

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

1A-2. Collaborative Applicant Name: Opening Doors Northwest Florida (NWFL) Inc. formerly Escarosa Coaliton on the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Opening Doors Northwest Florida (NWFL) Inc. former

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:
- 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

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	No	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	No	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	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	No	Yes
13.	Law Enforcement	Yes	Yes	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	No	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	No	Yes
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	No	No
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	No	Yes
23.	Organizations led by and serving LGBT persons	Nonexistent	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	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Workforce/Employment/Action Labor	Yes	Yes	Yes
34.	Post Education	Yes	Yes	Yes

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)CoC membership is open to all community stakeholders. Opportunities to join the CoC are diverse & equitable. CoC engages with business & community agencies to engender support & participation in the monthly CoC General Membership Meetings & personally meets with interested individuals/groups. Staff occupy board positions at various agencies & seek networking opportunities to connect with potential new members. Staff visit agencies, churches, fundraisers, service provider fairs, & social organizations to encourage membership. Members are recruited monthly through in-person & electronic formats, including the website & Facebook page. The local Chamber and local tv & radio stations have spotlighted the COC & members of the public were invited to join. All are given the opportunity to join the CA listserv to receive updates regarding CoC Membership.

(2)Monthly meetings are virtual & allow persons with disabilities to access & participate using visual aids, closed captions, TTY, & video recordings. The CoC periodically engages with the CIL Agency to get the latest on equipment to provide a better audience experience.

(3)The CA is a part of a CoC Homeless Reduction Task Force (HRTF) which

has hosted meetings at an emergency shelter & homeless camp. Unsheltered persons are engaged by Outreach staff at the meetings & are invited to join the HRTF & CoC Membership.

(4)CoC has made a concerted effort to include & involve minority groups. CA Staff has attended various coalition & committee meetings hosted by youth, minority, indigenous, & disability advocacy groups. The CoC has been joined by Gulf Coast Kids House (Youth), National Coalition of 100 Black Women- Pensacola Chapter, the Gulf Coast Black Minority Chamber of Commerce, Catholic Charities of Northwest Florida for Immigration & Refugee Services, Santa Rosa Creek Indian Tribe, the Centers of Independent Living, Lutheran Services Florida (Ryan White), & the AIDS Healthcare Foundation.

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

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

(limit 2,000 characters)

(1)The CA has utilized email and monthly CoC membership meetings to solicit the opinions of industry leaders and the public that have knowledge of homelessness and who have an interest in homeless prevention and reduction. In addition, multiple meetings between Florida Housing Financial Corporation – Training Division, the Florida State Office on Homelessness, and the CA were held to discuss opportunities to increase shelter and housing capacity to prevent and end homelessness in response to the COVID-19 pandemic with the use of ESG funds.

(2)In addition, the CoC communicates information and solicits public input at non-CoC meetings, including local County Commissioner meetings, city government meetings, civic groups' meetings, Public Housing meetings, local Emergency Management meetings, local law enforcement CIT meetings, and the Mental Health Task Force. Through the various committees and meetings attended, collaborations were merged, and the CoC Membership has been included in the local PHA 5-Year and Annual Plan (FY 2021-2025), which allows CoC agencies that specialize in RRH, HP, and PSH to have input on the need for more permanent housing units for households with an annual income below 30%, 50%, and 80% AMI.

(3)In tandem with the local PHA 5-Year Plan, the CoC lead's strategic plan, and the opinions of organizations and concerned citizens, a Homeless Reduction Task Force was birthed. Comprised of six committees with over 200 members, this initiative will focus on coordination and developing a system of services to respond to the crisis of homelessness amid a pandemic. The 6 committees are: 1) housing, 2) medical and behavioral health care, 3) substance abuse treatment and case/care management, 4) legal aid, 5) faith-based, food, and transportation, and 6) workforce development.

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

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

(limit 2,000 characters)

(1)The notification that the CoC's local competition was open and accepting project applications was posted on September 15, 2021, via email to over 900 CoC members, on the CoC website, and included notification to local television and radio outlets. Enclosed within the CoC NOFO announcement were tools on application requirements, the project review, and ranking processes.

(2)The CA marketing director reached out to Non-traditional grant applicants at other CoC partnership meetings from non-profit organizations in the community. First-time guests that attended the CoC Membership meeting in September 2021 were encouraged to apply for the CoC NOFO and were invited to two technical assistance workshops.

(3)The CoC website and email correspondence included a section dedicated to the NOFO application and included the timeline and materials to assist applicants with completing a project application. Also, the CoC offered two NOFO workshops on September 21, 2021, and on October 4, 2021. Both workshops' purpose was to educate non-traditional applicants on the rules and customs of applying for federal and state funding applications, non-profit eligibility and capacity, and performance requirements for recipients.

(4)The CoC posted through their website the CoC review, ranking criteria, scoring rubric, and methodology materials. Also, during the two workshops attendees were informed that a selection committee would review, and rank submitted project applications. Selected applications were informed by formal letters about application results.

(5)All materials regarding the CoC competition were provided in electronic format on the CoC website and via email. In addition, the CoC utilized the accessibility supports offered by Microsoft Teams to translate video and text content for persons with vision and hearing impairments and for those with limited English proficiency.

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

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

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
-----	--	--

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

(1)The CoC is a non-entitlement jurisdiction. Florida's Office on Homelessness met with CoCs regularly disseminating guidance & information regarding ESG standards. The CoC leadership & staff worked with current & new projects to cultivate programs to prepare for, respond to, & prevent the spread of Covid19. Great emphasis was on ES Shelter and Rapid Rehousing. The CoC participated in a campaign to identify non-profits to carry out our local priorities. (2) Mtgs were held virtually & by phone regularly. Updates expenditures & performance reports were disseminated to the State. The CA conducts quarterly performance reviews of ESG sub-recipients including a quality review of client records, customer satisfaction surveys, expenditure reports, HMIS data quality, & staff knowledge. Once monitoring has been completed, a report is given to the principal for the ESG recipient & contract manager. Retraining is provided if necessary. Often the contract manager will accompany the CA to monitor projects for compliance with the use of ESG funds. The CA is monitored by the State Contract Oversight Unit periodically & through monthly performance reports, monthly reimbursement requests, & quarterly HMIS CAPER reports. (3)Our CoC provided the HIC & PIT data to the State of Florida, to our local Consolidated Plan jurisdiction, & the public to assist in the local planning process for use of ESG-CV funds & CDBG-CV funds. (4)CA submitted an MA-30 Homeless Facilities Report & NA-40 Homeless Needs Assessment to the local consolidated plan. The report included homeless data for rural and urban areas of the CoC's jurisdiction. HIC/PIT data & the CoC Annual Performance Report were posted to the CA's website. Local government staff sent out surveys and posted a public ad in the newspaper. Well-advertised public meetings were held to gain feedback and prioritize goals over for the next 5 years. The county representative and the City of Pensacola representative facilitated the meetings.

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.	Yes
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 collaborates with youth education providers to ensure that homeless students & their families receive homeless assistance. Homeless liaisons at the LEA contribute data regarding the needs & trends of identified homeless families. The CoC provides information regarding available homeless assistance programs and resources that can serve the youth population.

(2). Two agencies within the CoC have a formal partnership with the McKinney-Vento homeless liaisons in Santa Rosa County & Escambia County. The CA provides housing program assistance and SSO assistance in through CoC, Challenge, and ESG funds. CHS provides employment & education support in partnership with CareerSource EscaRosa in the YouthWorks program. Participants for the program include youth in or aging out of foster care, runaway and homeless youth as well as youth experiencing involvement with DJJ. The goals of the program include educational attainment & youth work experience.

(3) Opening Doors collaborates with the LEA in Santa Rosa & Escambia County & has a formal agreement to refer families through the CE, receive 211 Street Guide, & direct response to students in need. A staff is identified at Opening Doors for direct contact with the LEA's McKinney-Vento Liaison & Social Workers.

(4), (5) & (6) SEAs and LEAs, partnerships with school districts: The CA has a written contract with the school district. In Santa Rosa, a formal partnership has been in place with the School District, Public Housing Authority, Children's Home Society, & CA to sustain a model program TBRA (Tenant-Based Rental Assistance) to identify & help provide housing & other wraparound services to families with students currently in the school system. Santa Rosa School

System & Opening Doors collaborate to identify and gather documentation for families to provide vouchers that assist with rent for a one-year period. Social Workers, tutors, & staff support families & the Children’s Home Society supports the adults in transition.

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)

The CoC has a contractual agreement with various community partners to ensure all available resources are available to meet the educational needs of families who become homeless. Our approach includes infant care, in collaboration with the Early Learning Coalition and the Community Action Program Committee’s Head Start program. Through wraparound services and linkages to other partners, work to align all available services. Our partnership with the Escambia County School District requires McKinney-Vento Title One recipients to refer households with school-aged children that are homeless to the school liaison.

Children’s Homes Society (CHS) contracts with the Escambia County School District to provide 32 social service navigators in 34 schools; 9 mental health counselors in all the middle schools; 1 case manager for teenage parenting program and 1 street outreach worker embedded in the Title 1 office to work with homeless youth and families. CHS further contracts with the Santa Rosa School district for a part-time case manager to work with families enrolled in the family promise the program that is experiencing homelessness. CHS covers the entire jurisdiction for mental health services, homeless youth services, teen parenting supports, and social service navigation for families experiencing crisis situations and/or homelessness. Services at CHS provide a continuum of care for families from birth through adulthood which ensures families are safe and stable together. CHS provides employment and education support in partnership with CareerSource EscaRosa in their YouthWorks program. Youth targeted for the program include youth in or aging out of foster care, runaway and homeless youth as well as youth experiencing involvement with DJJ. The goals of the program include educational attainment as well as youth work experience.

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

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

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

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

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

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

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

(limit 2,000 characters)

(1) The CoC has an established relationship with the local domestic violence agency (FavorHouse of Northwest FL) in our community. FavorHouse and the CoC staff scheduled an annual training on March 19, 2021, for Coordinated Entry staff at the lead agency as well as conducted a presentation during one of the monthly general coalition meetings. The training addressed trauma-informed safety, exit planning, and the importance of partnering, and building a relationship that establishes trust for the survivor which leads to the survivor moving toward empowerment. Project staff can contact FavorHouse at any time via the 24-hour hotline, Outreach Office or Zoom to discuss concerns that may present themselves while working with survivors. Safety planning and best practices are not an annual event so having the ability to discuss concerns and options can be a daily need.

(2) The Coordinated Entry staff attends the same annual training as stated above. This training provides an understanding of the barriers that affect survivors while seeking housing/shelter and what can be done to make this transition as safe as possible. This training can be ongoing and to fit the needs of survivors as the situation changes. Safety planning is not a one-time event and can change to fit the need of the survivor's circumstances.

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

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

(limit 2,000 characters)

The CoC’s DV provider, Favor House, reviews de-identified data from OSNIUM, a database management information system used by domestic violence providers in FL. HMIS data standards are built into OSNIUM which enables the DV to provide monthly aggregate reports to the CoC safely. The anecdotal data has key indicators that reveal the capacity and need for DV victims. The shelter often reaches capacity preventing some from entering the shelter. This indicator reveals a high need for more emergency shelters for DV victims. The data also shows that many DV victims are referred to CoC services. Additional deficits are related to DV clients having a housing stability plan upon exit from shelter. Many DV victims are not the primary breadwinner when they flee. The number one priority that the CoC has during service delivery is safe sheltering. Secondly, when DV victims leave, identification forms are left behind and this becomes a barrier. The most important recommendation derived by comparison in data findings is that the DV provider and the CoC should continue to work together to apply for supportive services and HUDs DV Rapid Rehousing for DV victims. This is an example of how aggregate data from the comparable database was used to determine the necessity of medium-to-long-term rapid rehousing that will help address barriers to fleeing DV and recovery afterward.

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

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

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

(limit 2,000 characters)

(1)The CoC's CE staff are trained through the FL Dept. The online training covers privacy, confidentiality, and the careful treatment of records. Disclosure documents are signed and maintained in personal files. LV 2 background checks are conducted on all staff that has access to the HMIS. Our local DV provider, Favor House, provides presentations 2 times a year with the CoC. We are informed of statistics, training, access to DV services, and support protocols for DV victims. The applicants are asked to describe what events have occurred to determine their housing needs, potential locations to avoid, and family support. We describe scenarios that include power and control tactics an abusive partner may use and ask if that has ever happened to them. Often victims are not thinking clearly, these kinds of questions allow the opportunity to

discuss safety issues, needs, what concerns they may have to gain a safe housing plan. This is all part of the safety planning. Staff will always acknowledge the final decision is the survivors.
 (2)DV referral is made. DV protective factors are measured to fit the victim's needs (client choice). DV works with housing providers to relocate DV victims. This may include transfers to other communities. We offer survivors privacy to speak with a domestic violence advocate for emergency shelter stays or let them know this service is available 24-hrs a day so they may plan appropriately. The CoC also provides hotel accommodations in the event the shelter is full.
 (3) The CoC ensures confidentiality at every level while working with survivors, even internally, cases are treated with sensitivity among staffers as outlined in the FL Dept Tng. We ask DV victims how they would like to be contacted, what can be said on a voice message, who can be present before giving any information to them, etc. We let survivors know what limited information will be shared. Survivors can then decide what is best for their safety.

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?
Milton Housing Authority	80%	Yes-HCV	Yes
Area Housing Commission	47%	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 CA has a CoC staff that is a Governance Board Member for the local PHA in Santa Rosa County. The CoC staff member serves in the capacity of a homeless advocate and representative with voting power to engender working relationships that support homeless admissions into available subsidized housing units upon discharge from RRH and PSH projects. The CoC has an active HOME TBRA program that is a collaborative effort between the CoC, local PHA, LEA, and a local non-profit organization that serves 25 households per year. Eligible applicants are families experiencing homelessness or who are at imminent risk of homelessness identified by the LEA. In addition, the local PHA's executive director in Escambia County serves as a CoC Governance Board Member and has allocated two units for homeless admission.

(2)Currently, the CoC is in the beginning phase of a new partnership with the local PHA in Escambia to house 35 households with available EHV vouchers in the next two years.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	No
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	No
	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
--	-----

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) & (2)The local PHA in Santa Rosa County has a formalized written MOU with the CoC that requires all applicants for allocated homeless units to access the Coordinated Entry System. We have two local PHA organizations in Escambia County. Both local PHAs in Escambia have a formalized, written MOU with the CoC. For all PHAs, applicants that access available PHA-funded units in the local Escambia County PHA partnership must access the Coordinated Entry System. Applicants are moved from literally homeless situations to permanent stable housing. Applicants access the Coordinated Entry through Street Outreach engagement with mobile assessors that are employed by the CoC in Escambia County. Eligible applicants access the CE System through electronic referrals to mobile assessors in Santa Rosa County. The new MOU that commenced on August 4, 2021 for TBRA vouchers through the American Rescue Plan Act follows this same process except that eligible applicants are identified directly by the CoC and referred to the local PHA for placement.

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

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

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

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

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

(limit 2,000 characters)

(1)The CoC, the LEA, and the local PHA in Santa Rosa County applied for a YHDP pilot project with HOME funds to develop a TBRA program through the Florida Finance Corporation for identified homeless families in Santa Rosa County School District with a priority on homeless families with school-aged children.
(2)The application was approved for a 3-year-period in 2017 as a pilot project. The positive outcomes and the project's great success opened the doors to other rural communities in the state of Florida to apply for this funding for families with school-aged children experiencing homelessness. At the end of

the grant's 3year period, our CoC was invited to apply for the renewal in 2020. It was approved for another 3 years.

(3)The families experiencing homelessness benefit by receiving priority referrals through the Coordinated Entry System, ongoing supportive case management pre-/post- placement, financial supports for emergency shelter, rent and utility arrears assistance, and utility deposit assistance are all provided in partnership with the Children's Home Society. Families also benefited from a very giving community that helped to supply food, clothing, and furniture. The CoC benefited by bridging a partnership with the local PHA in Santa Rosa County, Children's Home Society, and the Milton Housing Authority. The joint application increased the accessibility to this much-needed service in this rural community. Because the demonstration pilot grant that began in 2017 was such a great success, two other CoCs in 2020 were able to apply to support homeless families with school-aged children in their communities.

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

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

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

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
--	-----

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

PHA
City of Pensacola...

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

Name of PHA: City of Pensacola Housing Division (Section 8)

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.	4
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	3
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.	75%

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

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

(limit 2,000 characters)

The CoC regularly staff cases with street outreach teams and key caseworkers within the Coc where the Housing First is supported by CoC funds at least bi-weekly. Annually, the CoC monitors SAGE reporting, Entry/Exit report, and runs an Annual Progress Report in HMIS on each provider to evaluate service

provision, length of stay, and exit destination. The HMIS system provides success indicators such as the length of stays that are 6 months or longer. The CoC also has a grant supported by the City of Pensacola and a state-funded Challenge program that specifically targets and utilizes the Housing First Model. This grant requires monthly reporting to the city and state, respectively. Street Outreach tracks clients in HMIS from engagement to move-in date. A vulnerability index tool enables the CoC to prioritize those that are most vulnerable. Rapid housing is based on unit availability, client choice, and landlord acceptance. Additionally, the CoC has affirmed each projects' continued commitment to the Housing First Model by verifying they answered "Yes" to * 3d. Does the project follow a "Housing First" approach?

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
---	-----

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) There are two primary methods of identifying unsheltered citizens: direct contact and referral. The unsheltered are engaged at campsites, neighborhood woods, panhandling, sidewalks, vacant buildings, in their vehicles, in the parking lots of businesses, and congregate eating sites. In the CoC catchment area, there are multiple SO teams specializing in access behavioral health, wellness, youth, veteran support, and faith-based coordination. SO teams work with families, individuals, veterans, youth, those with healthcare needs, mental and behavioral barriers to help move them out of homelessness. The teams are supported by a caring community of volunteers, faith-based organizations, government, and private businesses. The unsheltered that agree to the intake process is then loaded into HMIS for Coordinated Entry processing and then online referrals are made to appropriate CoC member provider organizations for immediate follow-up. In the remote areas of the CoC, engagements with law enforcement and local church groups have helped the CoC to identify the difficult-to-reach homeless population. The frequency of visits to this area is at least monthly. SOAR staffers engage individuals in conversation, develop trust and determine candidacy for social security benefits.
- (2) 100 percent of the CoC is covered by street outreach through mobile outreach and through other non-McKinney-Vento-funded SO teams.
- (3) SO engagements occur daily to urban areas, including the weekends,

except to rural and remote locations of the CoC. The known information about these remote sites is that they are very difficult to reach by vehicle. Coordination with church groups provides a safe encounter for SO workers.
 (4) Referrals among street outreach workers to other qualified teams occur to bridge specialty services for those not likely to request assistance such as families fleeing DV without law enforcement involvement.

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	No
5.	Other:(limit 500 characters)	
	A community wide plan is under development	Yes

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

	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.”	142	53

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) The FL Dept of Children and Families (Dept) updates the CoC on food stamps, TANF, and substance abuse programs. CoC agencies have agreements with the Dept to (“ACCESS Portal”) apply for mainstream benefits. The Dept holds quarterly Alliance meetings for the CoC’s region where internal/external resources are discussed. The Dept deployed a website at myfloridamyfamily.com, a customer Care Portal that launched in 2020 where families may get the help they need in our region. The CoC Lead Agency is signed up as a provider. Northwest Florida Health Network provides OAT’s training for SOAR case managers which enables the CoC to assist those in need with accessing Social Security Benefits. ESG Subs are required to complete Dept training for their staff.

(2) Monthly meetings are held highlighting speakers from a variety of mainstream programs to present their programs. 211 provides updates and encourages agencies to inform them of any new programs so that is added to their database.

(3) One CoC agency has a program, Healthy Families, which helps customers enroll in health insurance. The CoC has partnered with several Health Insurance providers to offer their service for clients that are already enrolled to update them regarding changes or new features of their products. The FQHC has health navigators and a behavioral team to help the homeless with access to healthcare.

(4) SOAR Case Managers, as well as private citizens, help qualified homeless individuals and families apply SSI/Medicaid. Area hospitals have health navigators and social workers that assist those in need with applying for Medicaid benefits. There is a subcommittee for Healthcare that launched this year which is focused on improving access to healthcare services. United Way deployed a team to help with applying Stimulus checks they also help families apply for their Income Tax refunds. Legal Services, a CoC SSO provider, offers benefit review, advocacy & representation to the homeless year-round.

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) CE is 100% accessible & advertised at multiple locations. The CoC has a designated HMIS that includes an automated, coordinated, & de-centralized intake assessment that is used by various agencies. The CE Assessment is provided by trained Specialists on location at 4 access points. In addition, the CoC partners with the University of West FL to train Social Work interns who become mobile assessors as part of the CE System.

(2) People least likely to access the CE System can engage the CoC by applying in the customer care portal, Neighborly, & by phone, email, & fax. These entry methods are regularly screened by CoC staff who respond to contacts within 2-3 business days. Unsheltered individuals are engaged by Outreach staff using a fully equipped mobile unit to complete CE intakes at known congregate sites & in rural locations in the community.

(3) The CoC has identified 5 priority categories: 1) families with children, 2) domestic violence victims, 3) unaccompanied youth, 4) elderly age 62+, & 5) chronically homeless with comorbid disabilities. Individuals & families who have medium-to-high acuity as determined by the household's score outcome using a vulnerability tool are prioritized for assistance. All applicants seeking TH, RRH, & PSH receive a vulnerability assessment to be placed on the housing waitlist.

(4) CE Specialists call clients to complete assessments within 2 business days of application. Applicants are provided the documentation checklist & updated housing lists. CE Specialists inform applicants of a 7-day window to submit documents & assist applicants with applying for ID documents & other mainstream resources. Applicants receive housing navigation & landlord mediation support during the placement process. Due to a shortage in housing inventory, the CoC has a goal of housing applicants within 60 days. Applicants that are document-ready & have identified housing are provided with the appropriate financial assistance within 3 business days of completion.

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
--	-----

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.	No

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.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	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.	The CoC is conducting research to identify disparities of race among those that seek homeless services	Yes

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)

As a CoC, we have analyzed our HMIS data for racial disparities. We compared the number of clients seeking services from each race, across housing crisis services, for this fiscal year, in proportion to the total population of each race

within our two counties. In doing so, we have identified two main racial issues affecting our area. The first is that blacks are 6 times more likely to seek homeless services than whites. This shows an increased risk of homelessness among blacks, likely due to educational and income disparities between races. The second racial issue affecting our area is that other minorities are less than half as likely to seek homeless services than whites. This is not due to a reduced risk of homelessness. This is due to a lack of targeted outreach for these minorities. Situationally, homelessness can look very different for them than it can for whites and blacks. It can also be hampered by language, culture, and visa issues.

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.	4	3
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	3
3.	Participate on CoC committees, subcommittees, or workgroups.	3	3
4.	Included in the decisionmaking processes related to addressing homelessness.	8	3
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
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) The Outreach teams consisted of government personnel, healthcare workers, faith-based, concerned private individuals, and non-profit organizations, and many more. Outreach workers distributed PPEs, masks, hand sanitizer, & water. In addition, CoC encouraged the homeless to remain in place. Street outreach teams educated the unsheltered homeless on COVID-19 safe practices, social distancing at campsites, and testing & vaccination sites. the CoC coordinated with churches & organizations to increase food resources due to local soup kitchens & day centers temporarily closing. The food resources were then distributed to homeless camps several times per week. Social distancing & safety protocol were practiced as part of all interactions during the food & PPE distribution. Mass donations came from private donations, local FQHC Clinic, Florida Dept. of Health, and the State Emergency Mgmt. The CoC also collaborated with hospitals to secure hotel units to accommodate the isolation needs of the households. The CoC secured portable toilets & hand washing stations, and a dumpster at camps.

(2) Weekly meetings, notifications from Em Mgmt, and Health Dept were key info HUBs that enabled strong COVID-19 protocols. The FL Dept of Health and the State Em Mgmt extended significant PPE resources. The CoC also secured hotel units to accommodate the isolation needs of those in the emergency shelters who tested positive. One shelter stepped up to allow the positive case to come there. The CoC, FQHC, EM Mgmt, and volunteers, and other government agencies maintained a constant state of readiness with the shelters to help be available to them.

(3)CoC transitional housing organizations attended virtual CoC meetings about COVID-19 and were distributed donated PPE items for their residents who were

instructed to practice the evolving protocols that were published by the CDC and as well as recommendations from our local Health Dept and Emg Mgmt Department.

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)

(1)The CoC obtained guidance from CDC. COVID-19 readiness for future public health emergencies includes congregating sheltering for the homeless thru FEMA. The CoC has developed a new communication model to include a dedicated page on the CoC website to ensure individuals and partner agencies readily have the most up-to-date information on the public health emergency, as well as the impact on local services; increased number of virtual coalition meetings to ensure that CoC members are able to communicate effectively during the health crisis and stay abreast of service delivery changes among CoC members; and daily virtual communication among CoC staff to ensure that the most up-to-date information provided by federal, state, and local health agencies is being disseminated to clients and partner agencies. The CoC has also developed a protocol to ensure individuals will still have access to needed services during a public health emergency via an online software system to complete applications and electronically submit documentation instead of attending in-person appointments. During the rare situations when in-person contact is necessary, protocols have been set up to ensure the safety of both client and staff. CoC staff also have a greater knowledge base of federal, state, and local public health resources to provide assistance during a public health crisis. The community organization and partnerships models that evolved during the COVID-19 pandemic, along with the contact names and personal relationships formed, have put the CoC in a better position to respond to future public health emergencies, including those we find ourselves in after a hurricane. CoC staff know where to access PPE, food resources, safety, and hygiene items, as well as potential testing and vaccination sites. CoC staff also have relationships with state, county, and city officials in order to stay abreast of state and local county ordinances and restrictions.

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) The CoC followed CDC guidelines and participated in virtual meetings. The FL Office On Homelessness requested that the CoCs submit an ESG-CV funding request for the highest priority needs to prevent, prepare for, and respond to COVID-19. To support the State Office’s initiative, the CA provided people living in unsheltered locations access to portable bathrooms, dumpsters, and handwashing stations in the area encampments and the CA location. The CA Street Outreach team delivered education materials about CV-19 symptoms and testing locations.

(2)The HMIS tool yielded results related to COVID-19 infections & exposures among 2466 person referred for eviction diversion, rental assistance, and shelter/hotel stays. On-site, the CA enforced mandatory mask policies, social distancing, and appropriate hygiene measures in all CoC housing and hotel programs. The CA purchased a cloud-based software using ESG-CV funds, which allowed applicants to apply for housing and prevention assistance from any electronic device.

(3) The CA entered an MOU with four local providers to carry out emergency shelter/hotel stays, homeless prevention, and rapid re-housing programs. As of 06/30/2021, 60% of ESG-CV budget was utilized for emergency shelter, homeless prevention, and rapid re-housing.

(4) The CA partnered with Community Health Northwest Florida to provide COVID-19 testing for our homeless population. This collaboration culminated in the CoC utilizing ESG-CV funds to shelter those who were required to isolate or quarantine. The CA purchased PPE, touchless thermometers, cleaning supplies, and emergency first aid kits.

(5) The CoC provided weekly reports to the FL Division of Emergency Management (DEM) regarding supply needs. This partnership resulted in the distribution of pallets of PPE, masks, and sanitary supplies to pre-determined sites in camps and CoC providers. As of May 30, 2021, 625 unduplicated individuals were engaged with ESG-CV funds dedicated to street outreach efforts.

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) During the COVID-19 pandemic, the CoC worked closely with the local state and community health agencies to stay abreast of the effects of COVID-19 within the local community. The local community FQHC trained the CoC street outreach team on the symptoms of COVID-19 and precautions to decrease the

spread of the virus, as well as how to complete COVID-19 pre-screenings. The CoC Street Outreach Team then engaged with the unsheltered population to educate them on the use of PPE, hand-washing, social distancing, etc., and completed COVID-19 pre-screenings. Unsheltered individuals who were at-risk for COVID-19 were referred back to the community agency for further testing and necessary treatment. The unsheltered that tested positive were provided emergency hotel vouchers in order to quarantine for the recommended timeframes. In addition, the CoC and local FQHC collaborated to set up testing sites for the unsheltered population and partnered to set up mobile vaccination stations, utilizing the CoC mobile unit, at the various homeless encampments. The CoC was also in contact with local hospitals to ensure discharge planning for those that tested positive and the availability of hotel vouchers during quarantine.

(2) The Florida Department of Health and the state FEMA office provided masks to the CoC which were then distributed to unsheltered individuals, emergency shelters, transitional housing organizations, and other community agencies. In addition, the CoC ensured that there were portable toilets, hand-washing stations, and garbage disposals at local homeless encampments. CoC providers reduced their capacity to maintain social distancing. Hurricane Sally hit our CoC Sep 16th, 2020, this storm forced our largest mens' shelter to close. The City of Pensacola allowed congregate sheltering at an outdoor park site to respond to preventing the spread of Covid19.

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

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

(1) The CoC held weekly meetings to share updates regarding community resources. Updates came from providers and the FL Dept of Children (DCF) and Families and were added to the CoC's Covid19 Resource Page website. Critical information and updates came from FL Dept of Health Esc and Santa Rosa Counties, DCF, United Way 211, Escambia County Emergency Management (ECEM) Community Health NWFL (FQHC), area hospitals, the CDC website, and news media outlets. State of FL Em Mmgt, provided PPE and other resources regarding the spread of Covid, availability of ventilators, and global and local test results. Other information regarding Covid19 was communicated from them to the CoC and then communicated to our agencies through weekly meetings. ECEM provided daily and weekly emails to the community. Ascension Health and Baptist Health Care, local hospitals, provided helpful information and guidance to prevent, prepare for and, respond to Covid-19.

(2) CoC provider closures were communicated and updated to the CoC website. The CoC also maintained a log of emails regarding closures and reductions in shelter capacity. The CoC attended other virtual meetings sponsored by VA and DCF.

(3) Vaccination sites (hospitals, clinics, pharmacies, and area churches) and testing locations, pretest instructions, and quarantine protocols were posted to the CoC website and presented at virtual meetings. Our FQHC, Community Health NWFL, provided prescreening training, safety protocols for social distancing, and provided PPE's to the CoC. The CE partnered with the FQHC to conduct testing at congregate unsheltered locations. The FQHC mobilized its mobile unit to provide vaccination shots to unsheltered populations. The FQHC followed the CDC guidelines and communicated safety measures to the CoC. Special speakers from local health agencies were invited to educate the members on the virus and recommended safety measures.

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)

The CoC collaborated with local health agencies, including the Florida Department of Health, the local FQHC, and local hospitals to stay up-to-date on local COVID-19 vaccination protocols. The CoC street outreach teams engaged with unsheltered individuals and families at known homeless encampments and educated them on the COVID-19 vaccination protocol. The CoC street outreach team partnered with the local FQHC, Community Health Northwest Florida, to go into the known encampments, local homeless resource day center, and a faith-based homeless outreach to provide the COVID-19 vaccinations to unsheltered individuals utilizing the CoC mobile unit. The FQHC also provided vaccinations at the men's emergency shelter. A CoC board member provided information on the location sites for this jurisdiction.

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

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

(limit 2,000 characters)

The CoC has an agreement with the only Domestic Violence provider in the system to share information regarding the increased volume of callers who are experiencing domestic violence as a possible result of the pandemic. Favor House takes and. (HMIS/CE/CA) entered into the Memorandum of Agreement to collaborate for the mutual benefit of victims of domestic violence within their respective agencies. The CE's Written Standards prioritize Domestic Violence victims. The CE has hotel dollars that have been set aside in the event the DV reaches capacity. The CoC received 35 EHV

vouchers. The CoC has designated 4 vouchers to the DV shelter. The CoC staff and volunteers to help DV victims apply for SNAPs benefits, stimulus refunds, and the completion of IRS tax returns.

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)

Although most of the Nation honored the various eviction moratoriums that were recommended by the CDC, our local court system never stopped processing and executing evictions resulting in hundreds of households who lost their jobs where businesses closed because of Covid. Therefore, a household experiencing an eviction became our lead indicator for identifying persons about to become homeless. During the early months of the pandemic, our CoC began to experience a higher level of inquiries for homeless prevention and homeless shelter services. The surge was remarkable across all social sectors. In response, the CoC purchased an external application software called Neighborly. The system allowed consumers to apply from the comfort of their homes. Those who qualified were referred to respective ESG CV2 funded Homeless Prevention or Rapid Re-Housing providers. Although providing the online Neighborly access during the "high demand" for services resulted in 700+ applications for homeless prevention/rapid rehousing services in the first 10 days Neighborly the system went live. Three CE specialists were impacted by a Covid19 further delaying response times. In time, CE specialists were able to process the applications and generate referrals to the appropriate CoC providers. This combination of online Neighborly access, Coordinated Entry, and HMIS referrals to the appropriate providers has been a very valuable addition to our Continuum's capacity to respond and follow up on those whose homelessness can be prevented or who become homeless in our catchment area, resulting in their experiencing few nights of homelessness.

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.	10/01/2021
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.	10/01/2021

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.	
---------------	---	--

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's needs assessment is often derived in advance based on HUD's priority initiatives and data trends that have been collected within the CoC from active community partners and leaders. The CoC has adopted written standards that prioritize domestic violence, households with children, c homeless with chronic health issues, unaccompanied youth, and adults 62 years and older. Studies have shown that directing resources to these populations have higher returns on investment and saves in taxpayer dollars.

(2) The feedback collected from the 2020 meetings resulted in the following vulnerabilities: chronic homeless with severe issues, severe mental illness, length of time on the streets, and abuse and victimization. CoC takes these vulnerabilities into account during the notice of funding, ranking and selection process when reviewing project narratives. In addition, the CoC rubric includes a 'Housing First-Low Barrier' questionnaire which must be answered, and the questionnaire provides 30 percent of the overall score. Extra points were given for projects that committed to serving LGBT. Favorable success during the ranking process tips towards the applicants that address the need outlined in the RFP notice. Applications, where budgets spend more on direct client services such as leasing and less on the grant for supportive services such as salaries because those salaries are leveraged from other private resources are more favored. This strategy ensures that more dollars are available to serve more persons in need.

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)

The CoC selected five reviewers to solicit input regarding the rating factors used to review project applications. Two members of the selection committee were persons of color and serve in community outreach and housing development roles. Three members of the selection committee were representative of the larger, Caucasian population, including one with a lived experience of homelessness.

These same five people were part of the review, selection, and ranking process of new and renewal project applications. 40% (2) of the reviewers were African

American and 60% (3) of the committee members were Caucasian. In comparison, to program participants enrolled in the three CoC-funded PSH projects, 53% of participants were Caucasian and 47% of participants were African American. The CoC utilized the CoC APR within the HMIS to evaluate unduplicated program participants enrolled in homeless programs through the continuum. 41% of program participants were Caucasian and 50% of program participants were African American. Based on the report and chosen selection committee, it was determined that the selection process to determine the promotion of racial equity was comparable to program participants throughout the CoC.

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) Voluntary Reallocation, any current CoC grantee can voluntarily reallocate its existing project by reducing the project's annual renewal demand either in whole or in part. Any grantee wishing to reallocate funds must notify Opening Doors within the timeline outlined in the notification competition process. Upon notification of the intent to reallocate, Opening Doors will notify the community that new funding is available, specifying the amount available and the type of projects that can be considered. 2. Involuntary Reallocation, the CoC has set a threshold score of 80% for acceptance in the CoC competition during the ranking and review process. If a project is identified as being low performing by scoring poorly during the CoC ranking and review process, has unsatisfactory project performance measures, does not align with CoC priorities, and/or has a pattern of not meeting expenditure timelines, the Collaborative Applicant will contact the Project Applicant to discuss voluntary reallocation. If the Project Applicant does not wish to voluntarily reallocate, the CoC Board may vote to reallocate the project completely or provide the Project Applicant with a project improvement plan. If the project applicant has not made significant changes to improve its performance or meet set targets in the agreed-upon timeframe, the CoC reserves the right to reallocate funding, either in whole or in part, and make it available through a competitive process in the next CoC Competition.

(2) The CoC did not place any project in the Reallocation process
 (3) the CoC did not reallocate any low performing or less needed projects during this cycle
 (4) the renewal projects met the performance standards and therefore were not slated for reallocation.
 (5) Published via website

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?	Yes
--	-----

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.	11/12/2021

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.	11/05/2021
---	------------

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.	11/16/2021
--	------------

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
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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

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

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

Select from dropdown menu your CoC’s HMIS coverage area.	Multiple CoCs
--	---------------

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.	05/14/2021
---	------------

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) The only DV provider in the CoC collects data elements found in the HMIS Data Standards. The DV Provider is an ESG funded project. The DV has entered into a formal agreement with the CoC Lead Agency to provide comparable data. The DV participates in Coordinated Entry and identification of documentation of housing services provided to emergency DV victims requiring safe shelter. The CoC's Coordinated Entry process accepts calls from victims directly or referrals from the DV provider, and makes appropriate safe referrals, following Department of Children and Families protocols on confidentiality. DV provides monthly reports to the Lead Agency.

(2) There are no HUD-funded DV projects in the CoC. The DV provider participates in the annual PIT.

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	159	55	93	89.42%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	134	0	56	41.79%
4. Rapid Re-Housing (RRH) beds	53	0	53	100.00%
5. Permanent Supportive Housing	203	0	203	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

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)

TH - Two new transitional housing providers have been added to HMIS in 2021 after the reporting period for HIC. Grace and Mercy Community Outreach is actively participating in HMIS adding 36 transitional housing beds. Re-Entry Alliance of Pensacola will add 42 new beds in HMIS starting in November 2021. These additional 78 beds bring the bed coverage rate up to 100%. Additional outreach is in progress to bring other non-participating transitional housing agencies onto HMIS.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
---------------	---	--

NOFO Section VII.B.3.c.

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
---	---------

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) & (2) Steps were taken immediately following the HIC inventory closure in 2021. The steps taken included adding 2 TH providers from non-participating to participating. One provider has already joined (42 beds). Their participation came after the deadline of HIC and could not be counted. The other provider (36beds)will require HMIS tech assistance. There were a total of 78 TH beds that will be added bringing the participation rate to. This reduction brought the percentage rate down to 67%. HMIS agreements should be completed over the next 100%.

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
---	-----

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- 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

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
---	-----

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
--	-----

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:

- 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

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

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

(limit 2,000 characters)

- (1) The CoC utilizes a HUD TA from FI Housing Coalition for periodic training and guidance. The TA provides the CoC with the latest guidance from HUD. Written standards are updated based on TA recommendations and they guide priorities to address presenting needs. Call record reports from the 211 and from the CE System help us to determine populations most at risk as well as information collected in collaborations with partner agencies, (legal services, government, faith-based, mental health and wellness, and sub-providers). Planning meetings over the years have led to the following factors: Youth, Families with children, Individuals (62+), DV victims, and those with chronic health conditions.
- (2) The HMIS is an open system that has 12 CoCs participating from Alabama to Tallahassee FL. The CoC has providers for ESG, TANF, SSVF, CDBG, CSBG, EFSP, and LIHEAP, and other state and local government sources which are used to address the needs. Referrals are made to the agency that can meet the need. A service history, a call record, as well as the reason for the crisis, are documented in HMIs. The CE works to ensure that any risk is addressed as quickly as possible and that episodes of homelessness are rare, brief, and non-reoccurring.
- (3) Opening Doors Northwest Florida is the organization responsible for overseeing the strategy to reduce the number of individuals and families experiencing homelessness for the first time) Individuals and families are triaged to determine their needs, and then referred to homeless prevention programs or diverted away from the system.

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 CoC utilizes 8 strategies. 1. CE requires a 7-day window for client documentation readiness, 2. Virtual habitability inspections mitigate time delays for a housing inspection. 3. The CoC provides landlord incentives. 4. Diversion and Rapid -Resolution approach helps the clients to rethink housing solutions that move them away from deeper CE services. 5. Housing Navigators work to build relationships with realtors, landlords, property managers, and the client to achieve housing choice; 6. Neighborly (external access software) collects eligibility information with 24-hour remote access from any mobile or computer device; 7 the CoC partners with FL Finance Corp. to identify LIHTC units, the Santa Rosa LEA for TBRA referrals, EHV with the City of Pensacola, and ESG Subs for Rapid Rehousing and Homeless Prevention under housing relocation and stabilization services. 8 the CoC is engaging the LOTUS Campaign to work with landlords to provide guarantees that are not landlord incentives but leverages the CoC and Landlord relationship thru promises to repair and support timely case manager involvement.

(2) The CoC utilizes an Art Report in HMIS called 700.1B “Length of Time Persons Homeless” to identify two measurement points: the approximate date homelessness started and the length of time homeless during a specific period. To prioritize housing placement, households are scheduled for the coordinated entry and vulnerability assessment. Households receive a vulnerability score and are placed on a housing waitlist based on acuity level. Households that are document-ready and who have medium-to-high acuity are prioritized for services. Applicants that are deemed low acuity and receive no recommendation for housing intervention are diverted to external assistance to self-resolve.

(3) The CoC lead agency, Opening Doors Northwest Florida oversees the strategy.

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)Case managers provide follow-up housing stabilization case management to clients who have been rapidly rehoused and refer them to mainstream resources to help increase household income and assist in exiting to permanent housing destinations. The CoC plans to decentralize CE to allow clients to

access services through multiple entry points. The CoC utilized ESG-CV to support 3 sub-providers to co-locate two projects Emg. Shelter and RRH under the same agency, eliminating the need for additional referrals to another agency, ensuring continuity of services, and reducing the wait times for households to permanent housing destinations. The CoC and ESG CV Sub awardee have extensive relationships with realtors and property managers which increases permanent housing destinations. The CoC also plans to implement a revolving housing units list to provide clients with available housing options in real-time. In addition, the CoC's partnership with the University of West Florida's social work department has allowed the CoC to increase capacity with the addition of social work interns and offer additional support to subcontractors, thereby increasing the number of clients able to be served and reducing wait times.

(2) Case managers provide up to 6 months of follow-up case management which includes referring clients to mainstream resources, helping clients access local, state, and federal benefits, and educating clients regarding life skills education to include tenant rights & responsibilities, budgeting, etc.

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) HMIS system performance reports are run monthly to identify individuals and families who have returned to homelessness within two years of exiting a permanent housing situation. Additionally, at the time of CE project enrollment, a household's prior project enrollments and service records are reviewed to determine if they have returned to an unhoused living situation after receiving rehousing or prevention assistance. Clients that meet one of the five priority categories for the CoC are prioritized for homeless assistance.

(2) The CoCs strategy to reduce returns to homelessness includes 1. landlord mediation and court eviction diversions, 2. development of budgeting and savings plans, 3. referrals to workforce development and education programs, 4. connections to other mainstream resources that emphasize an increase in earned and unearned income, and 5. additional rental assistance. This CoC strategy includes linking clients among community partners to maintain housing stability. Housing stability case managers play a key role in engaging with program participants for interim assessments every 30, 90, and 180 days and an annual assessment is performed at the cessation of financial assistance.

(3) Opening Doors Northwest Florida is the organization responsible for overseeing a strategy to reduce the rate of individuals and persons in families returning 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) The goal of the CoC is to refer citizens that can work to the appropriate program for education and skills development needed to obtain employment and increase income over time. The CoC has bridged partnerships with multiple agencies to refer citizens experiencing homelessness to increase employment income. These partnerships focus on providing access to employment opportunities with private employers and private employment organizations. CareerSource Escarosa, a member of the COC, functions to support employers, both private and public, and offers training grants for individuals as well as private organizations. The CoC has a connection with Pensacola State College, George Stone Technical Center and Locklin Technical College, which have employment and certification programs in HVAC, the personal care service industry, culinary arts, and health care careers with tuition waived for homeless students. The partnerships also involve partnering with staffing agencies such as Landrum, Manpower, and Kelly Services.

(2) The mainstream local workforce development agency, CareerSource Escarosa is a part of the CoC. This collaboration has given the CoC access to multiple employment programs that provide meaningful education, on-the-job training, internships, and employment opportunities for program participants across the CoC geographic coverage area of Escambia and Santa Rosa Counties. Citizens experiencing homelessness or who are at imminent risk also gain access to the Welfare Transition Program, which is a progressive program to assist qualified participants with ceasing the need for Temporary Assistance for Needy Families (TANF) and Supplemental Nutritional Assistance Program (SNAP) and entering the workforce.

(3) CareerSource Escarosa oversees the CoC's strategy through working with the Greater Pensacola Chamber of Commerce Workforce Development Committee and adhering to the intentional plans put forth in the WIOA Local Workforce Development Plan for Region 1.

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

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

(limit 2,000 characters)

(1)The CoC promotes participation in local job fairs hosted by the local state college and local workforce development agency. The CoC maintains a listing of local businesses and staffing agencies that will hire persons with a criminal history. The CoC actively has a workforce development subcommittee as part of

the Homeless Reduction Task Force which includes representatives from the local workforce development agency and other staffing agencies.
(2) The collaboration with CareerSource Escarosa has given the CoC access to multiple employment programs that provide meaningful education, on-the-job training, internships, and employment opportunities for program participants across the CoC geographic coverage area of Escambia and Santa Rosa Counties. The CoC has a connection with Pensacola State College, George Stone Technical Center and Locklin Technical College, which has employment and certification programs in HVAC, the personal care service industry, culinary arts, and health care careers with tuition waived for homeless students.

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) CoC's strategy includes connecting eligible clients who are experiencing homelessness or are at imminent risk -and- have serious mental health, medical health, and/or co-occurring substance abuse disorder to service providers that assist with non-employment cash income. The goal of the CoC is to ensure that organizations providing homeless services and housing programs are well-informed about this available resource. For example, a SOAR case manager was a spotlight speaker during a CoC Membership Meeting. Multiple agencies within the CoC have employed a SOAR case manager that is able to complete SSI/SSDI applications or assist eligible applicants with appeals.
(2) A strategy to increase access will be for the CoC to award bonus points to ESG recipients who have all case managers SOAR qualified. The CoC CE connects clients with SOAR case managers (Lakeview Center, 90Works, Faithworks, Fearless Outreach, Humana, and Opening Doors NWFL) for those that are prescreened and determined to have prequalification for SSI benefits. The CE connects veterans with the VA homeless liaison for eligible veterans to access VA benefits. The CoC provides assistance for clients to access stimulus funds, as well as complete IRS tax returns.
(3) The CoC Lead Agency, Opening Doors NWFL, is responsible for overseeing this strategy.

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
---	-----

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

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.)?	Yes
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
Cottages at Bloun...	PSH	6	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Cottages at Blount Street

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 6

4. Select the type of leverage: Healthcare

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)

N/A

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
--	----

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

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

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

(limit 2,000 characters)

N/A

4A. DV Bonus Application

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

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

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

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	11/15/2021
1C-7. PHA Homeless Preference	No	PHA	11/16/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	NOFO Announcement	11/13/2021
1E-2. Project Review and Selection Process	Yes	Ranking and Scoring	11/16/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Project Rejected	11/16/2021
1E-5a. Public Posting—Projects Accepted	Yes	Projects Accepted	11/16/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Agreem...	11/15/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA

Attachment Details

Document Description:

Attachment Details

Document Description: NOFO Announcement

Attachment Details

Document Description: Ranking and Scoring

Attachment Details

Document Description: Project Rejected

Attachment Details

Document Description: Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Agreement

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/15/2021
1B. Inclusive Structure	11/16/2021
1C. Coordination	Please Complete
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/16/2021
1E. Project Review/Ranking	11/16/2021
2A. HMIS Implementation	11/16/2021
2B. Point-in-Time (PIT) Count	11/03/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/14/2021
3B. Rehabilitation/New Construction Costs	09/15/2021

FY2021 CoC Application	Page 53	11/16/2021
------------------------	---------	------------





3C. Serving Homeless Under Other Federal Statutes	10/28/2021
4A. DV Bonus Application	10/28/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Entry/Exit Data

 Note: If you change the provider selected it may cause the Assessments to adjust for the new Provider's Entry/Exit Assessment defaults. Any information saved to the previous Assessment will still be attached to that Assessment record for the Client.

Provider *	FL511 - Opening Doors Coordinated Assessment (4217)
Type *	HUD

Household Members Associated with this Entry / Exit

	Name	Head of Household	Project Start Date	Exit Date	Interims	Follow Ups	Reason for Leaving	Destination	Notes
 	(96) Adult, Test		11/11/2021						

Showing 1-1 of 1

Entry Assessment

Select an Assessment

- VI-SPDAT 2.0
- VI-FSPDAT 2.0
- Opening Doors - HUD CoC & ESG Entry All Other Projects (2022)**


Household Members

- (96) Adult, Test
Age: 24
Veteran: No (HUD)

Household Data Sharing



Client: (96) Adult, Test

Opening Doors - HUD CoC & ESG Entry All Other Projects (2022)

Entry Date: 11/11/2021 11:36:56 AM 

Opening Doors Referral Source	 Neighborly
Opening Doors Referral Agency	
Opening Doors Service Request	 Rental Deposit Assistance
Opening Doors Program Component	 Rapid Rehousing

Demographic Information

Date of Birth	 11/11/1997
Date of Birth Type	 Full DOB Reported (HUD)
Gender	 Male
Primary Race	 Black, African American, or African (HUD)

Secondary Race	
Ethnicity	Non-Hispanic/Non-Latin(a)(o)(x) (HUD)
Client Contact Information	
Address (most recent Permanent Address)	1020 N New Warrington Rd
Best Place to Find Client	Underneath I-110 Bridge
Current ZIP	32506
Current City	Pensacola
Current County	Escambia
Current State	Florida
Telephone Number	8501111111
Client Email Address	N/A
Emergency Contact Information	
Emergency Contact Name and Address:	Kris Kringle 1111 Mobile Hwy Pensacola, FL 32506
Emergency Contact Relationship to Head of Household:	Friend
Emergency Contact Phone Number:	8502222222
Household Dynamics	
Current Household Type	Household without children
Relationship to Head of Household	Self (head of household)
Domestic Violence Information	
Domestic Violence Victim/Survivor	Yes (HUD)
If yes for Domestic violence victim/survivor, when experience occurred	From six to twelve months ago (HUD)
If yes for Domestic Violence Victim/Survivor, are you currently fleeing?	No (HUD)
Living Situation	
Client Location CoC Code	FL-511
Prior Living Situation	Place not meant for habitation (HUD)
Length of Stay in Previous Place	90 days or more, but less than one year
Approximate date homelessness started:	05/09/2021
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	One time (HUD)
Total number of months homeless on the street, in ES or SH in the past three years	6

HUD Verifications: Complete all sub-assessments and stand alone questions before preceding to the next section.

Disability Status

Does the client have a disabling condition? Yes (HUD)

Disabilities HUD Verification

Disability Type	Disability determination	Start Date *
Physical (HUD)	No (HUD)	11/11/2021
Mental Health Disorder (HUD)	No (HUD)	11/11/2021
Drug Use Disorder (HUD)	No (HUD)	11/11/2021
HIV/AIDS (HUD)	No (HUD)	11/11/2021
Developmental (HUD)	No (HUD)	11/11/2021

Showing 1-5 of 8

Income Status

Income from Any Source Yes (HUD)

Monthly Income HUD Verification

Monthly Amount	Source of Income *	Receiving Income Source?	Start Date *	End Date
	VA Service Connected Disability Compensation (HUD)	No	11/11/2021	
	Worker's Compensation (HUD)	No	11/11/2021	
	VA Non-Service Connected Disability Pension (HUD)	No	11/11/2021	
	Unemployment Insurance (HUD)	No	11/11/2021	
	TANF (HUD)	No	11/11/2021	

Showing 1-5 of 15

Total Monthly Income 300

Non-Cash Benefits

Non-cash benefit from any source No (HUD)


Non-Cash Benefits HUD Verification

Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?	Start Date *	End Date
	TANF Child Care Services (HUD)	No	11/11/2021	
	Special Supplemental Nutrition Program for WIC (HUD)	No	11/11/2021	
	TANF Transportation Services	No	11/11/2021	

	(HUD)			
	Other TANF-Funded Services (HUD)	No	11/11/2021	
	Other Source (HUD)	No	11/11/2021	
Showing 1-5 of 6				

Health Insurance


Covered by Health Insurance	<input type="checkbox"/> No (HUD)
Insurance Provider	<input type="checkbox"/> N/A
What is your health insurance Member ID?	

 **Health Insurance** **HUD Verification**

Start Date *	Health Insurance Type	Covered?	End Date
11/11/2021	Private Pay Health Insurance	No	
11/11/2021	Indian Health Services Program	No	
11/11/2021	Other	No	
11/11/2021	State Health Insurance for Adults	No	
11/11/2021	Veteran's Administration (VA) Medical Services	No	


Showing 1-5 of 10

Project REACH Section

 **Project REACH Student Information**

Start Date *	End Date


Coordinated Entry Section

 **Current Living Situation**

Start Date *	End Date	Information Date	Current Living Situation
11/11/2021		11/11/2021	Place not meant for habitation (HUD)

Showing 1-1 of 1

Date of Engagement

 **Coordinated Entry Assessment**

Date of Assessment *	End Date	Assessment Location	Assessment Type	Assessment Level	Prioritization Status
11/11/2021		FL-511	In Person	Housing Needs Assessment	Placed on Prioritization List

Showing 1-1 of 1

 **Coordinated Entry Event**

Start Date *	Date of Event *	Event *	Referral Result	Date of Result
11/11/2021	11/11/2021	Referral to RRH project resource opening	Successful referral: client accepted	11/11/2021

Showing 1-1 of 1

CoC Projects Only

Client perceives their life has value and worth.	<input type="checkbox"/> Somewhat agree
Client perceives they have support from others who will listen to problems.	<input type="checkbox"/> Strongly disagree
Client perceives they have a tendency to bounce back after hard times.	<input type="checkbox"/> Somewhat disagree
Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.	<input type="checkbox"/> At least every day
Current school enrollment and attendance	<input type="checkbox"/> Not currently enrolled in any school or educational course
Most Recent Educational Status	<input type="checkbox"/> K12: Obtained GED
General Health Status	<input type="checkbox"/> Fair

Answer the following question if the client has moved into permanent housing. FOR ALL PH and RRH PROJECTS: Answer this question in an interim review.

Housing Move-in Date

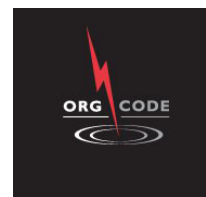
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

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? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

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? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N 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? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be 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? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N 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? Y N 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? Y N Refused

IF "NO," THEN 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? Y N Refused

IF "NO," THEN 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? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N 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? Y N Refused
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? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN 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? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N 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? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N 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? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

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

SINGLE ADULTS

AMERICAN VERSION 2.01

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N 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? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

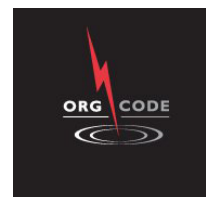
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid white; width: 40px; height: 20px; margin: 0 auto;"></div>

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children’s names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER”, “TRANSITIONAL HOUSING”, OR “SAFE HAVEN”, THEN SCORE 1. **SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? ___ Refused
- b) Taken an ambulance to the hospital? ___ Refused
- c) Been hospitalized as an inpatient? ___ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ___ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ___ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ___ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. **SCORE:**

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. **SCORE:**

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Y N Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? **Y** **N** Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? **Y** **N** Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

17. Is everyone in your family 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? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? **Y** **N** Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? **Y** **N** Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** **N** Refused

21. 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 or anyone in your family? **Y** **N** Refused

22. Does anyone in your family 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? **Y** **N** Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. **SCORE:**

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

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Y N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family 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? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Y N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. *YES OR NO:* Has your family's 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 or anyone in your family have experienced? Y N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? **Y** N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? **Y** N Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y **N** Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? **Y** N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).



Applicant Checklist – What will you need to have on the day of your appointment?

- Copy of Lease Agreement (signed within the past 12 months)
 - Notarized statement from Landlord (**ask for form at scheduling window**)
 - Copy of Mortgage statement
 - Copy of recent rent increase
- Late Notice
 - Must show balance owed as per the month of your appointment
 - Must include balance breakdown (base rent, late fees, additional surcharges)
- Copy of past due utility bills (i.e., water, gas, electric)
 - Disconnect Notice (in addition, if pending disconnection)
- Personal Identification Documentation (**All 3 Forms**)
 - Valid, State Identification Card or Driver's License (household members age 18+)
 - Social Security Cards (All household members)
 - Birth Certificates (all children)
- Proof of Current Income– **All that apply**
 - Alimony or Other Spousal Support [Most Recent Award Letter]
 - Child Support [Most Recent Case History Report]
 - Earned Income (**most current consecutive FOUR weeks' = 2 biweekly, 4 weekly wage stubs**)
 - General Assistance
 - Other
 - Pension or retirement income from another job
 - Private Disability Insurance
 - Retirement Income from Social Security [YTD Award Letter]
 - Social Security Disability Income (SSDI) [YTD Award Letter]
 - SSI (Supplemental Security Income) [YTD Award Letter]
 - TANF [MTD Award Letter]
 - Unemployment Insurance
 - VA Non-Service Connected Disability Pension
 - VA Service Connected Disability Compensation
 - Worker's Compensation
- Proof of Non-Cash Benefits – (**Most Recent**)
 - Food Stamp (printout)
 - Medicaid (member ID Card)
 - WIC Cards (transaction statement)
- Income Tax Information (**Required for applicant and spouse, if applicable**)
 - Provide copies of Page 1 and 2 of 2019 Tax Return (January – June 2020)
- Proof of Assets (**Required**)
 - Copies of bank statements and transaction history from all bank accounts for the last 30 days.



Opening Doors Northwest Florida
Coordinated Entry
1020 N. New Warrington Road
Pensacola, FL 32506
(850).439.3009 (Main) • (850).436.4656 (Fax)

Applicant Information Homeless Assistance

Full Name: _____ Date: _____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

PLEASE CHECK ALL THAT APPLY

- Housing**
- Emergency Shelter**
- State ID Card**
- Birth Certificate**
- Child Care**
- Other:** _____

Income

Indicate all sources and dollar amounts for the sources that apply:

- Earned Income (gross): _____
- SSI and/or SSDI: _____
- VA Non-Service Connected Disability Pension: _____
- Retirement Income from Social Security: _____
- Pension or Retirement Income from former job: _____
- Child Support: _____
- Unemployment Insurance: _____
- VA Service Connected Disability Compensation: _____
- TANF (Cash Assistance): _____
- Other: _____
- Alimony: _____
- Food Stamps: _____

Are you covered by Health Insurance? Yes No If yes, continue below.
Who is your insurance carrier? WellCare/Staywell Humana Lighthouse Sunshine Health/DentaQuest
What is your MemberID: _____ Other

Agency Contact

Please list recent agency visits or telephone contacts (applicant must complete this section)

Agency #1

Staff Name: _____ Title: _____
Company: _____ Phone: _____
Contact Result: _____ Visit Date: _____

Agency Contact

Agency #2

Staff Name: _____ Title: _____

Company: _____ Phone: _____

Contact Result: _____ Visit Date: _____

Agency #3

Staff Name: _____ Title: _____

Company: _____ Phone: _____

Contact Result: _____ Visit Date: _____

Living Situation

Household Type: Household w/ at least 1 adult and 1 child Household w/adults only Unaccompanied Youth
How many adults in the household? _____ How many children in the household? _____

What was your current living situation?

- Place not meant for human habitation
- Hotel/Motel (No Voucher)
- Permanent Supportive Housing
- Rent (No Subsidy)
- Own Home (No Subsidy)
- Hospital/ER
- Staying w/Friend
- Emergency Shelter (inc. Hotel Voucher)
- Transitional Housing
- Jail/Prison
- Rent (Subsidized)
- Own Home (Subsidy)
- Psychiatric Facility
- Staying w/Family
- Safe Haven
- Rent (VASH voucher)
- Foster Care

Length of stay in current place?

- 1 day or less
- 2 days to 1 week
- More than 1 week, less than 1 month
- 1 to 3 months
- More than 90 days, but less than 1 year
- 1 year or longer
- Don't know
- Refused

Are you currently fleeing Domestic Violence? Yes No If yes, when did the experience occur: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Agency Contacts and Employer information is verified by Opening Doors Northwest Florida. I understand that false or misleading information in my application or interview may result in case denial.

Signature: _____ Date: _____



**RELEASE OF INFORMATION (ROI)
FL-511 Continuum of Care
Program Management Information System of the Southeast (PromisSE)**

Head of Household (HOH):

First Name _____ MI _____ Last Name _____

	Name	Relation To HOH	DOB	SSN	Gen	Race	Hisp/ Lat Y/N	Disability Y/N	Vet Y/N
1		HOH							
2									
3									
4									
5									
6									

* The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary under this record-keeping system. This system was authorized pursuant to directives from Congress and the Department of Housing and Urban Development (HUD). The Social Security number is used to verify identity, assure timely delivery of services, prevent duplication of services, and generate accurate required reports to HUD.

The PromisSE is a shared, computerized record keeping system that captures information about people experiencing homelessness or near homelessness, including their service needs. Opening Doors Northwest Florida is participating in PromisSE that collects information on clients served by its member agencies and the services they provide.

I understand that all information gathered about me is personal and private and that I do not have to share information collected in PromisSE. It has been explained to me that all information collected will serve for reporting purposes and as a precaution to prevent duplication of services to ineligible individuals and families. I have had an opportunity to ask questions about PromisSE and to review the identifying information, which is authorized by this release for the PromisSE Member Agencies to share. I also understand that information about non-confidential services provided to me by human service agencies in the CoC may be shared with other participating PromisSE agencies. This Release of Information will remain in effect for 5 (five) years and will expire on ____/____/2025 unless I make a formal request to this Agency that I no longer wish to participate in PromisSE.

Upon a life-threatening emergency or death, my System information will be used for identification purposes. Upon written consent, a community partner that is a non-System participating agency, including many state or local service agencies can utilize your System information to provide additional services. **This is dependent upon the receipt of a signed document verifying your consent to release your information to a Community Partner.**

Based on the above information, I authorize CoC FL-511, as a PromisSE Member Agency, to share my information between all participating PromisSE agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above.

Primary Client's Printed Name

Agency Staff Printed Name

Primary Client's Signature

Agency Staff Signature

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Explanation of Crisis:

Please explain your hardship. 1) what factors caused your current situation? 2) What steps have you taken to relieve your crisis?

Financial Know-How Class Notice of Attendance

I, _____ understand that to receive assistance from Opening Doors NWFL, I must attend the FINANCIAL KNOW HOW class. Attendance in this course is mandatory in order for case processing. Failure to attend this course may delay case processing.

Your class date is: _____ Time: _____

Notice of No Guarantee

I, _____, understand that the time, effort, and attendance of any class at Opening Doors Northwest Florida, Inc., does not guarantee that I will receive any assistance. By signing this form, I certify that I was made aware of the following:

- A. Opening Doors Northwest Florida does not guarantee or promise any assistance prior to case determination.
- B. Case decisions are based on income eligibility, HUD Rules and Regulations, and funding availability.
- C. Available funding is limited. All applicants are advised to continue seeking assistance through alternative means.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____



HOMELESS CERTIFICATION (SO/ES/TH/RRH Programs)

Applicant Name: _____

- Household without dependent children (complete one form for each adult in the household)
- Household with dependent children (complete one form for household)
Number of persons in the household: _____

This is to certify that the applicant and/or household is currently homeless based on the selected living situation, source documentation, and signature indicating their current living situation. By checking the box below, the individual is certifying that he/she has insufficient financial resources and support networks; (family, friends, faith-based or other social networks) immediately available to obtain housing or attain housing stability without assistance. He/she further certifies that the information below and any other information provided in applying for assistance is true, accurate and complete.

Check only one box and complete only that section

- I (and my children) am/are currently homeless and living on the street (i.e. a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground. **(Outreach Worker must photograph applicant) (Challenge/ESG FUNDING ELIGIBLE)**
- I (and my children) am/are currently living in a supervised publicly or privately operated Emergency Shelter or living in a Hotel/Motel that is being paid for by another agency. **(Must present shelter referral). (Challenge/ESG FUNDING ELIGIBLE)**
- I (and my children) am/are fleeing or attempting to flee domestic violence; have no other residence; and lack the resources or support network to obtain other permanent housing. **(Safe Haven referral or LEO report required). (Challenge/ESG FUNDING ELIGIBLE)**
- I (and my children) am/are exiting an institution (hospital or other institution) and was living an Emergency Shelter or was living in a place not meant for human habitation immediately prior to admission. **(ESG ONLY ELIGIBLE)**
- I (and my children) am/are currently living in a transitional housing program for persons who are homeless. **(Must present transitional housing provider referral). (Challenge/ESG FUNDING ELIGIBLE)**
- I (and my children) am/are currently sharing housing of other persons due to loss of housing, economic hardship, or a similar reason. **(Notarized Statement required). (CHALLENGE/ESG ELIGIBLE)**
 - Name/relationship of Person sharing housing with:

- I (and my children) am/are currently living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative adequate accommodations. **(CHALLENGE ONLY ELIGIBLE)**
- I (and my children) am/are a migratory individual who qualifies as homeless because he or she is living in one of the above circumstances. **(CHALLENGE ONLY ELIGIBLE)**

Applicant Signature: _____ Date: _____

STAFF/INTAKE WORKER OBSERVATION VERIFICATION:

- The Case Manager or Intake Staff certifies that the applicant’s living situation was verified through verbal or visual observation (i.e., photographed) or a referral from a shelter/housing provider where the applicant is participating in services for homeless persons. The applicant is deemed eligible for _____ assistance.

Staff Signature: _____ Date: _____

Employment Verification Form

As per the U.S. Department of Housing and Urban Development (HUD), in order to determine eligibility for federal financial assistance, Opening Doors Northwest Florida must receive copies of the **most current consecutive FOUR weeks'** pay stubs or this form, completed by the employer, as documentation of a new job or if paystubs are not issued.

SECTION I – GENERAL INFORMATION: (To be completed by employer)

- Employee Name: _____ SS# _____
Employee Address: _____
- Type of work performed by employee: _____ Employment began: _____
- Number of hours worked: Per week: _____ Number of days per week: _____
Work schedule: From: _____ A.M. P.M. To: _____ A.M. P.M.
Days of Work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
- Hourly wage received by employee: _____ Date employment ended: _____
- Employee paid: _____ Weekly Bi-weekly Semi-monthly Monthly Other _____
- Does employee receive tips? Y N If Yes, show tips in Section III
- Is employment year-round? Y N If No, specify # of months: _____

SECTION II – EMPLOYER INFORMATION: (To be completed by employer)

- Employer Name: _____ Title: _____
- Business Name: _____ Phone #: _____
- Business Address: _____

SECTION III – RECORD OF PAY RECEIVED: (To be completed by employer)

- In the space below, list the most current and consecutive **FOUR** weeks of checks or cash received by the employee along with the gross amount paid, hours worked and the date the checks or cash were issued.

DATES OF PAY PERIOD	DATE OF PAYMENT	GROSS EARNINGS	# OF HOURS WORKED	TIPS	NET PAY

- Please explain any unusual gaps or overtime and do you expect them to reoccur?

SECTION IV – EMPLOYER VERIFICATION:

I certify under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the information provided on this form is true and complete to the best of my knowledge. I know if I give false information on purpose, I may be subject to prosecution for fraud.

Employer Signature Title

Employer Name (Print) Date



Homeless Prevention Certification and Participation Agreement

Applicant Name: _____
Address from which Applicant is being evicted: _____

- Individual without dependent children (NOT ELIGIBLE FOR TANF FUNDING)
- Household with dependent children: _____ (Household Size)

This is to certify that the above named individual or household is currently at risk for homelessness based on the information indicated below and signature indicating their current housing status and program eligibility.

***IMPORTANT: THIRD PARTY EVIDENCE, INCLUDING WRITTEN STATEMENTS (B AND C BELOW) MUST BE ATTACHED TO THIS FORM IN ORDER TO CERTIFY AT RISK STATUS.**

Living Situation: Facing Eviction

The person/household named above is currently living in rental housing from which he/she/they is/are being evicted.

*If applicable - ESG assistance provided will not overlap with other federal funding sources.

The individual or family:

1. For **ESG** funding – has income below 30% of median income for the geographic area (see income documentation).
 For **TANF** funding – has income below 200% of poverty limit & at least one child (child must be under 17 or under*).
 For **LIDEAP** funding – has income below 200% of poverty. (Hardship Form eligible for loss of income)
 For **Challenge** funding – has income below 200% of poverty. (*Inactive FY2019-2020*)

AND

2. Lacks sufficient resources to attain housing stability (*e.g. family, friends, faith-based or other social networks immediately available*) to prevent them from moving to an emergency shelter or another place described in Category 1 of the homeless definition.

Evidence of the second eligibility criterion above and at risk factors 1-7 listed below:

- (A) Source documents (e.g. notice of termination from employment, unemployment compensation statement, bank statement, health care bill showing arrears, utility bill showing arrears) **OR**
- (B) To the extent that the source documents are unobtainable, a written statement by the relevant third party (e.g., former employer, public administrator, relative) or written certification by the intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria of the definition of ‘at risk of homelessness’ **OR**
- (C) If source documents and third-party verification are unobtainable, a written statement by intake staff describing the efforts taken to obtain the required evidence.

The person(s) listed above meet one or more of the following risk factors:

1. Has moved frequently because of economic reasons
2. Is living in the home of another because of economic hardship
3. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application
4. Lives in a hotel or motel; “and the cost of the hotel or motel is not paid for by federal, state, or local government programs for low-income individuals or by charitable organizations”
5. Lives in severely overcrowded housing; (in a single-room occupancy or efficiency apartment unit in which more than two persons, on average reside or another type of housing in which there reside more than 1.5 persons per room as defined by the US Census Bureau)
6. Is exiting a publicly funded institution; or system of care, (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution)
7. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness

Applicant Signature: _____ Date: _____

(Staff/Intake worker observation verification)

I have observed the following conditions which serve as evidence related to the applicant’s living situation, income eligibility, and available resources. Due to the following factors, I certify this applicant’s eligibility for _____ assistance:

Staff Signature: _____ Date: _____

TANF eligible if 18-year-old is enrolled in school

**AGREEMENT FOR SERVICES
BETWEEN
CITY OF PENSACOLA AND
OPENING DOORS NORTHWEST FLORIDA (NWFL), INC.**

THIS AGREEMENT is made and entered by and between the City of Pensacola Housing Department ("City"), a municipal corporation of the State of Florida, located at 222 W. Main Street, Pensacola, Florida 32502, and Opening Doors Northwest Florida (NWFL), Inc., ("Sub recipient") a non-profit corporation authorized to do business in the State of Florida (EIN # 59-2909065), located at 1020 West New Warrington Road, Pensacola, Florida 32505. For purposes of this agreement, the City of Pensacola Housing Department will serve as the pass through entity for the Emergency Housing Voucher Program Service Fee funds and Opening Doors Northwest Florida, Inc. (NWFL) will be the sub recipient of the Service Fee funds to assist the City with the Emergency Housing Voucher Program implementation.

WITNESSETH:

WHEREAS, the City Housing Department currently administers the Housing Choice Voucher Program (CFDA #14.871) through an existing Consolidated Annual Contributions Contract and has been awarded tenant based rental assistance vouchers, Emergency Housing Vouchers (EHV), through the American Rescue Plan Act (ARPA), to provide rental assistance to qualifying applicants to address the continued impact of the coronavirus;

WHEREAS, said vouchers will be used to house individuals and families who are homeless; at risk of homelessness; fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking; or recently homeless; and

WHEREAS, said award requires that the City enter into a partnership with the local Continuum of Care to administer the program; and

WHEREAS, Opening Doors Northwest Florida, Inc., (NWFL), serves as the lead agency for the Continuum of Care in Escambia and Santa Rosa Counties; and

WHEREAS, the City hereby engages the services of the Sub recipient to provide services necessary for the implementation of the program.

NOW, THEREFORE, in consideration of the mutual covenants, terms and conditions, and promises herein contained, the appropriation and disbursement of funds by the City now or hereafter made, the parties agree as follows:

Section 1. Recitals

The Parties acknowledge and agree that the recitals above are true and correct and are hereby incorporated in this Agreement.

Section 2. Authority to Contract

Recipient acknowledges and agrees that pursuant to the Charter of the City of Pensacola, upon approval of appropriations by City Council, the Mayor is the public official with responsibility and authority to administer and enforce the provisions of this Agreement and that the Mayor may do so through such designees as he may deem appropriate. For the purposes of making disbursements, reviewing performance, acquiring information, performing audits, and such other tasks as may be deemed appropriate, the Mayor hereby designates the Housing Director of the City and such members of the City's staff as he may appoint, to fulfill the responsibilities of administration of this Agreement.

Section 3. Term and Termination

This Agreement shall be effective for a period beginning the 1st day of the month of the effective date and shall terminate on the 30th day after September 30, 2023, unless earlier terminated with or without cause by either party giving thirty (30) days prior written notice of such termination.

Notwithstanding anything herein to the contrary, if the Sub recipient should fail to satisfactorily perform its duties as herein set forth, or in the event that funds fail to be or cease to be provided to the City, the City may immediately terminate this Agreement and shall reimburse payments that were expended through the effective date of termination. Said termination shall be in accordance with provisions of 2 C.F.R. §§ 200.339-340, as applicable.

Section 4. Scope of Services

The Sub recipient agrees to perform all work and services described in, and in accordance with, the Agreement Documents and specifically described in Exhibit A, Scope of Services, to provide referral and support services to individuals and families who meet the program criteria as specified by the U.S. Department of Housing and Urban Development.

Section 5. Compliance with Law

The Sub recipient shall comply with all applicable federal, state, and local laws, ordinances, rules, and regulations pertaining to the performance of this Agreement.

Section 6. Compensation

The City agrees to pay an amount not to exceed \$122,500 solely from available EHV Program Service Fee funds to implement the eligible program activities in accordance with the Agreement Documents. The Sub recipient shall expend the funds allocated to Sub recipient under this Agreement solely for the purposes contemplated herein in Exhibit A, Scope of Services. The City shall pay this amount over the term of the Agreement to the Sub recipient for services rendered herein.

Section 7. Reimbursement

Payment will be made on reimbursement basis only and requests for reimbursement must be submitted in the form and with the content prescribed by the City. The City will pay to the Sub

recipient funds available under this Agreement based upon information and documentation submitted by the Sub recipient to the City, so long as such information and documentation is consistent with any approved budget, U. S. Department of Housing and Urban Development regulations, and City policies concerning payments. Payments will be made only for eligible expenses actually incurred by the Sub recipient. Payments may be contingent upon certification of the Recipient's financial management system in accordance with the standards specified under generally accepted accounting principles approved by the City and outlined in 2 C.F.R. Part 200 known as the "Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards," and successors thereto, all of which are hereby referred to and incorporated by reference.

Section 8. Reporting

The Sub recipient shall provide the City with a monthly Financial Statement of all Program activities and expenditures as described in Exhibit A, Scope of Services, of this Agreement. The Sub recipient shall use the report form that has been approved by the City and that appears as Exhibit B, Monthly Financial Report, of this Agreement. The Sub recipient will use this report as the document to request reimbursement for expenditures incurred in the implementation of the EHV Program. Alternate reporting forms may be accepted to the extent the required data is clearly detailed. The financial statement shall be due monthly and shall continue until all information concerning the Program has been received by the City or its designated Agent. The statement is due on the 30th day of each subsequent month. The Sub recipient shall provide the City or its designated Agent with additional information as needed.

Section 9. Accountability

The Sub recipient agrees to maintain personnel, financial, and other records and accounts as are necessary to properly account for all funds expended in performance of this Agreement.

These records and accounts shall be subject at times to inspection, review, or audit for a period of five (5) years following the termination of this Agreement unless said records are the subject of audit or litigation, in which case they shall be retained indefinitely pending resolution of such review. Access to such records shall be provided to the City, the United States Department of Housing and Urban Development, or their representatives, or the Sub recipient shall transfer these records and accounts to the custody of the City.

Section 10. Indemnification

The Sub recipient shall act as an independent contractor, and not as an employee of the City or its designated Agent, in operating the aforementioned service. The Sub recipient shall hold harmless the City, its subsidiaries or affiliates, elected and appointed officials, employees, volunteers, representatives, and agents from any and all claims, suits, actions, damages, liability, and expenses in connection with the loss of life, bodily or personal injury, property damage, including loss of use thereof, directly or indirectly caused by, resulting from, arising out of, or occurring in connection with the performance of this Agreement. The Sub recipient's obligation shall not be limited by, or in any way to, any insurance coverage, or by any provision in or exclusion or omission from any policy of insurance.

Section 11. Nepotism

The Sub recipient agrees to abide by the provisions of §112.3135, Florida Statutes, pertaining to nepotism in the performance of this Agreement, which statute is hereby referred to and incorporated by reference herein.

Section 12. Conflict of Interest

In accordance with 24 C.F.R 982, the Sub recipient, or subcontractors to the Sub recipient who have formulated policy or influenced decisions with respect to the program, may not enter into any contract or arrangement in connection with the HCV program during their tenure with the Sub recipient or for one year thereafter.

Section 13. Civil Rights and Anti-Discrimination

The Sub recipient agrees to abide by the spirit and intent of the Civil Rights Act of 1964, as amended, and the Civil Rights Act of 1968, as amended, in that its operation under this Agreement is free of discrimination against its employees, persons, or groups of persons on the basis of race, color, religion, sex, national origin, pregnancy, age, disability, or familial status, as applicable. Both of the said Civil Rights Acts are hereby referred to and incorporated by reference herein.

All services associated with this Program shall be made available to the public in a non-discriminatory manner. Services and access thereto shall be available without regard to race, color, sex, familial status, disability, religion, or national origin. The Sub recipient accepts sole responsibility for ensuring such non-discriminatory access to the services provided hereunder.

Sub recipient will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, pregnancy, age, or disability. Such action shall include, but not be limited to, the following: employment, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation and selection for training, including apprenticeship. The Sub recipient agrees to post in a conspicuous place notices setting forth the provision of this Equal Employment Opportunity clause.

Section 14 Administrative Requirements

The Sub recipient shall comply with applicable provisions of the administrative requirements described in 24 C.F.R. Part 982 for the tenant-based housing assistance program under Section 8 of the United States Housing Act of 1937 and shall comply with the requirements of 2 C.F.R. Part 200.

Section 15. Procurement

The Sub recipient shall be required to adhere to the procurement standards provided at 2 C.F.R. Part 200, as applicable, or the Sub recipient's written procurement standards provided

that such standards conform to Federal Law and the provisions of 2 C.F.R. Part 200. This shall apply to the purchase of materials, supplies, and equipment. Any purchase or aggregate purchase of \$3,000 - \$149,999 (small purchase within the simplified acquisition threshold) will require a formal bid procedure (including advertising and sealed bids using a firm fixed price). Any purchase or aggregate purchase less than \$3,000 must comply with micro purchase procedures used for procurement.

Section 16. Audit Inspections

The Sub recipient shall have an adequate financial system and internal fiscal controls in accordance with Federal requirements. Sub recipient agrees to maintain such property, personnel, all financial and accounting records, client and other records and documents, papers, maps, photographs, and other materials as are necessary to properly account for all funds expended in performance of this Agreement. Any funds expended in violation of the Agreement shall be refunded in full to the City from non-federal resources, or if this Agreement is still in force, shall be withheld by the City from any subsequent requests for payment.

The Sub recipient agrees to consent to such audits by United States Department of Housing and Urban Development or the City designated independent auditing firm(s) as may be required in relation to this Agreement; to produce all documents required upon request by the City, the United States Department of Housing and Urban Development, or their authorized representatives; and to provide the City (through its designated Agent) with the annual audit of the Program as carried out for the City of Pensacola EHV Program by an independent Certified Public Account. Said audit shall comply with provisions of 2 C.F.R. Part 200, as applicable.

Section 17. Use of E-Verify

In compliance with the provisions of §448.095, Florida Statutes, the parties to this contract and any subcontractors engaged in the performance of this contract hereby certify that they have registered with and shall use the E-Verify system of the United States Department of Homeland Security to verify the work authorization status of all newly hired employees, within the meaning of the statute.

Section 18. Public Records

The parties acknowledge and agree to fulfill all obligations respecting required contract provisions in any contract entered into or amended after July 1, 2016, in full compliance pursuant to Section 119.0701, Florida Statutes, and obligations respecting termination of a contract for failure to provide public access to public records. The parties expressly agree specifically that the contracting parties shall comply with the requirements within Attachment A attached hereto and incorporated by reference.

Section 19. No Waiver

No waiver, alterations, consent or modification of any of the provisions of the Agreement Documents shall be binding unless in writing and signed by the Mayor.

Section 20. Notice

All notices required under this Agreement shall be in writing and shall be given by hand-delivery or by registered or certified U.S. Mail, return receipt requested, addressed to the party at the address indicated herein or to such other address as a party may designate by notice given as herein provided. Notice shall be deemed given on the day on which personally delivered, or if by mail, on the date of actual receipt or courier deposit (pickup) date. Notices shall be addressed to the following:

City of Pensacola

Grover C. Robinson, IV, Mayor
City of Pensacola
222 W. Main Street
P.O. Box 12910
Pensacola, Florida 32502
Phone: 850-435-1604
E-mail: Grobinson@cityofpensacola.com

Sub recipient

Opening Doors Northwest Florida Inc. (NWFL)
John Johnson, Executive Director
1020 W. New Warrington Road
Pensacola, Florida 32506
Phone: 850-439-3009
E-mail: JohnJ@openingdoorsnwfl.org

Section 21. Entire Agreement

This instrument and its attachments constitute the sole and only agreement of the parties relating to the subject matter hereof and correctly set forth the rights, duties, and obligations of each to the other as of its date. No other agreements, oral or otherwise, regarding the subject matter of the Agreement shall be deemed to exist or to bind either Party.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature:

ATTEST:

CITY OF PENSACOLA



Ericka L. Burnett
City Clerk

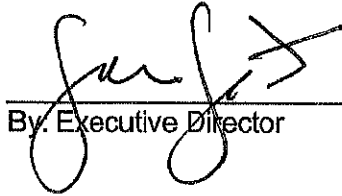
Grover C. Robinson, IV
Mayor

ATTEST:

OPENING DOORS NORTHWEST FLORIDA, INC.



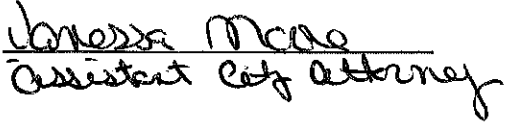
By: Corporate Secretary



By: Executive Director

Legal in form and
Valid as drawn:

Approved as to Substance:



Assistant City Attorney

Marcie Whitaker
Department Director

Exhibit A Scope of Services

I. SCOPE OF SERVICES

The Sub recipient and City of Pensacola Housing Department commit to administer the EHV Program in compliance with all program requirements as described in U.S. Department of Housing and Urban Development Notice PIH 2021-15, Emergency Housing Vouchers – Operating Requirements and in accordance with Title 24 C.F.R Part 982, Section 8 Tenant-Based Assistance: Housing Choice Voucher Program. The Housing Department and Continuum of Care plan to house 95% of the awarded vouchers within the first year of program implementation.

Program Liaisons:

City of Pensacola Housing Department.
Dawn Corrigan
Rental Assistant Program Manager

Continuum of Care, Opening Doors Northwest Florida, Inc. (NWFL)
Martika Baker
Director of Case Management

The City will provide **\$122,500**, in EHV Program Service Fee funds for the Program. The EHV Service Fee funds must be directly spent on programmatic operational expenses and services, to include housing search assistance. The Sub recipient will also be required, at a minimum, to provide monthly reports to the City of clients served, services provided, and fees or housing setup costs paid.

The EHV Program will provide assistance to individuals and families who are homeless; at risk of homelessness; fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking; recently homeless and for whom providing rental assistance will prevent the family's homelessness; or having high risk of housing instability.

The EHV's may be used throughout Escambia County Florida and are eligible for portability. Portability of EHV's shall be accomplished in conformance with U.S. Department of Housing and Urban Development Notice PIH 2021-15, Emergency Housing Vouchers – Operating Requirements and Title 24 C.F.R. Part 982, Section 8 Tenant-Based Assistance: Housing Choice Voucher Program.

II. SUB RECIPIENT INFORMATION

Opening Doors Northwest Florida, Inc. (NWFL)
1020 W. New Warrington Road
Pensacola, FL 32506
Phone: 850-439-3009
Attn: John Johnson, Executive Director

III. SERVICES PROVIDED TO ELIGIBLE EHV FAMILIES

Sub recipient - Opening Doors Northwest Florida, Inc. (NWFL)

1. Sub recipient will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance.
2. Sub recipient will aid household in addressing barriers.
3. Sub recipient will coordinate with the Housing Department to ensure appointment notifications are received and appointments kept by eligible individuals and families.
4. Sub recipient will assist eligible households to obtain and complete documents for participation in the EHV Program.
5. Sub recipient will provide housing search assistance, to include transportation, for eligible individuals and families.
6. Sub recipient will provide counseling on compliance with rental lease requirements.
7. Sub recipient will assist individuals and families with payment of security deposits, utility arrearages, utility deposits, application fees, obtaining identification, and addressing other barriers encountered by the applicants.
8. Sub recipient will assess and refer individuals and families to benefits and supportive services, where applicable.
9. Sub recipient will designate and maintain a lead EHV liaison to communicate with the Housing Department.
10. Sub recipient will refer eligible individuals and families to the Housing Department using the coordinated entry system.
11. Sub recipient will attend EHV participant briefings when needed.
12. Sub recipient will assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.
13. Sub recipient will assure and make available supportive services to the EHV families, where desired.
14. Sub recipient will assist individuals and families with moving expenses when they initially lease a unit, if required.
15. Sub recipient will assist individuals and families with the cost of acquiring essential household items such as tableware, bedding, and basic furnishings.

16. Sub recipient will comply with the provisions of the Agreement.

PHA – City of Pensacola Housing Department

1. The Housing Department will coordinate with the Sub recipient in developing the services and assistance to be offered utilizing the EHV services fees.
2. The Housing Department will accept direct referrals for eligible individuals and families through the Sub recipient's coordinated entry system.
3. The Housing Department will commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.
4. The Housing Department will commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.
5. The Housing Department will designate and maintain a staff member to serve as the lead EHV liaison.
6. The Housing Department will comply with the provisions of the Agreement. A monthly report shall contain a narrative on the progress of the Project and financial statement on expenditures during the reporting period.

IV. PROGRAM EVALUATION

The Housing Department and Sub recipient agree to cooperate with HUD and provide requested data to HUD or to a HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or a HUD-approved contractor, including possible random assignment procedures.

V. BUDGET INFORMATION

The Sub recipient shall have a budget of **\$122,500.00** to cover the term of August 1, 2021 – September 30, 2023 to provide support services and case management for the EHV Program. \$100,000 shall be available to address the menu of services identified in this Scope of Services and \$22,500 shall be available to assist the Sub recipient provide housing search assistance to eligible program participants.

VI. AUDIT REQUIREMENTS

The Sub recipient shall provide the City with an audit report showing the financial affairs of the Recipient during the term of this Agreement.

VII. PAYMENT SCHEDULE

The Sub recipient shall be reimbursed on a monthly basis upon receipt by the City of the Financial Report showing expenditures incurred during the preceding month for Program activities.

Exhibit B Monthly Financial Report

REPORT # _____

TO: CITY OF PENSACOLA HOUSING DEPARTMENT

FROM: OPENING DOORS NORTHWEST FLORIDA, INC. (NWFL)

PROJECT: EHV PROGRAM CONTRACT # _____

REPORT PERIOD _____ TO _____

DATE SUBMITTED _____

Include all canceled checks/bank statements and paid receipts for verification of spending during the report period.

CONTRACT AMOUNT
\$122,500.00

Expenditures: Month of _____, 20 ____

CLIENT NAME: ITEM

COST

Total expenditures this period \$ _____

Remaining contract amount \$ _____

Balance end of this reporting period \$ _____

Comments _____

I certify, that to the best of my knowledge, the data reported is correct.

Authorized Signature

Date: _____

Title: _____

Attachment "A"

PUBLIC RECORDS: Consultant/Contractor/Vendor shall comply with Chapter 119, Florida Statutes. Specifically, Consultant/ Contractor/Vendor shall:

- A. Keep and maintain public records required by the City to perform the service.
- B. Upon request from the City's custodian of public records, provide the City with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.
- C. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following the completion of the Agreement if Consultant/ Contractor/Vendor does not transfer the records to the City.
- D. Upon completion of the Agreement, transfer, at no cost, to City, all public records in possession of Consultant/Contractor/Vendor or keep and maintain public records required by the City to perform the service. If Consultant/Contractor/Vendor transfers all public records to City upon completion of the Agreement, Consultant/ Contractor/Vendor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Consultant/Contractor/Vendor keeps and maintains public records upon completion of the Agreement, Consultant/Contractor/Vendor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request of the City's custodian of public records, in a format that is compatible with the information technology systems of the City.

Failure by Consultant/Contractor/Vendor to comply with Chapter 119, Florida Statutes, shall be grounds for immediate unilateral cancellation of this Agreement by City.

IF CONSULTANT/CONTRACTOR/VENDOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE PUBLIC RECORDS COORDINATOR AT: THE OFFICE OF THE CITY CLERK (850) 435-1715 PUBLICRECORDS@CITYOPENSACOLA.COM, 222 WEST MAIN STREET, PENSACOLA, FL 32502.



EscaRosa
Coalition on the
Homeless
www.ECOH.org
439-3009

John Johnson <johnj@openingdoorsnwfl.org>

Opening Doors NWFL Notice of Funding Opportunity (NOFO) Fiscal Year 2021

1 message

Opening Doors Northwest Florida <serenek@openingdoorsnwfl.org>

Tue, Sep 14, 2021 at 1:06 PM

Reply-To: serenek@openingdoorsnwfl.org

To: johnj@openingdoorsnwfl.org



Opening Doors

Northwest Florida

Notice of Funding Opportunity (NOFO) U.S. Department of Housing and Urban Development

FY 2021 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants

FR-6500-N-25 11/16/2021

Dear Stakeholders,

HUD has announced the FY 2021 Continuum of Care (CoC) Competition with approximately \$2.656 billion available to CoCs **across the nation**.

NEW for FY 2021

DV Bonus - Up to \$77 million for Domestic Violence Bonus Projects (of which \$50 million is carried over from FY 2020)

Up to \$77 million or non-competitive Youth Homelessness Demonstration Program (YHDP) renewal and replacement expiring grants.

CoC ARD is Calculated differently in FY 2021 at \$748,340 with no reduction in funding.

FL-511 Funding (FL-511 includes Escambia and Santa Rosa Counties)

Preliminary Pro Rata Need – \$1,899,212
Annual Renewal Demand (ARD) – \$748,340

Tier 1 – \$748,340
CoC Bonus – \$94,961
DV Bonus – \$284,882
CoC Planning – \$56,976

Program Description: The Continuum of Care (CoC) Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, states, Indian Tribes or tribally designated housing entities, and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

Ending homelessness for all persons

1. Using a Housing First approach
2. Reducing unsheltered homelessness
3. Improving system performance
4. Partnering with Housing, Health, and Service Agencies
5. Racial equity
6. Persons with lived experience.

The goal of the Youth Homelessness Demonstration Program (YHDP) is to support the development and implementation of a coordinated community approach to preventing and ending youth homelessness and sharing that experience with and mobilizing communities around the country toward the same end. The population to be served by the demonstration program is youth experiencing homelessness, including unaccompanied and pregnant or parenting youth.

You can access the Notice of Funding Opportunity (NOFO) [here](#).

NOFO WORKSHOP

DATE and TIME

Friday, October 1st, 2021: 10 am
Via TEAMS

Join TEAMS Meeting

I'll be there!

Yes

Select

No

Select

If, you have TEAMS on your device choose: "Open your TEAMS app.

If, you do not have TEAMS on your device choose: "Download the Windows app' and follow the instructions.

If you have having difficulty, call Serene Keiek at 850-741-4616.

Website



Opening Doors Northwest Florida, Inc. | [1020 North New Warrington Road, Pensacola, FL 32506](#)

[Unsubscribe {recipient's email}](#)

[Update Profile](#) | [Constant Contact Data Notice](#)

Sent by serenek@openingdoorsnwfl.org powered by



Try email marketing for free today!

THIS IS A TEST EMAIL ONLY.

This email was sent by the author for the sole purpose of testing a draft message. If you believe you have received the message in error, please contact the author by replying to this message. Constant Contact takes reports of abuse very seriously. If you wish to report abuse, please forward this message to abuse@constantcontact.com.

Opening Doors Northwest Florida 2021 Project Review & Ranking Rubric

Target Population (5 points maximum) (3.8% of grade)		
Housing First Project Categories 1 and 4	Yes (5 points)	No (0 points)
Project is 100% Dedicated to DV victims	Yes (5 points)	No (0 points)
PH-RRH (Rapid Rehousing) Project	Yes (3 points)	No (0 points)

Description on Proposed Benefits to Homeless (16 points maximum) (12.0% of grade)			
Employment/Education opportunities	Yes (6 points)		No (0 points)
Description on services offered	New Services (2 points)	Existing Services (1 point)	
Applicant experience	10+ years (3 point)	6-10 years (2 point)	1-5 years (1 point)
Service area	2 of 2 Counties (5 points)		1 of 2 Counties (2 points)

Budget Detail (17 points maximum) (12.8% of grade)			
Is the budget appropriate for services	Appropriate (3 points)		Inappropriate (0 points)
% of Budget for Direct Services	100% (8 points)	75 to 99% (5 points)	65 to 74% (3 points)
Cash Match	Greater than 44% (4 points)	30 to 44% (1 point)	
Leverage	Greater than 44% (4 points)	30 to 44% (1 point)	

**Participation in CoC
(16 points maximum)
(12.0% of grade)**

Membership length	5+ years (5 points)	4 years (4 points)	3 years (3 points)	2 years (2 points)	1 year (1 point)	Under 1 year (0 points)
CoC meeting attendance (July 2019-June 2020)	Above 50% (3 points)	Attends 26%-50% (2 points)		1 to 26% (1 point)		0% (0 points)
Participation in Coordinated Entry	Yes (5 points)					No (0 points)
Participant in Point in Time Survey	Yes (3 points)					No (0 points)

**Participation in HMIS
(13 points maximum)
(9.8% of grade)**

Enters data into HMIS system	Yes (8 points)	No (0 points)
The project is reported in HIC	Yes (5 points)	No (0 points)

**Emphasis on Targeted Population
(6 points maximum)
(4.5% of grade)**

LGTB	Yes (3 points)	No (0 points)
Domestic Violence	Yes (3 points)	No (0 points)

**CoC Priorities
(15 points maximum)
(11.3% of grade)**

PSH at 95% Highest End of PSH End	Yes (5 points)	No (0 points)
Priortized, Underserved, or Marginalized	Yes (5 points)	No (0 points)
Project Focus Chronic Homelessness	Yes (5 points)	No (0 points)

Performance - Renewal Projects Only
(30 points maximum)
(22.6% of grade)

Percent remained in or moving to permanent housing (PH)	Above 90% (7.5 points)	72 to 90% (6 points)	54 to 71% (4.5 points)	36 to 53% (3 points)	18 to 35% (1.5 points)	Under 18% (0 points)
Clients returned to Homelessness (12 Months after exit)	Under 15% (4.5 points)		15% to 25% (3 points)		Above 25% (0 points)	
Clients with new or increased income (stayers with earned income)	Above 7% (4.5 points)	6 to 7% (3 points)		3 to 5% (1.5 points)		Under 3% (0 points)
Clients with new or increased income (stayers with non employment)	Above 9% (4.5 points)	6 to 9% (3 points)		3 to 5% (1.5 points)		Under 3% (0 points)
Clients with new or increased income (leavers)	Above 7% (4.5 points)	6 to 7% (3 points)		3 to 5% (1.5 points)		Under 3% (0 points)
Clients with new or increased income (non employment leavers)	Above 9% (4.5 points)	6 to 9% (3 points)		3 to 5% (1.5 points)		Under 3% (0 points)

CoC Compliance - Renewal Projects Only
(15 points maximum)
(11.3% of grade)

Bed Utilization Rate	Above 89% (5 points)		80 to 89% (4 points)		Under 80% (0 points)	
HMIS Data Quality	Above 98% (5 points)		90 to 97% (4 points)		Under 90% (0 points)	
Coordinated Entry Compliance	Above 94% (5 points)	85 to 94% (4 points)	75 to 84% (3 points)	65 to 74% (2 points)	50 to 64% (1 point)	Under 50% (0 points)



1020 N. New Warrington Rd.
Pensacola, Florida 32506

<https://openingdoorsnwfl.org/>
Tax Identification Number 59-2909065

Office: (850) 439-3009
Fax: (850) 436-4656

Reallocation Process

As part of the annual Continuum of Care (CoC) competition, CoC's may reallocate funds from existing projects to create new projects that better meet the needs of the community. Opening Doors NWFL Continuum of Care will reallocate HUD CoC program funds as needed, in accordance with the CoC's strategic plan, to improve CoC system-wide performance, to serve the most vulnerable clients, reduce homelessness and promote housing stability. Funds can be reallocated on a voluntary or involuntary basis in accordance with the criteria below.

1. Voluntary Reallocation

Any current CoC grantee may voluntarily reallocate its existing project by reducing the project's annual renewal demand either in whole or in part. Any grantee wishing to reallocate funds must notify Opening Doors NWFL within the timeline outlined in that year's competition process. Upon notification of the intent to reallocate, Opening Doors NWFL will notify the community that new funding is available, specifying the amount available and type of projects that can be considered.

2. Involuntary Reallocation

The CoC has set a threshold score of 80% for acceptance in the CoC competition during the ranking and review process. If a project is identified as being low performing by scoring poorly during the CoC ranking and review process, has unsatisfactory project performance measures, does not align with CoC priorities, and/or has a pattern of under expenditures, the Collaborative Applicant will contact the Project Applicant to discuss voluntary reallocation. If the Project Applicant does not wish to voluntarily reallocate, the committee or CoC Board may vote to reallocate the project completely or provide the Project Applicant with a project improvement plan. If the project applicant has not made significant changes to improve its performance or meet set targets in the agreed upon timeframe, the CoC reserves the right to reallocate funding, either in whole or in part, and make it available through a competitive process in the next CoC Competition.

All funding made available through either voluntary or involuntary reallocation will be awarded via a competitive application process. Providers wishing to apply for funds made available through reallocation must submit a new project application and supporting materials in accordance with the CoC Competition instructions. New funding requests will be considered by the Ranking and Review Committee during the annual competition and will be ranked as part of the CoC prioritization process.

grants@openingdoorsnwfl.org

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2019 Project Application will be imported into the FY 2021 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/11/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: FL0634

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Lakeview Center Incorporated

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-0737872

c. Organizational DUNS:	098929524	PLUS 4	0000
--------------------------------	-----------	---------------	------

d. Address

Street 1: 1221 West Lakeview Ave

Street 2: Building R

City: Pensacola

County: Escambia

State: Florida

Country: United States

Zip / Postal Code: 32501

e. Organizational Unit (optional)

Department Name: LCI Residential Program

Division Name: HUD Housing

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Amanda

Middle Name: L

Last Name: Helm

Suffix:

Title: Clinical Manager

Organizational Affiliation: Lakeview Center Incorporated

Telephone Number: (850) 469-3824

Extension:
Fax Number: (850) 595-1430
Email: amanda.helm@bhcpns.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6500-N25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Florida
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Housing First 2022

16. Congressional District(s):

a. Applicant: FL-001
(for multiple selections hold CTRL key)

b. Project: FL-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2022

b. End Date: 06/30/2023

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Allison

Middle Name:

Last Name: Hill

Suffix:

Title: President and CEO

Telephone Number: (850) 469-3766
(Format: 123-456-7890)

Fax Number: (850) 595-1430
(Format: 123-456-7890)

Email: cautrey@bhcpns.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/11/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Lakeview Center Incorporated

Prefix: Mrs.

First Name: Allison

Middle Name:

Last Name: Hill

Suffix:

Title: President and CEO

Organizational Affiliation: Lakeview Center Incorporated

Telephone Number: (850) 469-3766

Extension:

Email: cautrey@bhcpns.org

City: Pensacola

County: Escambia

State: Florida

Country: United States

Zip/Postal Code: 32501

2. Employer ID Number (EIN): 59-0737872

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$130,547

5. State the name and location (street address, city and state) of the project or activity: Housing First 2022 1221 West Lakeview Ave
 Pensacola Florida

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
SAMH 1221 w Lakeview Ave Pensacola, FL 32501	supportive services	\$100,000.00	psychosocial rehab
NA	NA	0.0	0
NA	NA	\$0.00	0
NA	NA	\$0.00	0
NA	NA	\$0.00	0

Part III Interested Parties

You must disclose:
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Allison Hill, President and CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 10/08/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lakeview Center Incorporated

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mrs.

First Name: Allison

Middle Name

Last Name: Hill

Suffix:

Title: President and CEO

Telephone Number: (850) 469-3766
(Format: 123-456-7890)

Fax Number: (850) 595-1430
(Format: 123-456-7890)

Email: cautrey@bhcpns.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 10/11/2021

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Lakeview Center Incorporated

Name / Title of Authorized Official: Allison Hill, President and CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 10/11/2021

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Lakeview Center Incorporated
Street 1: 1221 West Lakeview Ave
Street 2: Building R
City: Pensacola
County: Escambia
State: Florida
Country: United States
Zip / Postal Code: 32501

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mrs.

First Name: Allison

Middle Name:

Last Name: Hill

Suffix:

Title: President and CEO

Telephone Number: (850) 469-3766
(Format: 123-456-7890)

Fax Number: (850) 595-1430
(Format: 123-456-7890)

Email: cautrey@bhcpns.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 10/11/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Lakeview Center Incorporated

Prefix: Mrs.

First Name: Allison

Middle Name:

Last Name: Hill

Suffix:

Title: President and CEO

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 10/11/2021

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>

Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Make changes for contact information. The units have changed and include one four bedroom, three two bedroom, and 2 one bedrooms. 5A: We currently have 1 who is between 18 and 24 currently, 11 over 24.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.
2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

**1. Is this renewal project application No
requesting to consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): FL0634

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

3. CoC Collaborative Applicant Name: Opening Doors Northwest Florida (NWFL) Inc. formerly Escarosa Coaliton on the Homeless

4. Project Name: Housing First 2022

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
(Attachment Requirement)

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The project will serve chronically homeless adults and youth. The target population includes the most vulnerable of the chronic homeless, those with mental health disabilities. LCI will work with the Opening Doors, the local coalition on the homeless, using a coordinated integrated entry intake process. This will provide project participants with a stable living environment with access to a full continuum of Behavior Health services needed to build and maintain healthy lives. We provide a full range of evidence-based mental health and substance abuse, and medical services, including Level 2 and Level 3 Residential Addiction programs. LCI will provide project participants with services including but not limited to the following: 1) supported employment services with job coaching; 2) services for victims of domestic violence and trauma care; 3) case management; 4) independent living coaches; 5) 24 hour acute psychiatric care; 6) forensic services; and, 7) links with legal aid services. LCI trains and partners with CIT Law Enforcement officers to improve the interactions with the homeless community. LCI partners with the Escambia County Clinic for medical services, which, for ease of access, has a satellite office in the LCI psychiatry building. LCI's Families First Network (FFN) works with children of abuse and neglect and provides foster care and adoption services.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>

Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? 100% Dedicated

(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

4A. Supportive Services for Program Participants

**1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

Identify whether the project includes the following activities:



2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 6

Total Beds: 12

Total Dedicated CH Beds: 12

Housing Type	Housing Type (JOINT)	Units	Beds
Shared housing	---	2	4
Shared housing	---	1	4
Single family homes/townhou...	---	2	2
Shared housing	---	1	2

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

a. Units: 2

b. Beds: 4

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 4

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 190 Old N. Corry Field Road

Street 2:

City: Pensacola

State: Florida

ZIP Code: 32507

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

129033 Escambia County, 122466 Pensacola

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

- a. Units:** 1
- b. Beds:** 4

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 4

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 7781 Sumpter Road

Street 2:

City: Pensacola

State: Florida

ZIP Code: 32534

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

129033 Escambia County, 122466 Pensacola

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

- a. **Units:** 2
- b. **Beds:** 2

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

- Street 1:** 1505 W Lakeview Ave
- Street 2:**
- City:** Pensacola
- State:** Florida
- ZIP Code:** 32501

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

129033 Escambia County, 122466 Pensacola

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

- a. **Units:** 1

b. Beds: 2

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 2

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1445 E Johnson Ave

Street 2:

City: Pensacola

State: Florida

ZIP Code: 32514

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

129033 Escambia County, 122466 Pensacola

5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	12	0	12

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	11		11
Persons ages 18-24	0	1		1
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	12	0	12

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	11	0	0	8	0	11	4	1	0	0
Persons ages 18-24	1	0	0	0	0	1	0	0	1	0
Total Persons	12	0	0	8	0	12	4	1	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Do any of the properties in this project have an active restrictive covenant?** No
- 2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?** No
- 3. Does this project propose to allocate funds according to an indirect cost rate?** No
- 4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:** 1 Year
- 5. Select the costs for which funding is requested:**
- | | |
|----------------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$43,528	
Grant Term:		1 Year	
Total Request for Grant Term:		\$43,528	
Total Units:		6	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
FL - Pensacola-Fe...	6	\$43,528	\$43,528

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: FL - Pensacola-Ferry Pass-Brent, FL MSA (1203399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	2	
2 Bedroom	3	
3 Bedroom		
4 Bedroom	1	
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	6	\$43,528
Grant Term		1 Year
Total Request for Grant Term		\$43,528

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$80,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$80,000

1. Will this project generate program income Yes
described in 24 CFR 578.97 to use as Match
for this project?

1a. Briefly describe the source of the program income:

Rental income collected from clients.

1b. Estimate the amount of program income \$1,250
that will be used as Match for this project:

Type	Source	Contributor	Value of Commitments
Cash	Private	LakeviewCenter Match	\$80,000

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: LakeviewCenter Match

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$80,000

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$43,528
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$51,080
4. Operating	\$26,479
5. HMIS	\$0
6. Sub-total Costs Requested	\$121,087
7. Admin (Up to 10%)	\$9,460
8. Total Assistance plus Admin Requested	\$130,547
9. Cash Match	\$80,000
10. In-Kind Match	\$0
11. Total Match	\$80,000
12. Total Budget	\$210,547

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Allison Hill

Date: 10/11/2021

Title: President and CEO

Applicant Organization: Lakeview Center Incorporated

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	10/08/2021
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2021	Page 50	11/10/2021
------------------------------------	---------	------------

1D. SF-424 Congressional District(s)	10/08/2021
1E. SF-424 Compliance	10/08/2021
1F. SF-424 Declaration	10/08/2021
1G. HUD-2880	10/08/2021
1H. HUD-50070	10/08/2021
1I. Cert. Lobbying	10/08/2021
1J. SF-LLL	10/08/2021
IK. SF-424B	10/08/2021
Submission Without Changes	10/08/2021
Recipient Performance	10/08/2021
Renewal Grant Consolidation or Renewal Grant Expansion	10/08/2021
2A. Subrecipients	No Input Required
3A. Project Detail	10/08/2021
3B. Description	10/08/2021
3C. Dedicated Plus	10/08/2021
4A. Services	10/08/2021
4B. Housing Type	10/08/2021
5A. Households	10/08/2021
5B. Subpopulations	No Input Required
6A. Funding Request	10/08/2021
6B. Leased Units	10/08/2021
6D. Match	10/08/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	10/08/2021

Lakeview Center Inc - HUD Renewal Scoring Rubric

1	Target Population (Maximum 5 points possible)	Score
	Housing First Categories 1 and 4 Project	5
	PH-RRH (Rapid Rehousing) Project	3
	Project is 100% Dedicated to DV victims	5
2	Description on Proposed Benefits to Homeless (Maximum 16 points)	Score
	Employment/Education (Opportunities for Homeless Individuals and Families)	6
	Description on services offered	
	a. New Services	2
	b. Existing Services	1
	Applicant experience	
	a. Applicants experience 1-5 years	1
	b. Applicants Experience 6-10 years	2
	c. Applicants Experience 10+ years	3
	Service area	
	a. Escambia County	2
	b. Santa Rosa County	2
	c. Both Counties	5
3	Budget Detail (Maximum 17 points possible)	Score
	Appropriate budget for services	3
	Salary/Fringe Ratio to Direct Services	
	a. 100% Budget for Direct Services	8
	b. 75-99% Budget for Direct Services	5
	c. 65-74% Budget for Direct Services	3
	d. 64% or Less Budget for Direct Services	0
	Cash Match	
	a. 30% match	1
	b. 45% match or greater	4
	Leverage	
	a. 30% leverage	1
	b. 45% leverage or greater	4
4	Participation in CoC (Maximum 16 points possible)	Score
	Membership (1 point for each year – 5 point maximum)	5
	Participant in CoC Meetings (July 2019-June 2020)	
	a. Participation in Coordinated Entry	5
	b. Attends 25% or less	1
	c. Attends 26%-50%	2
	d. Attends 51% or greater	3

	Participant in Point in Time Survey	3	3
5	Participation in HMIS (Maximum 13 points possible)		
	Enters data into HMIS system	8	8
	The project is reported in HIC	5	5
6	Bonus (Maximum 6 points possible)		
	LGTB (Emphasis on Targeted Population)	3	
	Domestic Violence (Emphasis on Targeted Population)	3	
	TOTAL POINTS POSSIBLE	75	
	APPLICATION TOTAL POINTS		51
	RANKING 1,2, or 3		2
	Reviewer's Name		Kelli Thomas, Selection Committee Chair 11/5/21

2021 Project Scores

Activity	Agency Name	Maximum	90 Works	Lakeview Center	Opening Doors	AMR	BeEmpowered
	Project Name		Project 90	Housing First	Independent Living	The Cottages at Blount	Transitional Housing 2021
	Scoring Tool Renewal/Expansion/New		Renewal	Renewal	Renewal	New	New
CoC Priorities	PSH at 95% Highest End of PSH End	5.0	5.0	5.0	5.0	5.0	0.0
	Housing First	5.0	5.0	5.0	5.0	0.0	0.0
	Priortized/Underserved/Marginalized	5.0	5.0	5.0	5.0	5.0	0.0
	PH-RRH (Rapid Rehousing) Project	3.0	3.0	3.0	3.0	3.0	3.0
	Project is 100% Dedicated to DV victims	5.0	0.0	0.0	0.0	0.0	0.0
	Project Focus Chronic Homelessness	5.0	5.0	5.0	5.0	0.0	0.0
Employment / Education Service Benefits	Employment/Education (Opportunities for Homeless Individuals and Families)	6.0	6.0	6.0	0.0	4.0	4.0
	Services Offered, new or existing	2.0	1.0	1.0	1.0	2.0	1.0
	Applicant Experience	3.0	3.0	3.0	3.0	3.0	0.0
	Service Areas	5.0	2.0	2.0	5.0	2.0	2.0
Budget	Appropriate Budget for Services	3.0	3.0	3.0	3.0	0.0	0.0
	Direct Services	8.0	3.0	0.0	8.0	0.0	0.0
	Cash Match	4.0	4.0	4.0	0.0	4.0	0.0
	Leverage	4.0	0.0	0.0	0.0	0.0	0.0
Participation in CoC	Membership Duration	5.0	5.0	5.0	0.0	0.0	0.0
	Meeting Participation	5.0	5.0	5.0	5.0	0.0	0.0
	Attendance to CoC Meetings	5.0	3.0	3.0	3.0	0.0	0.0
	PIT Participation	3.0	3.0	3.0	3.0	0.0	0.0

Participation in HMIS	Enters Data	8.0	8.0	8.0	8.0	0.0	0.0
	Reported in HIC	5.0	5.0	5.0	5.0	0.0	0.0
Targeted Population	LGBT+	3.0	0.0	0.0	0.0	0.0	0.0
	Domestic Violence	3.0	0.0	0.0	0.0	0.0	0.0
Performance	90% Remain in or move to PH Renewal Projects	7.5	6.0	4.5	3.0	0.0	0.0
	<15% Return to Homelessness Renewal Projects (12 Months after exit)	4.5	4.5	3.0	4.5	0.0	0.0
	8% with new or increased income Renewal Projects (stayers with earned income)	4.5	3.8	3.0	1.5	0.0	0.0
	10% of participants with new or increased income Renewal Projects (stayers with non employment)	4.5	3.0	3.0	3.0	0.0	0.0
	8% of participants with new or increased income Renewal Projects (for leavers)	4.5	3.8	3.0	0.0	0.0	0.0
	10% of participants with new or increased income Renewal Projects (non employment leavers)	4.5	3.8	3.8	1.5	0.0	0.0
CoC Compliance	Bed Utilization Rate 90% Renewal Projects	5.0	5.0	5.0	5.0	0.0	0.0
	HMIS Data Quality Renewal Projects (98%) or higher	5.0	5.0	4.0	5.0	0.0	0.0
	Match %		39%	92%	0	600+%	25%
	Active SAM Registration (Required)		Yes	Yes	Yes	Yes	Yes
	95% of referrals Coordinatd Entry Compliance Renewal Projects	5.0	0.0	1.0	5.0	0.0	0.0

Cost	FY 2019 Request (2020 auto renewals)		\$97,515.00	\$122,493.00	\$242,454.00	0	0
	FY 2021 Request		\$107,517.00	\$130,547.00	\$40,230.00	\$94,961.00	\$94,600.00
	Average Cost Per Participant		\$13,439.62	\$10,878.91	\$13,410.00		0
Scoring	Rank Order		1	2	3	6	Rejected
	Weighted Score (CoC)	70.0	54.8	50.3	45.5	10.0	10.0
	Weighted Score (Selection Committee)	75.0	54.0	51.0	50.0	18.0	0.0
	Average Score	72.5	54.4	50.6	47.8	14.0	5.0
	Total Score	145.0	108.8	101.3	95.5	28.0	10.0

2021 CoC-Based Projects - Not Reviewed

Activity	Agency Name	Opening Doors NWFL	Opening Doors NWFL	Opening Doors NWFL
	Project Name	HMIS 2021	Coordinated Entry	CoC Planning
	Scoring Tool Renewal/Expansion/New	Renewal	Renewal	Renewal
CoC Compliance	Match %	25%	25%	25%
	Active SAM Registration (Required)	Yes	N/A	Yes
Cost	FY 2019 Request (2020 auto renewals)	\$143,974.00	\$168,000.00	\$49,134.00
	FY 2021 Request	\$143,974.00	\$323,901.00	\$53,067.00
Scoring	Rank Order	Not Reviewed HUD Rank 4	Not Reviewed HUD Rank 5	Not Reviewed

HEALTHCARE SERVICES REFERRAL AGREEMENT
BETWEEN
ESCAMBIA COMMUNITY CLINICS, INC. d/b/a/ COMMUNITY HEALTH NORTHWEST FLORIDA
AND
AMR IN PENSACOLA, INC.

This referral agreement ("Agreement") shall be effective as of the date of the last signature below ("Effective Date") and is entered into by and between Escambia Community Clinics, Inc. d/b/a Community Health Northwest Florida (Community Health), hereinafter referred to as "Provider", and AMR in Pensacola, Inc. a provider of a programs and services for clients who are house in AMR Tiny Home Communities.

The Provider agrees to deliver primary outpatient healthcare services to patients who are clients of AMR in Pensacola, Inc.

1. Services:

- A. Community Health's mission is to provide comprehensive primary and preventive health care services to residents of Escambia and Santa Rosa Counties and surrounding areas and is committed to assuring access to care for the medically needy, under insured and under-served populations.
- B. Community Health seeks to establish and maintain meaningful collaborative community partnerships among public and private sectors, state and local governments, community alliances and social services providers to benefit shared populations, helping to assure that adequate, accessible and coordinated health, educational and supportive services are available to residents of the service area.
- C. Community Health is supportive of AMR in Pensacola, Inc.'s proposal of a tiny home village for kids aging out of foster care. As the primary provider of outpatient healthcare services to vulnerable populations, Community Health is committed to serving as a healthcare resource for this project.

2. Commitment:

- A. Community Health Northwest Florida will commit to providing up to \$30,000 in healthcare services to AMR in Pensacola, Inc. tenant/residents during the program period.
- B. These tenant/residents may be covered by Medicaid/Medicare and insurance may be filed accordingly. Uninsured patients will be put on the health center's sliding fee discount program where a nominal or no fee is charged based on household income.

3. Place of Performance:

- A. Healthcare services under this agreement will be provided via Community Health Northwest Florida sites; Waterfront Mission Clinic location and other CHNWF sites located in Escambia and Santa Rosa Counties.

4. Term:

- A. This Agreement shall be effective as of the Effective Date and shall continue for a period of one year. Either party may terminate this Agreement at any time upon no less than thirty (30) days notice to the other.

5. Both Parties Mutually Agree:

- A. In the event that a modification is needed to this MOA, both parties will agree in writing.
- B. This agreement may be terminated if funding is reduced or eliminated by the funding source of the program for Capstone.
- C. Either party may terminate this agreement without cause giving 30 days advance notice in writing by certified letter.
- D. The effective date of this agreement shall be January 1, 2022 – December 31, 2022.

AMR in Pensacola, Inc.

BY: _____

TITLE: _____

DATE: _____

Escambia Community Clinics, Inc. d/b/a Community Health Northwest Florida

BY: _____

TITLE: _____

DATE: _____