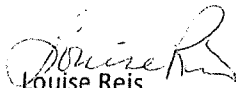
To Whom It May Concern:

The St. Cloud Housing and Redevelopment Authority grants preferences to households that are involuntary displaced and are not living in standard, permanent replacement housing. Standard, permanent replacement housing is defined as housing that is decent, safe, sanitary, and adequate for the family size and does not include transient facilities.

Involuntary displaced is defined as a household that will be involuntarily displaced if the household has vacated or will have to vacate the unit where the household lives because of the following: displacement by disaster, government action, by action of the housing owner, domestic violence, hate crimes, reprisals, inaccessibility of a unit and HUD disposition of a multifamily project.

The St. Cloud HRA added the Moving Up or Moving On preference for households that are referred by Coordinated Entry. This preference was added in April 2020.

Sincerely,



Louise Reis
Executive Director

St Cloud HRA policies: homeless preference due to displacement

- F. **Applicable Income Limit.** Their income must be within the Very Low Income limit to be eligible for Section 8 Assistance.

IV. VERIFYING DISPLACEMENT PREFERENCES.

Applicants must provide proof of any Preference they are claiming. This can be done through third-party or individual certifications. As applicants do not receive additional points for more than one Preference, the Public Housing Authority will only verify one of the following:

Involuntary displacement must be established by certifications from the following sources: (See Part 2, Section 10 for further definitions relating to involuntary displacement.)

1. **Disaster, whether Natural or Manmade.** Certification from a unit or agency of government that an applicant has been or will be displaced.
2. **Government Action.** Certification from a unit or agency of government that an applicant has been or will be displaced.
3. **Owner Action.** Certification from an owner or owner's agency that an applicant had to, or will have to, vacate a unit by a certain date through no fault of their own.
4. **Domestic Violence.** Certification from the local police department, social services agency, court of competent jurisdiction, a clergyman, physician, or public or private facility that provides shelter or counseling to the victims of domestic violence.
5. **Reprisal.** Certification from a unit of local, state or federal law that violence against family members as a reprisal for providing information on criminal activities to a law enforcement agency.
6. **"Hate Crimes".** Certification from a unit of law enforcement or court of competent jurisdiction that an applicant has been, or will be, displaced as a result of threatened or actual physical violence or intimidation.
7. **Inaccessibility.** Certification from a social service agency or physician that an applicant has been, or will be, displaced as result of the inaccessibility of their housing unit to accommodate a mobility or other impairment.
8. **HUD Disposition of Multifamily Project.** Certification from HUD that the building in which the applicant lives must be vacated before it can be sold or demolished.

V. DEFINITION OF INVOLUNTARY DISPLACEMENT.

- A. An applicant qualifies for a Preference on the basis of involuntary displacement if either of the following applies:
1. The applicant has been involuntarily displaced and is not living in standard, permanent replacement housing.
 2. The applicant will be involuntarily displaced within no more than six months from the date of Preference status certification by the family or verification by the Public Housing Authority.
- B. "Standard, permanent replacement housing" is housing:
1. That is decent, safe, and sanitary;
 2. That is adequate for the family size; and
 3. That the family is occupying pursuant to a lease or occupancy agreement.
 4. "Standard, permanent replacement housing" does not include:
 - a. Transient facilities such as motels, hotels, or temporary shelters for victims of domestic violence, transitional housing, or homeless families; or
 - b. In the case of domestic violence, the housing unit in which the applicant and the applicant's spouse or other member of the household who engages in such violence live.
- C. An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate the unit where the applicant lives because of one or more of the following:
1. **Displacement by disaster.** An applicant's unit is uninhabitable because of a disaster, such as a fire or flood.
 2. **Displacement by government action.** Activity carried on by an agency of the United States or by any state or local governmental body or agency in connection with code enforcement or a public improvement or development program.
 3. **Displacement by action of housing owner.** Action by a housing owner forces the applicant to vacate its unit. An applicant does not qualify as involuntarily displaced because action by a housing owner forces the applicant to vacate its unit unless:

- a. The applicant cannot control or prevent the owner's action;
 - b. The owner action occurs although the applicant met all previously imposed conditions of occupancy; and
 - c. The action taken by the owner is other than a rent increase.
4. **To qualify as involuntarily displaced because action by a housing owner forces the applicant to vacate its unit.** Reasons for an applicant's having to vacate a housing unit include, but are not limited to, conversion of an applicant's housing unit to non-rental or non-residential use; closing of an applicant's housing unit for rehabilitation or for any other reason; notice to an applicant that the applicant must vacate a unit because the owner wants the unit for the owner's personal or family use or occupancy; sale of a housing unit in which an applicant resides under an agreement that the unit must be vacant when possession is transferred; or any other legally authorized act that results or will result in the withdrawal by the owner of the unit or structure from the rental market.

Such reasons do not include the vacating of a unit by a resident as a result of actions taken by the owner because the resident refuses:

- a. To comply with HUD program policies and procedures for the occupancy of under-occupied or overcrowded units; or
 - b. To accept a transfer to another housing unit in accordance with a court decree or in accordance with policies and procedures under a HUD-approved desegregation plan.
5. **Displacement by domestic violence.** An applicant is involuntarily displaced if the applicant has vacated a housing unit because of domestic violence or lives in a housing unit with a person who engages in domestic violence.

"Domestic violence" means actual or threatened physical violence directed against one or more members of the applicant family by a spouse or other member of the applicant's household.

For an applicant to qualify as involuntarily displaced because of domestic violence:

- a. The Public Housing Authority must determine that the domestic violence occurred recently or is of a continuing nature; and

- b. The applicant must certify that the person who engaged in such violence will not reside with the applicant family unless the Public Housing Authority has given advance written approval. If the family is admitted, the Public Housing Authority may deny or terminate assistance to the family for breach of this certification.
- 6. **Displacement to avoid reprisals.** An applicant family is involuntarily displaced if:
 - a. Family members provided information on criminal activities to a law enforcement agency; and
 - b. Based on a threat assessment, the law enforcement agency recommends rehousing the family to avoid or minimize a risk of violence against family members as a reprisal for providing such information.
 - c. The Public Housing Authority may establish appropriate safeguards to conceal the identity of families requiring protection against such reprisals.
- 7. **Displacement by hate crimes.** An applicant is involuntarily displaced if:
 - a. One or more members of the applicant's family have been the victim of one or more hate crimes; and
 - b. The applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit.

"Hate crime" means actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on the person's race, color, religion, sex, national origin, handicap, or familial status.

The Public Housing Authority must determine that the hate crime involved occurred recently or is of a continuing nature.
- 8. **Displacement by inaccessibility of unit.** An applicant is involuntarily displaced if:
 - a. A member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit; and

- b. The owner is not legally obligated to make changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.
- 9. **Displacement because of HUD disposition of multifamily project.** Involuntary displacement includes displacement because of disposition of a multifamily rental housing project by HLTD under Section 203 of the Housing and Community Development Amendments of 1978.

VI. REASONABLE AND NECESSARY ACCOMMODATION.

- 1. **Reasonable Accommodation.** The Fair Housing Act requires us to make reasonable accommodations to handicapped or disabled persons. We must make reasonable and necessary accommodations in our rules, policies, practices, or services that will make it possible for a handicapped or disabled person to have an equal opportunity to obtain and use an apartment. Our duty to make reasonable accommodations includes apartment and the common use areas.
- 2. **Our Commitment.** The HRA will make every effort to provide the benefits of the Fair Housing Act and other laws requiring reasonable accommodation to our residents and to persons seeking admission to housing.
- 3. **Our Policies.** The requirement to make reasonable accommodations involves a review of specific facts. If a resident expresses a need for a reasonable accommodation, we will make every effort to assure that we comply with the policies of the Fair Housing Act. The following policies govern reasonable accommodation:
 - a. **Premises Accommodation: Making it possible to use the Apartment and Common Areas.** The HRA must make reasonable modifications of existing premises if these modifications may be necessary to provide a disabled resident full enjoyment of the premises. In some cases, a resident may be required to pay the cost of modifications. In addition, we may require resident, upon leaving, to restore the interior of the apartment to its previous condition, reasonable wear and tear accepted.
 - b. **Rules and Policies Accommodation.** The HRA will make reasonable accommodations in rules, policies, practices or services when these accommodations may be necessary to provide a resident equal opportunity to use and enjoy the

We are committed to assisting underserved communities to preserve, improve, and increase affordable housing for low and moderate-income families and individuals.

Continuum of Care

HUD Notice of Funding Opportunities

2021 Local CoC Program Competition

The 2021 HUD NOFO is open! Please read the following information regarding eligible applicants and methods to apply. For further information, contact Tim Poland tpoland@cmhp.net

[2021 NOFO Information Page](#)

[2021 Grant Inventory Worksheet](#)

[Intent to Apply & Threshold Assessment for Renewal Projects](#)

[Intent to Apply & Threshold Assessment for New Projects](#)

[2019 HUD NOFA](#) [\(click to view 2018 NOFA\)](#)

[2018 HUD NOFA](#) [\(click to view 2018 NOFA\)](#)

Continuum of Care (CoC) Program NOFA Released

The Central Minnesota Continuum of Care (CoC) is pleased to announce that a joint application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for funding under the Continuum of Care McKinney-Vento Homeless Assistance Grant Program.

If you have any questions or comments about the application or are interested in applying, please contact Tim Poland, Central Minnesota CoC Coordinator at 320.258.0677 or tpoland@cmhp.net

Continuum of Care Overview

The Central Minnesota Continuum of Care (CoC) is a network of organizations, community residents and businesses that plan programs with the primary goal of alleviating homelessness in 13 counties in Central Minnesota, as well as the City of St. Cloud. The counties include Cass, Crow Wing, Todd, Morrison, Millie Lacs, Kanabec, Pine, Isanti, Chisago, Stearns, Benton, Sherburne, and Wright. Tim Poland serves as

2021 Meeting Schedule

Central MN CoC Advisory committee meetings are held on the 1st Tuesday of every month from 1-3 pm.

Central MN CoC Board meetings are held on the 3rd Thursday of every month from 9 - 10:30 am.

Due to COVID 19 please email tpoland@cmhp.net for a meeting invite.

January 5 - Advisory Agenda - Minutes
Board Agenda - Minutes

February 2 - Advisory Agenda - Minutes
Board Agenda - Minutes

March 2 - Advisory Agenda - Minutes
Board Agenda - Minutes

April 6 - Advisory Agenda - Minutes
Board Agenda - Minutes

May 4 - Advisory Agenda - Minutes
Board Agenda - Minutes

May 11 - Special Board Agenda - Minutes
Advisory Agenda - Minutes

June 1 - Board Agenda - Minutes
Special Board Agenda - Minutes

July - no meeting

August 3 - Advisory Agenda - Minutes
August 19 - Board Agenda - Minutes

September 7 - Advisory Agenda - Minutes

September 16 - Board Agenda - Minutes

October 5 - Advisory Agenda - Minutes



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Central Minnesota Housing Partnership September 2

HUD Notice of Funding Opportunity
2021 Local CoC Program Competition
The 2021 HUD NOFO (formerly NOFA) is open! Please click on the link below to read the following information regarding eligible applicants and methods to apply. Domestic Violence Bonus funds are available again this year. For further information contact
Tim Poland at tpoland@cmhp.net
<https://www.cmhp.net/continuum-of-care-information>

CMHP.NET

CONTINUUM OF CARE | CMHP

For more information and to be put on our RRDL waiting list, please...

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Central Minnesota Housing Partnership September 1

We will be closed on September 6th for Labor Day.

1

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Central Minnesota Housing Partnership August 6

Looking for housing in Mora, we have 2 and 3 bedrooms. Please contact us at 320-259-0393 for more information.

1

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HOUSING PARTNERSHIP

Our Mission:

We are committed to assisting underserved communities to preserve, improve, and increase affordable housing for low and moderate-income families and individuals.

Continuum of Care

HUD Notice of Funding Opportunities

2021 Local CoC Program Competition

The 2021 HUD NOFO is open! Please read the following information regarding eligible applicants and methods to apply. For further information, contact

Tim Poland tpoland@cmhp.net

[2021 NOFO Timeline & Overview](#)

[2021 NOFO Information Page](#)

[2021 Grant Inventory Worksheet](#)

[Intent to Apply & Threshold Assessment for Renewal Projects](#)

[Intent to Apply & Threshold Assessment for New Projects](#)

[2021 NOFO SCORING SHEET](#)

[2019 HUD NOFA \(click to view 2019 NOFA\)](#)

[2018 HUD NOFA \(click to view 2018 NOFA\)](#)

Continuum of Care (CoC) Program NOFA Released

The Central Minnesota Continuum of Care (CoC) is pleased to announce that a joint application will be submitted to the U.S. Department of Housing and Urban Development (HUD) for funding under the Continuum of Care McKinney-Vento Homeless Assistance Grant Program.

If you have any questions or comments about the application or are interested in applying, please contact Tim Poland, Central Minnesota CoC Coordinator at 320.258.0677 or tpoland@cmhp.net.

Continuum of Care Overview

2021 Meeting Schedule

Central MN CoC Advisory committee meetings are held on the 1st Tuesday of every month from 1-3 pm.

Central MN CoC Board meetings are held on the 3rd Thursday of every month from 9 - 10:30 am.

Due to COVID 19 please email tpoland@cmhp.net for a meeting invite.

January 5 - [Advisory Agenda - Minutes](#)

[Board Agenda - Minutes](#)

February 2 - [Advisory Agenda - Minutes](#)

[Board Agenda - Minutes](#)

March 2 - [Advisory Agenda - Minutes](#)

[Board Agenda - Minutes](#)

April 6 - [Advisory Agenda - Minutes](#)

[Board Agenda - Minutes](#)

May 4 - [Advisory Agenda - Minutes](#)

[Board Agenda - Minutes](#)

May 11 - [Special Board Agenda - Minutes](#)

[Advisory Agenda - Minutes](#)

June 1 - [Board Agenda - Minutes](#)

[Special Board Agenda - Minutes](#)

June 17 - [Advisory Agenda - Minutes](#)

July - no meeting

August 3 - [Advisory Agenda - Minutes](#)

[Board Agenda - Minutes](#)

August 19 - [Advisory Agenda - Minutes](#)

[Board Agenda - Minutes](#)

September 7 - [Advisory Agenda - Minutes](#)

[Special Board Agenda - Minutes](#)

September 16 - [Board Agenda - Minutes](#)

Organization	E
Project Name	E
CoC Model/Component	
Populations Served	
Project Status	
Date of Review	
Reviewer	

THRESHOLD CRITERIA

Criteria	Eligible	Ineligible	Eligible/ Ineligible	Data Details	Source
Eligible entity	Nonprofits, States, local govs, instrumentalities of State/ local gov, and public housing	Any entity that does not meet criteria identified in earlier column.	ELIGIBLE	Nonprofit	Pre-application
Eligible population	Meets HUD requirements	Does NOT meet HUD requirements	ELIGIBLE	Eligible	Pre-application
Date of Project App	Application is complete and includes all required attachments and is submitted to CoC coordinator before the deadline.	Application is incomplete, does not include all required attachments and/or is submitted to CoC coordinator after the deadline.	ELIGIBLE		CoC Coordinator
HMIS	Project has capacity and plan to participate in HMIS (or other comparable database for DV providers)	Project does not have capacity and plan to participate in HMIS (or other comparable database for DV providers)	ELIGIBLE		Pre-application
Match	25% match for everything but leasing.	No or less than 25% required match.	ELIGIBLE		Project Application
Coordinated Entry	Applicant participates in or agrees to participate in the Central MN CoC Coordinated Entry System, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the Central MN CoC Coordinated Entry Policies and Procedures (IF NEW APPLICANT, applicant agrees to these expectations)	Applicant does not agree to participate in the Central MN CoC Coordinated Entry System (IF NEW APPLICANT, applicant DOES NOT agree to these expectations)	ELIGIBLE		Pre-application
HUD Monitoring	HUD Monitoring Report is provided as applicable and no unresolved significant findings are identified.	HUD Monitoring Report is not provided (if applicable) or contains unresolved significant findings that should preclude applicant from	ELIGIBLE		Pre-application
Admin	Admin costs less than 10%	Admin costs greater than 10%.	ELIGIBLE		Project Application

EVALUATION AND RANKING STANDARDS

HUD/LOCAL PRIORITIES

Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Chronic Homeless (PSH only)	95% of CoC-funded units are designated to serve chronically homeless individuals	80-94% of CoC-funded units are designated to serve chronically homeless individuals	This project designates fewer than 80% of units to serve chronically homeless individuals	8/4/0		0		esnaps Application
Veterans	50% or more of CoC-funded units or services are for veterans	20-49% of CoC-funded units or services are for veterans	<20% of CoC-funded units or services are for veterans	4/2/0		0		esnaps Application
Housing First	Project scores at least 12 out of 15 on the housing first assessment.	Project scores 10 or 11 out of 15 on the housing first assessment.	Project scores below 10 out of 15 on the housing first assessment.	8/4/0		0		Housing 1st Checklist
Unmet Need: Geographic Area	Location and household type priority match	Location is priority Match (not household type)	No match	4/2/0		0		e-snaps application: Households table and location(s)

EQUITY--NEW MEASURES

Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Equal Access	Comply with all items listed on Equal Access checklist		Fails to comply with all items listed on Equal Access checklist	4/0	YES	4		Equal access checklist

Equity--Staff Composition	At least 20% of organization's staff identify as Black, Indigenous, or People of Color (BIPOC), and/or as LGBTQ+, and /or have experienced homelessness	10-19% of organization's staff identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	Less than 10% of organization's staff identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	0/0/0	0%	0		Pre-application
Equity--Board/Leadership Composition	At least 20% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	10-19% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	Less than 10% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	0/0/0		0		Pre-application
Equity--Increase Overall Income	30% or more of BIPOC households increase overall income	20-29% of BIPOC households increase overall income	Less than 20% of BIPOC households increase overall income	0/0/0	0%	0		ICA report?
Equity--Exits to permanent housing	At least 80% of BIPOC participants exited the program to permanent destinations.	75-80% of BIPOC participants exited the program to permanent destinations.	Less than 75% of BIPOC participants exited the program to permanent destinations.	0/0/0	0%	0		ICA report?
Equity--Returns to Homelessness (12 months)	Less than 10% of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	10-15% of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	15% or more of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	0/0/0	0%	0		ICA report?
CRITERIA SPECIFIC TO SERVING YOUTH, FAMILY & CHILDREN								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Connection to K-12 education	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	Partial Plan	No Plan	4/2/0		0		Checklist/plan
Early Childhood Development	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	Partial Plan	No Plan	4/2/0		0		Checklist/plan
CRITERIA SPECIFIC TO DOMESTIC VIOLENCE								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Domestic Violence (experience)	Project has at least 5 years experience specifically serving DV/SA survivors	Project has 1-4 years experience specifically serving DV/SA survivors	Project has less than 1 year experience specifically serving DV/SA survivors	4/2/0		0		Pre-application (# of years)
Domestic Violence (specialized services)	Project utilizes specialized services model specifically tailored to DV/SA survivors		Project does not utilize specialized services model specifically tailored to DV/SA survivors	4/0		0		Pre-application
Domestic Violence (client perceived risk)	At least 80% of participants report reduced level of perceived risk at 12 months	50-79% of participants report reduced level of perceived risk at 12 months	Less than 50% of participants report reduced level of perceived risk at 12 months	0/0/0	0%	0		Participant survey
GRANT ADMINISTRATIVE PERFORMANCE								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Bed Utilization	More than 90% of project beds	85-90% of project beds	Less than 85% of project beds.	8/4/0		0		APR Q7, APR Q8
Funding management: unspent funds	Spent 95% or more of grant award.	Spent 90-94% of grant award.	Spent 89% or less of grant award.	8/4/0		0		eLOCCS screenshots

Funding management: drawdowns	Grantee has had at least quarterly (4+)		Grantee has had less than quarterly (4+)	4/2/0		0		eLOCCS screenshots
CoC Participation	Project representatives attend at least 75% of CoC meetings	Project representatives attend 50-74% of CoC meetings	Project representatives attend less than 50% of CoC meetings	2/1/0		0		Meeting sign-in sheets
Data Quality (NA for SSO and HMIS projects)	At least 75% of data quality points possible	65-74% of data quality points possible	Less than 65% of data quality points possible	8/4/0		0		APR Q6a-6e or APR Upload tool?
PERFORMANCE MEASURES								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Returns to Homelessness (12 months)	Less than 10% of participants returned to homelessness within 12 months of exit to permanent housing	10-15% of participants returned to homelessness within 12 months of exit to permanent housing	15% or more of participants returned to homelessness within 12 months of exit to permanent housing	8/4/0		0		SEC 054 Returns to Homelessness Report
Earned Income--Increase	10% or more increase for PSH, 35% or more for TH, RRH	5-9% for PSH, 20-34% for TH, RRH	Less than 5% for PSH, Less than 20% for TH/RRH	2/1/0		0		APR Q19a1, APR Q19a2
Earned Income--Maintain/Increase	20% or more for PSH, 50% or more for TH, RRH	10-19% for PSH, 40-49% for TH, RRH	Less than 10% for PSH, Less than 40% for TH/RRH	2/1/0		0		APR Q19a1, APR Q19a2
Non-Employment Income--Maintain/Increase	75% or more for PSH, 50% or more for RRH, 10% or more for TH	50-74% for PSH, 40-49% for RRH, 5-9% for TH	Less than 50% for PSH, Less than 40% for RRH, Less than 5% for TH	2/1/0		0		APR Q19a1, APR Q19a2
Increase Overall Income	30% or more	20-29%	Less than 20%	2/1/0		0		APR Q19a1, APR Q19a2
Housing Stability (Retention)—stay more than 12 months (PSH ONLY)	Over 90%	85-90%	Under 85%	8/4/0		0		APR upload tool/Length of participation in Project
Exits to permanent housing	At least 90% of participants exited the program to permanent destinations.	75-89% of PSH participants or 80-89% of TH/RRH participants exited the program to permanent destinations.	Less than 75% of PSH participants or less than 80% of TH/RRH participants exited the program to permanent destinations.	8/4/0		0		APR Q23a & Q23b
TOTAL POINTS RECEIVED						4		

2021 Central MN CoC NOFO Ranking Process and Procedures

The Central MN Continuum of Care Performance and Ranking Committee is charged with directing this community's annual HUD CoC Program funding of over \$1.6 million to meet federal requirements and local needs in its efforts to address and end homelessness. To accomplish this goal, the Committee sets priorities for new project funding, and ranks renewal and new applications based on project and CoC performance criteria, as well as local and HUD priorities.

I. HUD McKinney-Vento Application Values

In developing its overall strategy to address and end homelessness, and in particular with respect to ranking of renewal projects and solicitation of new project applications, the CoC and its Performance and Ranking Committee are committed to upholding and applying the following values:

1. Maintain as much HUD Continuum of Care Program funding in our CoC as possible.
2. Promote our goal to make homelessness rare, brief, and one time in Central MN CoC and address issues of disproportionality
3. Prioritize projects that:
 - a. Actively participate in the Continuum of Care and help advance collective goals
 - b. Have movement to permanent housing and subsequent stability as the primary focus
 - c. Focus on those who are literally homeless (streets, shelter, transitional housing for homeless)
 - d. Participate in the HMIS with complete, high-quality data
 - e. Demonstrate low barriers to program entry
 - f. Perform well against HUD McKinney-Vento Continuum of Care goals and positively impact system performance
 - g. Consistently meet and exceed operational standards for spending, match, utilization, and reporting.

II. Ranking for Renewal of Existing Projects

As part of the annual NOFO competition process, HUD requires each Continuum of Care to rank order all McKinney-Vento Funded projects (both new and renewal) included in its CoC Consolidated Application using a documented, objective methodology which considers past project performance, and to further divide this ranked list of projects into two Tiers. The purpose of this tiered system is to indicate to HUD the relative funding priority of projects within a CoC, and thus, the priority order in which projects should receive resources should funding fall short of a CoC's Annual Renewal Demand. Tier 1 projects passing an eligibility and threshold review will be conditionally funded by HUD, beginning with those in the highest-scoring CoC nationwide and proceeding to the lowest-scoring CoC; funding order of Tier 1 projects within a CoC thus depends on that CoC's own project evaluation process. Tier 2 projects are competitively funded and subject to evaluation by HUD using a scoring system which factors in a CoC's overall application score, the score awarded the project by the CoC, and the extent to which a project implements a Housing First approach.

To assist the Central MN Continuum of Care in evaluating and ranking applications for both renewal and new project applications, a NOFO Program Scoring Tool has been developed (see Attachment 1). The Scoring Tool is based on the efforts of CoCs, through collaboration with Minnesota Engagement on Shelter & Housing (MESH), to establish a set of criteria on which to base NOFO project evaluations and builds upon previous scoring tools used by other CoCs. Central CoC modified the Tool based upon Central CoC needs.

A. Scoring Tool Description

The Scoring Tool evaluates renewal projects along three general performance dimensions – HUD/Local Priorities, Grant Administrative Performance, and Performance Measures – each of which includes multiple component measures. There are also sections which will score Criteria Specific to Serving Youth, Family & Children and Criteria Specific to Domestic Violence. For 2021, Equity - New Measures, which has a number of new scoring criteria, which will not be scored this year, but data will be collected and will be considered during the project ranking process. The only specific criteria scored in this section this year is Equal Access. Each performance measure is in turn based on one or more defined data elements drawn from a specific data source, including individual project applications, annual progress reports (APRs), HMIS, and HUD reports. For each individual measure, the Scoring Tool also defines three ranges of performance – Most Desirable, Desirable, and Least Desirable – and identifies for each a number of points awarded to programs whose outcomes fall within that range.

The intent is for each individual measure within the tool to be an objective metric with a defined method of calculation, and which corresponds to one or more data elements from specific reports. This approach reduces variability in assessment between reviewers, as independent reviewers (including projects engaging in self-assessment) using the same, defined data sources should thus be able to reliably arrive at the same value, and the same point score, for a project on any given measure. The overall score of a project is the sum of the points it receives in each of the component performance measures across the four general performance dimensions.

HUD/Local Priorities

The Scoring Tool's first dimension captures characteristics of a project's participation in HUD/Local Priorities, and consists of four component measures:

- Chronic Homeless (PSH only) – what percentage of CoC funded units are designated to serve chronically homeless individuals (aligns with HUD NOFO Policy Priorities)
- Veterans – what percentage of CoC funded units or services are for veterans - (aligns with local priorities)
- Housing First - the extent to which projects adopt a Housing First approach (aligns with HUD NOFO Policy Priorities)
- Unmet Need: Geographic Area – the extent to which a projects location and household type align with local Coc priorities

Grant Administrative Performance

Grant Administrative Performance, the second of the Scoring Tool's three general dimensions, is comprised of five components:

- Bed Utilization - the extent to which a project's beds inventory is occupied over the course of a given year
- Funding Management: Unspent Funds - the percentage of a project's previous grant which was spent
- Funding Management: Drawdowns - the frequency with which a project draws down its funds
- CoC Participation – the extent to which a project participates in the local CoCs Full Membership meetings
- HMIS Data Quality - the percentage of missing data elements within the project's HMIS client records

Performance Measures

The Scoring Tool's third dimension, Performance Measures, contains seven components. This dimension also differs from the other two in that, depending on project type, renewals may not be scored on all seven components. The components within Performance Measures that apply to all programs include:

- Returns to Homelessness (12 months) – What percentage of clients returned to homelessness within 12 months of exit to permanent housing (aligns with HUD System Performance Measures 2a and 2b)
- Increase Overall Income - the percent of clients who increased income from all sources, including employment, when compared to total income at project entry (aligns with HUD System Performance Measures 4.1- 4.6)

The other five components of the Performance Measures apply to PSH, Rapid Rehousing (RRH) or Transitional Housing (TH) projects and have variable criteria based on the type of program:

- Earned Income - the percent of eligible adults whose income from employment was increased relative to employment income at admission (aligns with HUD System Performance Measures 4.1-4.6)
- Maintain or Increase Earned Income - the percent of eligible adults whose income from employment was maintained or increased relative to employment income at admission (aligns with HUD System Performance Measures 4.1-4.6)
- Maintain or Increase Non-Employment Income - the percent of eligible adults whose income from sources other than employment was maintained or increased relative to unearned income at admission (aligns with HUD System Performance Measures 4.1-4.6)
- Housing Stability (Retention)-Stay more than 12 months - the percentage of PSH who are retained in the project at the time of data collection, or who have exited to permanent destinations in the past year (aligns with HUD System Performance Measures 6a.1-6c.2)
- Exits to Permanent Housing – the percentage of participants in a particular project type who exited to permanent destinations (aligns with HUD System Performance Measures (aligns with HUD System Performance Measures 6c.1,6c.2and 7a.1-7b.2)

Criteria Specific to Serving Youth, Family & Children

There are two criteria in this section that apply specifically to programs that serve youth and Families with Children:

- Connection to K-12 Education – Program has a written plan with staff qualifications, physical space, partner roles, and evaluation defined.
- Early Childhood Development - Program has a written plan with staff qualifications, physical space, partner roles, and evaluation defined.

Criteria Specific to Domestic Violence

The three criteria in this section apply specifically to programs that serve Domestic Violence and Sexual Assault Survivors:

- Domestic Violence Experience – How many years of experience a program has in serving Domestic Violence and Sexual Assault Survivors
- Domestic Violence (Specialized Services) – Assess whether a project utilizes a specialized services model specifically tailored to Domestic Violence and Sexual Assault Survivors.

- Domestic Violence (Client Perceived Risk) – Measures what percentage of program participants report a reduced level of perceived risk 12 months after program exit. This criterion will not be scored in 2021.

Equity- New Measures

There are six criteria in this section all pertaining to equity for Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ populations as well as those who have experienced homelessness. The Equal Access criteria is the only one that will be scored in 2021 for this section. The other five criteria require an answer but will not be scored in 2021. The plan is for all of these questions to be scored in 2022.

- Equal Access – Score is based on whether an organization complies with all items listed on the Equal Access Checklist. This is the only criterion in this section that will be scored in 2021.
- Equity – Staff Composition – What percentage of the organization’s staff identify as BIPOC and/or as LGBTQ+ and/or have experienced homelessness.
- Equity – Board/Leadership Composition - What percentage of the organization’s board, directors, and managers staff identify as BIPOC and/or as LGBTQ+ and/or have experienced homelessness.
- Equity – Increase Overall Income – What percentage of a program’s BIPOC participants increased their overall income.
- Equity – Exits to Permanent Housing – What percentage of the program’s BIPOC participants exited the program to permanent destinations.
- Equity – Returns to Homelessness (12 months) - What percentage of the program’s BIPOC participants returned to homelessness within 12 months of their exit to a permanent destination.

The Scoring Tool provides the CoC Scoring and Ranking Committee an objective point from which to start its ranking process. From this point, the Committee may consider other project characteristics not incorporated in the Scoring Tool, including (but not limited to): project capacity and expected number of individuals served; type and scope of services provided; client subpopulation(s) targeted by the project; extent to which a project meets existing areas of CoC need; changes in project performance over time; project feedback or context provided to the CoC Committee; or other factors it deems relevant, to reorder projects and arrive at the CoC’s final project ranking list.

It is also imperative to note that the Scoring Tool is intended to provide a relative, rather than an absolute, ranking of projects. While it is expected that a project’s rank will be correlated with its overall performance to some degree, at the same time, a low rank on the Scoring Tool is not necessarily an indicator that a project is performing poorly; similarly, it is possible for a high-ranking project to fall short of expectations in one or more performance areas.

The Scoring Tool, as described above and presented in Attachment 1, was presented to the CoC Governing Board. At that time, the Governing Board elected to approve the tool for use in the 2021 NOFO Program Competition ranking process.

B. Scoring Tool Application and Project Ranking Process

Following the submission of preliminary applications by all renewal projects by the deadline of October 13, 2021, the Scoring Committee will use the NOFO Scoring Tool to calculate each project's provisional score. The Scoring Tool will then be applied to these applications to produce a preliminary project ranking for all renewal projects.

This ranking, along with contextual information drawn from projects' applications, APRs, and narrative responses to regarding projects' performance relative to HUD targets for income, receipt of non-cash benefits, and subpopulations served, will be made available to the CoC Scoring Committee. The Committee will then use this information in its meeting during the week of October 19, 2021, to rank order projects, designate which projects fall into the Tier 1 and Tier 2 ranges, and make any reallocation decisions in order to fund new project(s). Results of the Scoring and Ranking process will be communicated to all applicants on October 20, 2021, via e-mail, and through public posting on the CMHP/Central MN CoC website. At this point, projects rejected by the CoC may appeal the decision to the CoC following the procedure outlined in Section V, below.

IV. Submission and Ranking Process for New Project Proposals

In addition to scoring and ranking renewal projects, the Central MN Continuum of Care Performance and Ranking Committee will also evaluate, score, and rank new project proposals as part of the 2021 CoC NOFO Competition.

A. Scoring Tool Description

In order for new projects to be considered by the Performance and Ranking Committee, new project proposals must meet the following minimum threshold requirements to be considered for funding:

- Project applicants must be a nonprofit organization, state or local government, public housing agency, or instrumentality of a state or local government, without limitation or exclusion
- The population targeted by the project meets current HUD and CoC requirements
- The service model adopted by the project meets current HUD and CoC requirements
- Project application forms are submitted to the CoC Coordinator on or before the **deadline of October 13, 2021**
- Projects have both a plan in place, and the capacity, to participate fully in HMIS and the CoC's Coordinated Entry System
- Applicant organizations have a mission/purpose statement, bylaws to govern operations, an active governing board that includes at least one member who is homeless or formerly homeless (or has a formal plan to recruit such a member), clear policies and procedures to address potential conflicts of interest of board members, and possesses adequate levels of, and expertise in, staffing
- Applicants provide complete financial information which suggests the project is likely to be viable
- Applications include the most recent audited financial and year-to-date financial and management letter, and this letter contains no significant adverse disclosures

Pursuant to the Priority Populations and Activities outlined in Section II, above, for the 2021 CoC Program NOFO competition, the CoC Scoring Committee will limit its consideration of new project applications to either 1.) permanent supportive housing projects for chronic homeless single adults-only households (single individuals 18-plus years of age), 2.) coordinated entry projects for all populations or 3.) rapid re-housing, joint RRH/TH housing, or coordinated entry projects for survivors of domestic violence (DV).

Project applications meeting these requirements will then be evaluated and scored by the CoC Scoring Committee using the New Project Evaluation and Scoring Tool which considers the following dimensions of a project's application:

- **Innovation and Effectiveness**, including whether the project employs research-based and/or evidence-based practices and has demonstrated experience in using such practices to inform decision making and service provision
- **Performance Measures**, including whether the project has articulated plans for successfully achieving performance measures
- **Applicant Experience for Proposed Activities**, including whether the project applicant or partners have past experience providing housing services, have past experience providing housing services to the population targeted by the proposed project, and have demonstrated objective outcomes of past success in this service provision
- **Employment Services Plan**, including whether the project articulates a plan or partnership to increase employment outcomes for program participants and a plan for increasing participants' income

B. Scoring Tool Application and Project Ranking Process

Approved new project proposals will be included in the ranking process occurring in the Committee's meeting during the week of October 19, 2021, during which they will be assigned an overall rank and Tier 1 or Tier 2 designation alongside renewal project applications, as detailed in Section III, above. Results of this ranking process will be communicated to new and renewal project applicants on October 20, 2021, via e-mail and through public posting on the CMHP/Central MN CoC website. At this point, projects rejected by the CoC may appeal the decision to the CoC following the procedure outlined in Section V below. Following the conclusion of the appeals process, the final rankings will be presented to the CoC Advisory committee and Governance Board for a formal vote of approval.

V. Appeals Process

Once projects have been notified of the preliminary results of the CoC Performance and Ranking Committee's ranking process on October 20, 2021, projects who wish to do so will have the opportunity to formally appeal the Committee's decision before the CoC Board/Appeals Committee which is separate from the CoC Performance and Ranking Committee conducting the original project ranking. Formal appeals may be made for the following reasons:

- A project's application was not ranked
- A project's application did not receive the full funding amount for which it applied

The following are **not** considered to be eligible grounds for submission of a formal appeal:

- Determination that a project has not met threshold requirements
- Ranking of a project in Tier 2 rather than Tier 1

All appeals eligible under the criteria listed above will be read, reviewed, and evaluated by the Board. All notices of appeal must be based on the information submitted as part of a project's draft application by the application due date - no new or additional information will be considered as part of an appeal. Omissions to the application are not eligible grounds for appeal.

A. Procedure for Appeal

Appeals must be received in writing, and are due on October 26, 2021, by 4:30 PM Central Time. Appeals should be directed to the CoC Coordinator, and must adhere to the following requirements:

- Appeals should be scanned and submitted as an attachment via e-mail
- The Notice of Appeal must include a written statement specifying, in detail, the grounds asserted for the appeal, and must be signed by an individual authorized to represent the sponsor agency. The Notice of Appeal must be single-spaced, in 12-point font, and may be no longer than one page
- The appeal must include a copy of the project's application and all accompanying materials as submitted to the CoC Scoring Committee for original review and ranking; no additional information may be added to the original application

B. Constitution of the Appeals Committee

A single Appeals Committee shall hear and consider all eligible appeals submitted to the CoC. The Appeals Committee will be comprised of four members, subject to the following constraints:

- Two Appeals Committee members must be voting members drawn from the CoC Board
- Two Appeals Committee members must be members of the Scoring Committee who participated in the original project ranking process
- No member of the Appeal Committee may have a conflict of interest with any of the agencies applying for McKinney-Vento funding, and must sign a conflict-of-interest statement to this effect

C. Activity of the Appeals Committee

The Appeals Committee will convene to consider each eligible appeal placed before it. Applicants will be invited to make a formal, time-limited statement before the Committee regarding their appeal. Following this statement, the Appeals Committee will review and consider only the following materials associated with the appeal:

- The original project application submitted to the CoC Funding Committee for review and ranking
- The project rankings made by the CoC Scoring Committee
- The one-page Notice of Appeal submitted by the applicant
- The statement(s) of the Applicant made before the Appeals Committee during the appeals process

The Appeals Committee's review will extend only to consideration of those specific portions of the project application being appealed. The decision of the Appeals Committee will formally be determined by a simple majority vote. All decisions of the Appeal Committee will be final.

Eligible project applicants that attempted to participate in the CoC planning process and believe they were denied the right to participate in a reasonable manner may make a further appeal directly to HUD. The process for such a direct appeal is outlined in Section X of the FY2021 Continuum of Care Program Competition NOFO.

Attachment 1

Organization								
Project Name								
CoC Model/Component								
Populations Served								
Project Status								
Date of Review								
Reviewer								
THRESHOLD CRITERIA								
Criteria	Eligible	Ineligible	Eligible/ Ineligible	Data Details	Source			
Eligible entity	Nonprofits, States, local gov's, instrumentalities of State/ local gov, and	Any entity that does not meet criteria identified in earlier column.	ELIGIBLE	Nonprofit	Pre-application			
Eligible population	Meets HUD requirements	Does NOT meet HUD requirements	ELIGIBLE	Eligible	Pre-application			
Date of Project App	Application is complete and includes all required attachments and is submitted to CoC coordinator before the deadline.	Application is incomplete, does not include all required attachments and/or is submitted to CoC coordinator after the deadline.	ELIGIBLE		CoC Coordinator			
HMIS	Project has capacity and plan to participate in HMIS (or other comparable database for DV providers)	Project does not have capacity and plan to participate in HMIS (or other comparable database for DV providers)	ELIGIBLE		Pre-application			
Match	25% match for everything but leasing.	No or less than 25% required match.	ELIGIBLE		Project Application			
Coordinated Entry	Applicant participates in or agrees to participate in the Central MN CoC Coordinated Entry System, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the Central MN CoC Coordinated Entry Policies and Procedures (IF NEW APPLICANT, applicant	Applicant does not agree to participate in the Central MN CoC Coordinated Entry System (IF NEW APPLICANT, applicant DOES NOT agree to these expectations)	ELIGIBLE		Pre-application			
HUD Monitoring	HUD Monitoring Report is provided as applicable and no unresolved significant findings are identified.	HUD Monitoring Report is not provided (if applicable) or contains unresolved significant findings that should preclude	ELIGIBLE		Pre-application			
Admin	Admin costs less than 10%	Admin costs greater than 10%.	ELIGIBLE		Project Application			
EVALUATION AND RANKING STANDARDS								
HUD/LOCAL PRIORITIES								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Chronic Homeless (PSH only)	95% of CoC-funded units are designated to serve chronically homeless individuals	80-94% of CoC-funded units are designated to serve chronically homeless individuals	This project designates fewer than 80% of units to serve chronically homeless individuals	8/4/0		0		esnaps Application
Veterans	50% or more of CoC-funded units or services are for veterans	20-49% of CoC-funded units or services are for veterans	<20% of CoC-funded units or services are for veterans	4/2/0		0		esnaps Application
Housing First	Project scores at least 12 out of 15 on the housing first assessment.	Project scores 10 or 11 out of 15 on the housing first assessment.	Project scores below 10 out of 15 on the housing first assessment.	8/4/0		0		Housing 1st Checklist
Unmet Need: Geographic Area	Location and household type priority match	Location is priority Match (not household type)	No match	4/2/0		0		e-snaps application: Households table and location(s)
EQUITY-NEW MEASURES								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Equal Access	Comply with all items listed on Equal Access checklist		Fails to comply with all items listed on Equal Access checklist	4/0	YES	4		Equal access checklist

Equity--Staff Composition	At least 20% of organization's staff identify as Black, Indigenous, or People of Color (BIPOC), and/or as LGBTQ+, and /or have experienced homelessness	10-19% of organization's staff identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	Less than 10% of organization's staff identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	0/0/0	0%	0		Pre-application
Equity--Board/Leadership Composition	At least 20% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	10-19% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	Less than 10% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	0/0/0		0		Pre-application
Equity--Increase Overall Income	30% or more of BIPOC households increase overall income	20-29% of BIPOC households increase overall income	Less than 20% of BIPOC households increase overall income	0/0/0	0%	0		ICA report?
Equity--Exits to permanent housing	At least 80% of BIPOC participants exited the program to permanent destinations.	75-80% of BIPOC participants exited the program to permanent destinations.	Less than 75% of BIPOC participants exited the program to permanent destinations.	0/0/0	0%	0		ICA report?
Equity--Returns to Homelessness (12 months)	Less than 10% of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	10-15% of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	15% or more of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	0/0/0	0%	0		ICA report?
CRITERIA SPECIFIC TO SERVING YOUTH, FAMILY & CHILDREN								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Connection to K-12 education	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	Partial Plan	No Plan	4/2/0		0		Checklist/plan
Early Childhood Development	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	Partial Plan	No Plan	4/2/0		0		Checklist/plan
CRITERIA SPECIFIC TO DOMESTIC VIOLENCE								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Domestic Violence (experience)	Project has at least 5 years experience specifically serving DV/SA survivors	Project has 1-4 years experience specifically serving DV/SA survivors	Project has less than 1 year experience specifically serving DV/SA survivors	4/2/0		0		Pre-application (# of years)
Domestic Violence (specialized services)	Project utilizes specialized services model specifically tailored to DV/SA survivors		Project does not utilize specialized services model specifically tailored to DV/SA survivors	4/0		0		Pre-application
Domestic Violence (client perceived risk)	At least 80% of participants report reduced level of perceived risk at 12 months	50-79% of participants report reduced level of perceived risk at 12 months	Less than 50% of participants report reduced level of perceived risk at 12 months	0/0/0	0%	0		Participant survey
GRANT ADMINISTRATIVE PERFORMANCE								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Bed Utilization	More than 90% of project beds	85-90% of project beds	Less than 85% of project beds.	8/4/0		0		APR Q7, APR Q8
Funding management: unspent funds	Spent 95% or more of grant award.	Spent 90-94% of grant award.	Spent 89% or less of grant award.	8/4/0		0		eLOCCS screenshots
Funding management: drawdowns	Grantee has had at least quarterly (4+)		Grantee has had less than quarterly (4+)	4/2/0		0		eLOCCS screenshots

CoC Participation	Project representatives attend at least 75% of CoC meetings	Project representatives attend 50-74% of CoC meetings	Project representatives attend less than 50% of CoC meetings	2/1/0		0		Meeting sign-in sheets
Data Quality (NA for SSO and HMIS projects)	At least 75% of data quality points possible	65-74% of data quality points possible	Less than 65% of data quality points possible	8/4/0		0		APR Q6a-6e or APR Upload tool?
PERFORMANCE MEASURES								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Returns to Homelessness (12 months)	Less than 10% of participants returned to homelessness within 12 months of exit to permanent housing	10-15% of participants returned to homelessness within 12 months of exit to permanent housing	15% or more of participants returned to homelessness within 12 months of exit to permanent housing	8/4/0		0		SEC 054 Returns to Homelessness Report
Earned Income--Increase	10% or more increase for PSH, 35% or more for TH, RRH	5-9% for PSH, 20-34% for TH, RRH	Less than 5% for PSH, Less than 20% for TH/RRH	2/1/0		0		APR Q19a1, APR Q19a2
Earned Income--Maintain/Increase	20% or more for PSH, 50% or more for TH, RRH	10-19% for PSH, 40-49% for TH, RRH	Less than 10% for PSH, Less than 40% for TH/RRH	2/1/0		0		APR Q19a1, APR Q19a2
Non-Employment Income--Maintain/Increase	75% or more for PSH, 50% or more for RRH, 10% or more for TH	50-74% for PSH, 40-49% for RRH, 5-9% for TH	Less than 50% for PSH, Less than 40% for RRH, Less than 5% for TH	2/1/0		0		APR Q19a1, APR Q19a2
Increase Overall Income	30% or more	20-29%	Less than 20%	2/1/0		0		APR Q19a1, APR Q19a2
Housing Stability (Retention)—stay more than 12 months (PSH ONLY)	Over 90%	85-90%	Under 85%	8/4/0		0		APR upload tool/Length of participation in Project
Exits to permanent housing	At least 90% of participants exited the program to permanent destinations.	75-89% of PSH participants or 80-89% of TH/RRH participants exited the program to permanent destinations	Less than 75% of PSH participants or less than 80% of TH/RRH participants exited the program to permanent destinations	8/4/0		0		APR Q23a & Q23b
TOTAL POINTS RECEIVED						4		

Threshold Criteria |[illegible]

Central MN CoC Ranking Committee

Project Dashboard

		Coordinated Entry Planning River Crest	HUD RA 1	HUD RA 5	HUD RA 7	Central Navigator CE	Tri-Cap RRH	L&P RRH -Single HH	L&P RRH Singles & Families	Cass County DV	MN HMIS PSH	L&P CES Central	Cass County Navigator	Belle Haven RRH	Our Home	LSS RRH	LSS CES North	HRA DV Bonus	Project Forward Community Shelter	
TOTAL POINTS RECEIVED	110	66	18	69	65	62	18	42	62	50	74	14	18	66	46	58	74	18	42	26
Criteria	Possible	HUD/LOCAL PRIORITIES																		
Chronic Homeless	8	8	NA	0	8	8	NA	NA	0	NA	0	NA	NA	NA	8	0	NA	NA	8	8
Veterans	4	0	NA	2	0	0	NA	0	0	0	0	NA	NA	0	0	0	0	NA	0	2
Housing First	8	8	NA	8	8	8	NA	8	8	8	8	NA	NA	8	8	8	8	NA	8	8
Unmet Need	4	4	NA	4	4	4	NA	4	4	4	4	NA	NA	4	4	4	4	NA	4	4
Criteria	Possible	EQUITY MEASURES																		
Equal Access	4	4	4	4	4	4	4	4	4	4	4	NA	4	4	4	4	4	4	4	4
Staff Composition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Board/Leadership Composition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Increased Income	0	0	NA	0	0	0	NA	0	0	0	0	NA	NA	0	0	0	0	NA	0	0
Exits to Permanent Housing	0	0	NA	0	0	0	NA	0	0	0	0	NA	NA	0	NA	0	0	NA	0	0
Returns to Homelessness	0	0	NA	NA	0	0	NA	0	0	0	0	NA	NA	0	NA	0	0	NA	0	0
Criteria	Possible	CRITERIA SPECIFIC TO SERVING YOUTH, FAMILIES & CHILDREN																		
Connection to K-12 education	4	NA	NA	2	2	2	NA	NA	2	2	4	NA	NA	4	4	4	4	NA	4	NA
Early Childhood Development	4	NA	NA	2	2	2	NA	NA	4	4	4	NA	NA	4	4	4	4	NA	4	NA
Criteria	Possible	CRITERIA SPECIFIC TO DOMESTIC VIOLENCE																		
DV Experience	4	0	NA	0	0	0	NA	0	0	4	NA	NA	NA	0	0	0	0	NA	4	0
DV Specialized Services	4	0	NA	0	0	0	NA	0	0	0	NA	NA	NA	0	0	0	0	NA	4	0
Client Perceived Risk	4	0	NA	0	0	0	NA	0	0	0	NA	NA	NA	0	0	0	0	NA	NA	0
Criteria	Possible	GRANT ADMINISTRATION CRITERIA																		
Bed Utilization	8	8	NA	4	8	8	NA	0	8	0	8	NA	NA	8	0	0	8	NA	NA	NA
Funding management: unspent funds	8	8	8	0	0	0	8	0	8	0	8	8	8	8	8	8	8	8	NA	NA
Funding management: drawdowns	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	NA	NA
CoC Participation	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0
Data Quality	8	8	NA	8	8	8	NA	8	8	8	8	NA	NA	8	NA	8	8	NA	NA	NA
Criteria	Possible	PERFORMANCE MEASURES																		
Returns to Homelessness (12 months)	8	8	NA	8	8	0	NA	8	8	8	8	NA	NA	8	NA	0	8	NA	NA	NA
Earned Income--Increase	2	0	NA	1	2	0	NA	0	0	0	0	NA	NA	1	NA	1	2	NA	NA	NA
Earned Income-- Maintain/Increase	2	0	NA	0	2	0	NA	0	0	0	1	NA	NA	0	NA	0	0	NA	NA	NA
Non-Employment Income-- Maintain/ Increase	2	2	NA	2	1	2	NA	2	0	2	1	NA	NA	2	NA	1	0	NA	NA	NA
Increase Overall Income	2	2	NA	2	2	2	NA	2	2	0	2	NA	NA	1	NA	2	2	NA	NA	NA
Housing Stability (Retention)—stay more than 12 months (PSH ONLY)	8	0	NA	8	0	8	NA	NA	NA	NA	0	NA	NA	NA	NA	8	NA	NA	NA	NA
Exits to permanent housing	8	0	NA	8	0	0	NA	0	0	0	8	NA	NA	0	NA	NA	8	NA	NA	NA

Organization	Lutheran Social Services							
Project Name	LSS RRH							
CoC Model/Component	RRH							
Populations Served	Combination of Adult/Youth Singles and Families							
Project Status	Renewal							
Date of Review	10/14/2021							
Reviewer	Tim Poland							
THRESHOLD CRITERIA								
Criteria	Eligible		Ineligible		Eligible/Ineligible	Data Details		Source
Eligible entity	Nonprofits, States, local gov's, instrumentalities of State/ local gov, and public housing		Any entity that does not meet criteria identified in earlier column.		ELIGIBLE	Nonprofit		Pre-application
Eligible population	Meets HUD requirements		Does NOT meet HUD requirements		ELIGIBLE	Eligible		Pre-application
Date of Project App	Application is complete and includes all required attachments and is submitted to CoC coordinator before the deadline.		Application is incomplete, does not include all required attachments and/or is submitted to CoC coordinator after the deadline.		ELIGIBLE	10/11/2021		CoC Coordinator
HMIS	Project has capacity and plan to participate in HMIS (or other comparable database for DV providers)		Project does not have capacity and plan to participate in HMIS (or other comparable database for DV providers)		ELIGIBLE	Eligible		Pre-application
Match	25% match for everything but leasing.		No or less than 25% required match.		ELIGIBLE	25%		Project Application
Coordinated Entry	Applicant participates in or agrees to participate in the Central MN CoC Coordinated Entry System, including attending training, completing CES assessments and receiving referrals through Coordinated Entry as outlined in the Central MN CoC Coordinated Entry Policies and Procedures (IF NEW APPLICANT, applicant agrees to these expectations)		Applicant does not agree to participate in the Central MN CoC Coordinated Entry System (IF NEW APPLICANT, applicant DOES NOT agree to these expectations)		ELIGIBLE	Eligible		Pre-application
HUD Monitoring	HUD Monitoring Report is provided as applicable and no unresolved significant findings are identified.		HUD Monitoring Report is not provided (if applicable) or contains unresolved significant findings that should preclude applicant from		ELIGIBLE	Eligible		Pre-application
Admin	Admin costs less than 10%		Admin costs greater than 10%.		ELIGIBLE	5%		Project Application
EVALUATION AND RANKING STANDARDS								
HUD/LOCAL PRIORITIES								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Chronic Homeless (PSH only)	95% of CoC-funded units are designated to serve chronically homeless individuals	80-94% of CoC-funded units are designated to serve chronically homeless individuals	This project designatges fewer than 80% of units to serve chronically homeless individuals	8/4/0	0%	NA		esnaps Application
Veterans	50% or more of CoC-funded units or services are for veterans	20-49% of CoC-funded units or services are for veterans	<20% of CoC-funded units or services are for veterans	4/2/0	0%	0		esnaps Application
Housing First	Project scores at least 12 out of 15 on the housing first assessment.	Project scores 10 or 11 out of 15 on the housing first assessment.	Project scores below 10 out of 15 on the housing first assessment.	8/4/0	14	8		Housing 1st Checklist
Unmet Need: Geographic Area	Location and household type priority match	Location is priority Match (not household type)	No match	4/2/0	Matches both POP and GEO	4	Brainerd, disabilities, RRH	e-snaps application: Households table and location(s)
EQUITY--NEW MEASURES								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Equal Access	Comply with all items listed on Equal Access checklist		Fails to comply with all items listed on Equal Access checklist	4/0	YES	4		Equal access checklist
Equity--Staff Composition	At least 20% of organization's staff identify as Black, Indigenous, or People of Color (BIPOC), and/or as LGBTQ+, and/or have experienced homelessness	10-19% of organization's staff identify as BIPOC, and/or as LGBTQ+, and/or have experienced homelessness	Less than 10% of organization's staff identify as BIPOC, and/or as LGBTQ+, and/or have experienced homelessness	0/0/0	Matches both POP and GEO	0		25% Pre-application

Equity--Board/Leadership Composition	At least 20% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	10-19% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	Less than 10% of organization's board, directors, managers identify as BIPOC, and/or as LGBTQ+, and /or have experienced homelessness	0/0/0	Matches both POP and GEO	0	21%	Pre-application
Equity--Increase Overall Income	30% or more of BIPOC households increase overall income	20-29% of BIPOC households increase overall income	Less than 20% of BIPOC households increase overall income	0/0/0	No Match	0	17% 6 HH	ICA report
Equity--Exits to permanent housing	At least 80% of BIPOC participants exited the program to permanent destinations.	75-80% of BIPOC participants exited the program to permanent destinations.	Less than 75% of BIPOC participants exited the program to permanent destinations.	0/0/0	0%	0	No ICA data	ICA report
Equity--Returns to Homelessness (12 months)	Less than 10% of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	10-15% of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	15% or more of BIPOC participants returned to homelessness within 12 months of exit to permanent housing	0/0/0	0%	0	26 exits	ICA report
CRITERIA SPECIFIC TO SERVING YOUTH, FAMILY & CHILDREN								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Connection to K-12 education	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	Partial Plan	No Plan	4/2/0	PLAN MEETS EXPECTATIONS	4		Checklist/plan
Early Childhood Development	Written plan with staff qualifications, physical space, partner roles, and evaluation defined	Partial Plan	No Plan	4/2/0	PLAN MEETS EXPECTATIONS	4		Checklist/plan
CRITERIA SPECIFIC TO DOMESTIC VIOLENCE								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Domestic Violence (experience)	Project has at least 5 years experience specifically serving DV/SA survivors	Project has 1-4 years experience specifically serving DV/SA survivors	Project has less than 1 year experience specifically serving DV/SA survivors	4/2/0	-	0		Pre-application (# of years)
Domestic Violence (specialized services)	Project utilizes specialized services model specifically tailored to DV/SA survivors		Project does not utilize specialized services model specifically tailored to DV/SA survivors	4/0	NO	0		Pre-application
Domestic Violence (client perceived risk)	At least 80% of participants report reduced level of perceived risk at 12 months	50-79% of participants report reduced level of perceived risk at 12 months	Less than 50% of participants report reduced level of perceived risk at 12 months	0/0/0	0%	0		Participant survey
GRANT ADMINISTRATIVE PERFORMANCE								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Bed Utilization	More than 90% of project beds	85-90% of project beds	Less than 85% of project beds.	8/4/0	136%	8	32-40 occupied of 26 units?	APR Q7, APR Q8
Funding management: unspent funds	Spent 95% or more of grant award.	Spent 90-94% of grant award.	Spent 89% or less of grant award.	8/4/0	100%	8		eLOCCS screenshots
Funding management: drawdowns	Grantee has had at least quarterly (4+)		Grantee has had less than quarterly (4+)	4/2/0	AT LEAST QLY	4		eLOCCS screenshots
CoC Participation	Project representatives attend at least 75% of CoC meetings	Project representatives attend 50-74% of CoC meetings	Project representatives attend less than 50% of CoC meetings	2/1/0	100%	2		Meeting sign-in sheets
Data Quality (NA for SSO and HMIS projects)	At least 75% of data quality points possible	65-74% of data quality points possible	Less than 65% of data quality points possible	8/4/0	93%	8	37 out of 40 points	APR Q6a-6e or APR Upload tool?
PERFORMANCE MEASURES								
Criterion	Most Desirable	Desirable	Least Desirable	Possible Points	Data	Score	Data Details	Source
Returns to Homelessness (12 months)	Less than 10% of participants returned to homelessness within 12 months of exit to permanent housing	10-15% of participants returned to homelessness within 12 months of exit to permanent housing	15% or more of participants returned to homelessness within 12 months of exit to permanent housing	8/4/0	0%	8	0 out of 6 exits returned	SEC 054 Returns to Homelessness Report

MARK SCORE	Agency	Program	Model	Population	Status	TOTAL	% of possible	Time FY19-2	Amount	AMA	+/-	Single	Family	Youth (24)	Youth (30)	ALL POPs	Total	Measures	Subs Let	Pro	Measures	Time	Target	Att	Off/HH
1	2	Lutheran Social Services Action	LS RRH	RH1 Contributions of Adult/Youth begins 2021/2022	Revised	74	95%	\$ 176,659	\$ 176,659	\$ 176,659	\$ -	5	8			13								\$ 11,589	
2	7	BI-County Community Action	Case County PSH	PSH Adult/Youth without Children	Revised	74	86%	\$ 217,202	\$ 40,543	\$ 40,543	\$ -	4	3											\$ 5,792	
3	8	BI-County Community Action	Case County RRH	PSH Adult/Youth with Children	Revised	66	85%	\$ 295,287	\$ 82,085	\$ 82,085	\$ -	2	2											\$ 20,571	
4	9	Lakes & Pines Community Action	LAP RRH Singles & Families	RH1 Adult/Youth with Children	Revised	62	79%	\$ 432,888	\$ 133,701	\$ 133,701	\$ -	5	7			12								\$ 11,142	
5	10	Center City Housing Corp	River Crest	PSH Adult/Youth without Children	Revised	66	77%	\$ 479,231	\$ 46,243	\$ 46,243	\$ -	5					5							\$ 9,249	
6	11	St. Cloud HRA	HUD RA 5	PSH Adolescent/Youth without Children	Revised	65	76%	\$ 564,227	\$ 84,996	\$ 84,996	\$ -		5				5							\$ 16,999	
7	12	St. Cloud HRA	HUD RA 1	PSH Adolescent/Youth without Children	Revised	69	73%	\$ 900,671	\$ 336,444	\$ 336,444	\$ -	40	13				53					5		\$ 6,348	
8	13	Lutheran Social Services	Belle Haven PSH	PSH Adult/Youth without Children	Publication	46	70%	\$ 940,900	\$ 40,229	\$ 40,229	\$ -		8				8							\$ 5,029	
9	15	St. Cloud HRA	HUD RA 7	PSH Contributions of Adult and Family	Revised	62	66%	\$ 1,270,695	\$ 34,008	\$ 34,008	\$ -	8	4				12							\$ 2,834	
10	16	Lakes and Pines Community Action	LAP RRH DV	RH1 Contributions of Adult and Family	Revised	50	64%	\$ 1,136,085	\$ 161,177	\$ 161,177	\$ -	4	6		2		12							\$ 13,431	
11	17	Volunteers of America of MN & WI	Our Home	PSH Adult/Youth with Children	Revised	58	63%	\$ 1,254,699	\$ 118,614	\$ 118,614	\$ -	8					8							\$ 14,827	
12	18	Tri-County Action Program Inc.	Tri-Cap RRH- Single HH	RH1 Adult/Youth without Children	Revised	42	60%	\$ 1,380,436	\$ 75,737	\$ 75,737	\$ -	5					5							\$ 15,147	
13	1	General MN Housing Partnership	Coordinated Entry Planning	SSO	Revised	18	100%	\$ 1,380,436	\$ 50,000	\$ 50,000	\$ -						0							#DV/01	
14	2	Lutheran Social Services	LSS CES North	SSO	Revised	18	100%	\$ 1,444,633	\$ 64,197	\$ 64,197	\$ -						0							#DV/01	
15	3	Lakes & Pines Community Action	LAP CES Navigator	SSO	Revised	18	100%	\$ 1,508,830	\$ 64,197	\$ 64,197	\$ -						0							#DV/01	
16	4	Tri-County Action Program Inc.	Central Navigator CE	SSO	Revised	18	100%	\$ 1,573,027	\$ 64,197	\$ 64,197	\$ -						0							#DV/01	
17	5	Institute for Community Alliance	MN HMHS Central	HMS	Revised	14	100%	\$ 1,614,126	\$ 41,099	\$ 41,099	\$ -						0							#DV/01	
18	18	St. Cloud HRA	DV Bonus	RH1 Contributions of Adult/Youth begins 2021/2022	DV Bonus	42	91%	\$ 1,751,448	\$ 137,322	\$ 143,790	\$ -	2	7				9							\$ 15,258	
X	19	Project Forward Inc.	Project Forward Community Shelter	RH1 Adult/Youth without Children	Publication	26	68%	\$ 1,751,448	\$ -	\$ -	\$ -	16					16								

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 4:20 PM
To: Jana'i Treuber
Subject: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the New Project Forward Community Shelter was considered and is not being forwarded for funding this year. There is an appeal process available which can be found in the HUD NOFO materials or on the CoC website. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

Thank you for the work you do.

Tim Poland
Central MN Continuum of Care Coordinator
37 28th Avenue North, STE. 102
St. Cloud, MN 56303
tpoland@cmhp.net
(320) 258-0677



Website: www.cmhp.net

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 3:31 PM
To: Lori Gudim (lgudim@voamn.org)
Cc: Jennifer Melton
Subject: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the Volunteers of America FY2021 Our Home program has been scored and ranked and has been placed in Tier 1 and recommended for the full amount of funding requested in your application. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

Thank you for the work you do.

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tpoland@cmhp.net
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Website: www.cmhp.net

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 4:17 PM
To: Hyacinth Stiffler (hyacinth.stiffler@bicap.org)
Subject: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the Bi-County Community Action Cass County PSH and Cass County RRH programs have been scored and ranked and has been placed in Tier 1 and recommended for the full amount of funding requested in your application. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

Thank you for the work you do.

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tpoland@cmhp.net
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Website: www.cmhp.net

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 4:23 PM
To: Chassidy Lobdell (Chassidy.Lobdell@lakesandpines.org)
Cc: Dawn van Hees
Subject: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the Lakes & Pines Rapid Rehousing, Rapid Rehousing DV and the CES Navigator programs have been scored and ranked and has been placed in Tier 1 and recommended for the full amount of funding requested in your application. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

Thank you for the work you do.

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tpoland@cmhp.net
(320) 258-0677



Website: www.cmhp.net

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 4:24 PM
To: Michele.Fournier@lssmn.org
Subject: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the Lutheran Social Services Rapid Rehousing, Belle Haven PSH, and CES North programs have been scored and ranked and has been placed in Tier 1 and recommended for the full amount of funding requested in your application. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

Thank you for the work you do.

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tpoland@cmhp.net
(320) 258-0677



Website: www.cmhp.net

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 4:26 PM
To: Bryan Newman
Subject: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the Center City Housing Corporation River Crest program has been scored and ranked and has been placed in Tier 1 and recommended for the full amount of funding requested in your application. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

Thank you for the work you do.

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Website: www.cmhp.net

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 4:28 PM
To: Troy Pederson
Cc: Kaytland Welsch
Subject: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the Tri County Action Program Rapid Rehousing -Single HH and Central Navigator CE programs have been scored and ranked and has been placed in Tier 1 and recommended for the full amount of funding requested in your application. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

Thank you for the work you do.

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tpoland@cmhp.net
(320) 258-0677



Website: www.cmhp.net

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 4:31 PM
To: lreis@stcloudhra.com
Subject: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the St. Cloud HUD RA 1 and 7 Consolidation, and HUD RA 5 programs have been scored and ranked and has been placed in Tier 1 and recommended for the full amount of funding requested in your application. The New DV Bonus program was also recommended for funding for the full amount requested under the DV Bonus category. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

Thank you for the work you do.

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tpoland@cmhp.net
(320) 258-0677



Website: www.cmhp.net

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 4:33 PM
To: demetri.vincze@icalliances.org
Subject: FW: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the Institute of Community Alliances MN HMIS Central program has been scored and ranked and has been placed in Tier 1 and recommended for the full amount of funding requested in your application. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

Thank you for the work you do.

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tpoland@cmhp.net
(320) 258-0677



Website: www.cmhp.net

Tim Poland

From: Tim Poland
Sent: Wednesday, October 20, 2021 4:34 PM
To: Jay Vasek (jvasek@cmhp.net)
Subject: 2021 NOFO Program Application Scoring & Ranking

Good afternoon-

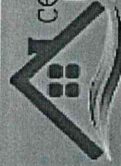
The Central MN CoC Ranking & Scoring Committee met on 10/19/21 to consider all applications for the 2021 NOFO. Your application for the CMHP Coordinated Entry Planning grant has been scored and ranked and has been placed in Tier 1 and recommended for the full amount of funding requested in your application. All scores as well as the recommended ranking of projects will be posted on the CoC website at <https://www.cmhp.net/continuum-of-care-information>.

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central minnesota
HOUSING PARTNERSHIP

Our Mission:

We are committed to assisting underserved communities to preserve, improve, and increase affordable housing for low and moderate-income families and individuals.

HUD Notice of Funding Opportunities

2021 Local CoC Program Competition

The 2021 HUD NOFA is open! Please read the following information regarding eligible applicants and methods to apply. For further information, contact Tim Poland tpoland@cmhp.net

[2021 NOFO Timeline & Overview](#)

[2021 NOFO Information Page](#)

[2021 Grant Inventory Worksheet](#)

[Intent to Apply & Threshold Assessment for Renewal Projects](#)

[Intent to Apply & Threshold Assessment for New Projects](#)

[2021 NOFO SCORING SHEET](#)

[Central CoC Ranking Process & Procedures 2021](#)

[2021 Supplemental Questions](#)

[2021 Equal Access Supplement](#)

[2021 Points Possible By Model](#)

[Ranking & Scoring Table](#)

[Project Scoring Dashboard](#)

[2019 HUD NOFA \(click to view 2019 NOFA\)](#)

[2018 HUD NOFA \(click to view 2018 NOFA\)](#)

Continuum of Care (CoC) Program NOFA Released

The Central Minnesota Continuum of Care (CoC) is pleased to announce that a joint application will be submitted to the U.S. Department of Housing and Urban

2021 Meeting Schedule

Central MN CoC Advisory committee meetings are held on the 1st Tuesday of every month from 1-3 pm.

Central MN CoC Board meetings are held on the 3rd Thursday of every month from 9 - 10:30 am.

Due to COVID 19 please email tpoland@cmhp.net for a meeting invite.

January 5 - [Advisory Agenda - Minutes](#)
[Board Agenda - Minutes](#)

February 2 - [Advisory Agenda - Minutes](#)
[Board Agenda - Minutes](#)

March 2 - [Advisory Agenda - Minutes](#)
[Board Agenda - Minutes](#)

April 6 - [Advisory Agenda - Minutes](#)
[Board Agenda - Minutes](#)

May 4 - [Advisory Agenda - Minutes](#)
[Board Agenda - Minutes](#)

May 11 - [Special Board Agenda - Minutes](#)
[Advisory Agenda - Minutes](#)

June 1 - [Advisory Agenda - Minutes](#)
[Board Agenda - Minutes](#)

June 17 - [Special Board Agenda - Minutes](#)
[July - no meeting](#)

August 3 - [Advisory Agenda - Minutes](#)
[Board Agenda - Minutes](#)

August 19 - [Advisory Agenda - Minutes](#)
[Board Agenda - Minutes](#)

September 7 - [Advisory Agenda - Minutes](#)
[Special Board Agenda - Minutes](#)

September 16 - [Board Agenda - Minutes](#)
[Advisory Agenda - Minutes](#)

October 5 - [Advisory Agenda - Minutes](#)
[Board Agenda - Minutes](#)

October 21 - [Board Agenda - Minutes](#)



Continuum of Care

HUD Notice of Funding Opportunities

2021 Local CoC Program Competition

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[2021 Consolidated Application](#)

[2021 Priority Listing](#)

[2021 CoC Planning Grant Application](#)

[2021 NOFO Timeline & Overview](#)

[2021 NOFO Information Page](#)

[2021 Grant Inventory Worksheet](#)

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Board Agenda - Minutes

September 7 - Advisory Agenda - Minutes

Special Board Agenda - Minutes

September 16 - Board Agenda - Minutes

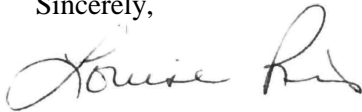
November 12, 2021

To Whom It May Concern:

The grant application being submitted by the St. Cloud Housing and Redevelopment Authority (HRA) and Anna Marie's Alliance for DV Bonus funds is a grant application for rental assistance and support services for 9 units of new housing for the Central MN Continuum of Care. This rental assistance is for new housing subsidies that are not currently being funded through the Central MN Continuum of Care and/or ESG Programs in the area.

The grant funding will provide 9 units of new subsidized housing for domestic violence survivors. These funds will provide rental assistance for housing units and support services to assist households with securing and maintaining their housing.

Sincerely,



Louise Reis
Executive Director

1225 West Saint Germain Street • St. Cloud, MN 56301

TTY/Phone: (320) 252-0880 • Fax: (320) 252-0889

www.stcloudhra.com

Equal Opportunity Housing & Equal Opportunity Employment