

## 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 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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 2024 CoC Program Competition on behalf of your CoC.  
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

### Answering Multi-Part Narrative Questions

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

### Attachments

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

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

## 1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

**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.

## 1B. Coordination and Engagement–Inclusive Structure and Participation

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

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

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

<b>1B-1a.</b>	<b>Experience Promoting Racial Equity.</b>	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

**(limit 2,500 characters)**

The CoC is committed to promoting racial equity and supporting underserved communities, including people with disabilities, LGBTQ+, socioeconomically disadvantaged, and Black and Brown people. This year, the CoC reviewed data from various sources, including the local school district, law enforcement data, census data, local vital statistics, and CoC PIT data to examine racial injustice and inequity within the homeless response system. Surveys and focus groups involving nonprofit organizations led by and service BIPOC communities and people with lived experience were held to understand the needs of the target population. As a result, the Equity Action Committee was established, comprising individuals with lived experience and expertise. This committee collaborates with underserved communities to ensure their voices inform decision-making processes. Currently, the committee is helping develop the Challenge Unsheltered Grant program, advocating for housing-first approaches, and advising local government and nonprofit organizations to develop culturally competent policies that promote positive housing and service solutions to homelessness instead of punitive measures. In the future, the committee will conduct continuous community forums, workshops, and informational sessions to gather input and develop partnerships with local organizations. Additionally, they will assist in recommending updates to housing and service program policies and procedures to promote equity and provide staff training on cultural sensitivity and the historical context of racial and ethnic disparities impacting homelessness.

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

(limit 2,500 characters)

1. The CoC actively seeks new members throughout the year by extending an open invitation that includes an online sign-up form and CoC contact information, emphasizing the benefits of joining. The invitation is advertised on the CoC's website, distributed to the CoC email list, local government email list, grant applicants, and through outreach by CoC members and CoC program staff to nonparticipating organizations and statewide organizations that serve the local jurisdiction (e.g., DCF). Membership opportunities are shared via Facebook, flyers displayed in local businesses and community meetings, targeted email campaigns, and word of mouth. Prospective members can join the CoC by attending a CoC meeting or contacting CoC program staff via phone or email for assistance. Per the CoC Governance Charter, joining the membership is free. CoC program staff are responsible for actively seeking new members at least once annually by sending invitations and addressing new inquiries.

2. The CoC ensures effective communication and access for persons with disabilities by distributing materials through multiple formats including text, audio, and video. For example, the invitation to attend and join the CoC Membership that occurs at the monthly membership meeting is offered in person and virtually and is recorded. Printed materials (i.e., agendas, flyers, brochures, presentations) are available at in-person meetings and are sent electronically before CoC meetings. Persons with disabilities may request accommodations such as transcription, closed captions, visual aids, a translator, or an interpreter by contacting CoC program staff at least 2 days before a CoC meeting. This notification is delivered in writing via electronic communication (e.g., email and flyers). CoC program staff assists the person or their designated companion with completing a request for reasonable accommodations via an electronic or printed form. The CoC's single point of contact will make arrangements to set up the requested accommodation.

3. The current organizations representing socially and culturally distinct communities participate in the CoC Membership and help connect CoC program staff with new providers who serve these specific communities. Both CoC members and staff send outreach invitations via email or mail to these organizations; join listservs to learn about opportunities to network; and attend workshops and community events to build relationships with community cultural leaders.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,500 characters)**

1. The Continuum of Care (CoC) actively listens to feedback from various organizations and community members who have experience in preventing and ending homelessness. This feedback comes from monthly meetings, quarterly planning sessions, and surveys designed to gather insights that help shape public policy and program development. CoC members and community residents have provided important input, such as during the revision of the 2024 CoC Point-in-Time (PIT) survey, where they added questions about identification documents and family reunification support. Additionally, the CoC uses other vital surveys like the Escambia Quality of Life Survey and the Opioid Abatement Survey. These surveys are important for developing proposals for Escambia County's Opioid Abatement Funding Opportunity, which aims to help the local government address the opioid crisis. Currently, the CoC is creating an encampment outreach survey to respond to HB1365. This effort will help develop a strategic plan and implement actions to address unsheltered homelessness, supported by Challenge Unsheltered Grant funding.

2. Several public meetings and forums take place each month and quarter to discuss plans for ending and preventing homelessness. Representatives from the Continuum of Care (CoC), local government, nonprofit organizations that help underserved communities, and community members with lived experiences attend these meetings. The CoC shares information following a clear agenda that lists action items. Key stakeholders update everyone on progress and results related to CoC goals, and there is time for public comments. The meetings also include discussions that let both CoC members and the public share their thoughts. After the meetings, follow-up materials and feedback are sent out by email. Anyone can supply feedback in reply.

3. Solicitation methods are structured to comply with ADA standards and consist of both printed and digital surveys. Individuals requiring different formats for electronic materials can request assistance from CoC program staff either in person or through email.

4. Details collected during public gatherings and surveys are taken into account at the monthly scheduled CoC and Leadership Meetings through the inclusion of information and/or action items on the agenda. CoC representatives share updates on homeless initiatives and pertinent CoC information at community meetings attended by elected and appointed officials to seek their input.

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

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

1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications—the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

**(limit 2,500 characters)**

1. The CoC actively encourages first-time organizations and staff to apply for funding. Solicitations are widely advertised on the Collaborative Applicant's website and communicated through emails to the CoC membership, as well as via email listservs of both the CoC and Escambia County. The language used in the RFP announcements, materials, and workshops clearly indicates that applying is free and open to first-time applicants. Additionally, the CoC informed attendees at the CoC Membership Meeting, prior to the RFP release, about the CoC Grant Workshop, which educates both new and renewing applicants on the grant application process and timeline. Because e-snaps can be a barrier to new agencies, we invited project applications through a different process this year, as described in #2. This year we did receive project applications from organization that have not previously received CoC Program funding.

2. The CA hosts two grant workshops annually that are open to the public, educating project applicants about the application processes, necessary materials and documentation for submission, the timeline, and scoring tools and processes. There is a two-step application process: first, applicants submit applications using posted application forms, which are then evaluated by the CoC's Review and Ranking Committee; selected projects then submit applications through e-snaps. The CA provides technical assistance as requested by project applicants.

3. Applicants were notified about the application process, reallocation process, and project scoring, review, and ranking process through three distinct policies posted on the CA's website. These policies outlined that project applications will be evaluated based on the CoC's priorities and the need for new project applications. For renewal applications, projects submitted to HUD for funding were evaluated based on need and performance reviews of specific factors (e.g., data quality score, drawdowns, and system performance measures). New projects were evaluated based on expected performance, project details, capacity, and experience.

4. Detailed instructions and materials for applying were posted electronically on the CoC website and shared via email. Processes are structured to comply with ADA standards and consist of both printed and digital documents. Individuals requiring different formats for electronic materials are invited to request assistance from CoC program staff either in person or through ema

# 1C. Coordination and Engagement

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

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<b>1C-1.</b>	<b>Coordination with Federal, State, Local, Private, and Other Organizations.</b>	
	NOFO Section V.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 the Planning or Operations of Projects?
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

<b>1C-2.</b>	<b>CoC Consultation with ESG Program Recipients.</b>	
	NOFO Section V.B.1.b.	

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

<b>1C-3.</b>	<b>Ensuring Families are not Separated.</b>	
	NOFO Section V.B.1.c.	

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and 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 questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

<b>1C-4.</b>	<b>CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.</b>	
	NOFO Section V.B.1.d.	

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

<b>1C-4a.</b>	<b>Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.</b>	
	NOFO Section V.B.1.d.	

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

**(limit 2,500 characters)**

The Governance Charter of the CoC specifies a reserved seat for a Homeless School Liaison to oversee and coordinate efforts to support homeless students within CoC. The CoC has established a committee through the Homeless Reduction Task Force, which includes representatives from the education sector. This committee identifies challenges, develops strategies and recommendations, and implements programs related to housing, shelter, and prevention services for homeless households, with a focus on youth education. The committee is co-chaired by the Liaison for McKinney-Vento Programs from the Escambia County School District, and an invitation has also been extended to the Santa Rosa County School District.

Under the Coordinated Entry Policy, access points, shelters, and housing providers participating in the coordinated system are required to utilize assessment inferences and objectives to assist households in accessing services, particularly childcare, school readiness programs, and education through local public and post-secondary schools.

Additionally, the CoC has established Memorandums of Understanding (MOUs) with various Youth Education Providers—specifically, the Early Learning Coalition of Escambia, the Early Learning Coalition of Santa Rosa, and Head Start—to accept referrals from the Coordinated Entry Access Point, as well as from the Department of Children and Families (DCF) and Victim Service Providers.

Furthermore, the CoC has an MOU with the local school district in Santa Rosa County, allowing for referrals of McKinney-Vento eligible families from the Coordinated Entry Access Point to the homeless liaison or Title IX social work team for educational and supportive services, ensuring good school attendance. Lastly, the CoC has established MOUs with all McKinney-Vento funded programs (such as ESG and TANF) and the Challenge Program. These agreements mandate that recipients and subrecipients actively educate homeless families about available education programs and facilitate referrals to Youth Education Providers and Local School Districts.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.  NOFO Section V.B.1.d.	
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Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

**(limit 2,500 characters)**

In accordance with Coordinated Entry Policy and Procedures, trained Coordinated Entry, shelter, and housing program staff are required to inform individuals and families presenting at the access points, shelters, and housing program offices of the availability of early childhood, children and youth, and adult education programs in the CoC. Program staff have rack cards and flyers informing clients and these flyers are posted in easily to view areas. Households can take these flyers and rack cards with them. Coordinated Entry, shelter, and housing program staff also have partnerships with the local school districts and other education providers (e.g., Early Learning Coalition and Head Start) and have a referral process in place to send and receive email correspondence about families in need to connect them to available education services.

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

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

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

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–Collaboration with Federally Funded Programs and Victim Service Providers.	
	NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	No
2.	State Sexual Assault Coalitions	No
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	DV VSP organizatinos	Yes

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:		
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.	

**(limit 2,500 characters)**

(1) To effectively address the needs of survivors of domestic violence, dating violence, sexual assault, and stalking, the CoC made critical policy updates that reflect a commitment to trauma-informed care and cultural competence. CoC Membership organization, the Department of Children and Families, collects data to conduct gap and needs assessment. This assessment gathers information from survivors currently participating in programs, certified DV centers, community partners, law enforcement agencies, and service providers to create the Domestic Violence Annual Report. The CoC used feedback and statistics from this report to evaluate the effectiveness of program policies and processes in addressing the needs of survivors. Key updates that were incorporated included: a) highlighting the confidential feedback mechanism for survivors through available 24/7 hotlines where callers can speak with trained staff and include options for relay services for those with hearing impairments; b) establishing clear protocols for confidentiality and safety planning. For example, the HMIS Lead updated the CoC's Privacy and Security plan to improve protocols regarding information sharing, data security, anonymity feedback and documentation submission, and enhancing training requirements for HMIS users and Case Management staff across the CoC's Coordinated Entry and federally-funded shelter, housing, and service providers; c) prioritizing expedited access to housing resources for survivors such as through the development of the Challenge PLUS program, which prioritizes rapid rehousing assistance for domestic violence survivors as a primary initiative. (2) The CoC promotes trauma-informed care and cultural competency for federally funded organizations and VSPs through a multidisciplinary housing approach for survivors. It emphasizes core principles such as safety, empowerment, and collaboration, providing annual comprehensive training for staff on trauma recognition and cultural sensitivity. The CoC hosts community-wide training sessions, requiring participation from members. Additionally, it incorporates assessments of service effectiveness and policy impact into its monitoring processes, using data-driven insights and survivor feedback to improve programs. By maintaining a diverse workforce and advocating for systemic changes, CoC organizations aim to create inclusive and supportive environments for all survivors, focusing especially on underserved communities.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
NOFO Section V.B.1.e.		

	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:
1.	safety planning protocols; and
2.	confidentiality protocols.

**(limit 2,500 characters)**

(1)The Continuum of Care (CoC) and the victim service provider (VSP) have a Memorandum of Understanding (MOU) that outlines safety and confidentiality protocols. The CoC has created a partnership with the VSP, using annual ESG and Challenge funds to improve collaboration and services among access points, housing providers, and the VSP. The CoC ensures that all organizational staff participating in the coordinated entry process are trained in how to conduct safety assessments with survivors. Access point staff learn how to identify potential risks associated with homelessness and victimization, such as decline in mental and physical health, social isolation, and economic instability. Staff are also trained in how to assess potential safety risks in shelters due to insecure environments or limited privacy in shared spaces. During the preliminary intake, trained navigators ask about domestic violence situations and any attempts to escape. If a household reports immediate danger without safe housing, staff will direct them to Favor House of Northwest Florida. If domestic violence shelters in Santa Rosa and Escambia counties are full, temporary housing providers will offer motel vouchers.

(2)The CoC and VSP review confidentiality protocols annually, establishing client-driven, trauma-informed, and culturally sensitive standards. These standards ensure that the Coordinated Entry (CE) process addresses the safety, privacy, and housing needs of participants. Separate access points may be created if needed, and participants have access to all available housing options and resources. The CoC lead and VSP are the main access points for domestic violence victims. In line with HUD standards, data on these victims is not included in the Homeless Management Information System (HMIS). New clients experiencing domestic violence or related issues are not entered into the system, and existing profiles have restricted visibility. VSP staff do not access the HMIS; instead, the HMIS-comparable database, Osnum is used to collect data for domestic violence victims and survivors.

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

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes

5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

&nbsp;

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

**(limit 2,500 characters)**

(1) Within the CE Policy, ESG, and CoC Written Standards, the CoC has established a written policy and procedures, including an emergency transfer plan. A trained staff member assigned to the household explains the emergency transfer options available. (2) Households seeking or receiving CoC Program assistance are informed about their rights to an emergency transfer via brochures posted on the CoC Website and in access point locations including local community centers, shelters, and area food banks. Informational materials are available in English, Spanish, and other relevant languages, with visual aids for clarification. Moreover, program staff equipped with the knowledge of the emergency transfer plan inform clients of their rights and protections under the plan during intake assessments and follow-up case management sessions. (3) Households requesting an emergency transfer plan may do so during their intake assessment or follow-up session. All sessions are conducted in a private room to ensure confidentiality. Staff use a trauma-informed approach and explain the process gently and reassure the program participant about their safety and privacy. Staff members ask if the household wants to address any cultural considerations or specific needs to ensure they feel understood and respected. The household applies for the emergency transfer by completing the request form, which is available on paper and in digital format. Staff can assist with completing the form if necessary. A trained case manager offers auxiliary aids and requests assistance to provide language interpretation or translation if required. (4) In response to an emergency transfer request, the CoC has the assigned case manager conduct a safety assessment that asks questions about the current situation and immediate threats to the household. The household is assisted with developing a personalized safety plan that includes safe alternative locations, emergency contacts, and steps the household can take if they feel threatened in the future. The CoC considers emergency transfer requests a priority and must respond with follow-up communication and request a decision within 48 hours. Households complete anonymous surveys to contribute their opinions about their experience with the request process. They can submit this survey in person via a drop box or the online form. Customer feedback updates protocols within the emergency transfer plan and adjusts training content for program staff.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

**(limit 2,500 characters)**

The CoC employs a standardized assessment for Coordinated Entry to evaluate the needs of individuals and families, particularly survivors of domestic violence and trauma. This assessment gathers essential demographic data, housing history, safety concerns, emergency transfer needs, income, employment history, and disability considerations.

After the initial triage screening, households undergo a prioritization assessment using the Lifeworks Self-Sufficiency Matrix. This tool identifies strengths and areas for improvement by measuring housing stability, health, social support, education, and financial management. The CoC maintains a prioritized by-name list of households based on their screening date and composite scores, which are determined using a Likert-type scale per the CE Policy. This matrix visually illustrates that families with lower composite scores face greater crisis levels and vulnerability, while those with higher scores either build capacity or thrive and may require minimal assistance. The CoC prioritizes referrals for housing and services according to these composite scores.

At intake, households receive education about the screening and referral process's privacy, confidentiality, and security protocols. Customers are notified of their rights when scheduling appointments in the digital customer portal.

Written consent is required to enter information into HMIS for screening, prioritization, and referral. Those who choose not to enroll in HMIS may receive a completed application or voucher to present at their appointment with a housing or service provider.

Once a referral is complete, caseworkers follow up with the client and the provider to ensure the client can access services and address any issues or barriers. For instance, if transportation is challenging, the CoC can arrange rideshare services or provide local transit passes. Caseworkers document all obstacles encountered in HMIS, along with consent forms, referral details, and follow-up actions taken.

Additionally, the CoC invites customers to complete a feedback form about their experiences with the screening, referral, and service processes. This feedback is vital for improving these systems on an ongoing basis.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures survivors receive safe housing and services by:

1.	identifying barriers specific to survivors; and
2.	working to remove those barriers.

**(limit 2,500 characters)**

(1)The CoC is dedicated to actively identifying and eliminating obstacles that survivors of domestic violence, dating violence, sexual assault, and stalking face in local social systems and institutions. We acknowledge that these obstacles—including unequal resource distribution, varying impacts on marginalized communities, restrictive zoning and redlining practices, as well as limited access to essential services—substantially impede survivors' ability to secure safe housing and meaningful job opportunities. To tackle these challenges, we are conducting thorough community assessments to grasp the specific needs of survivors and the systemic barriers they face. Our coalition partners with local agencies and community organizations to advocate for fair resource allocation and to reform policies that sustain disparities. We are also charting available resources to ensure that survivors have clear access to services, addressing obstacles related to economic opportunities and wage disparities. Through continuous training and education for service providers on cultural sensitivity and trauma-informed approaches, we aim to create a supportive environment that amplifies the voices of survivors. By implementing these proactive measures, the coalition is committed to establishing a community where all survivors have equal access to housing and employment, empowering them to rebuild their lives free from violence and discrimination.

(2)This year, the CoC has focused on allocating resources to the domestic violence population and ensuring access to services. Through DCF, the CoC received a special allocation of Challenge PLUS program funds to assist vulnerable populations, including survivors of domestic violence and other traumas. Other resources assigned to DV survivors include ESG shelter funds, annual Challenge program funds for housing and supportive services, DCF-DV funds, and FYSB Florida Family Violence Prevention and Services Grants awarded to providers in the community. The CoC set up a streamlined referral process for VSPs and other organizations serving the population to CE access points. This process helps the CoC have an accessible pathway for survivors to move through the homeless response system with trained navigators. Last, the CoC increased legal assistance initiatives through the CoC Member, Legal Services of North Florida, which assists in securing protection orders, safety planning, and other legal matters related to victimization and recovery.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

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

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

Describe in the field below:

	1. how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
	2. how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
	3. your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
	4. your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

(1) The CoC has recognized new LGBTQ+ organizations and community allies that have joined as members. The CoC plans to update its anti-discrimination policy with help from these partners. The process will include reviewing the current policy to find gaps, gathering community input through forums, and using trauma-informed approaches. We want to make clear updates to the policy that specifically addresses discrimination based on sexual orientation and gender identity. Ongoing training for service providers and monitoring will be vital to ensuring fair access to housing and services for LGBTQ+ individuals and families in our community.

(2) The CoC worked with housing and service providers to create policies on equal access and anti-discrimination. We will continue this work by offering workshops and training sessions led by LGBTQ+ organizations and individuals, teaching providers about best practices and legal responsibilities. We will also provide a toolkit with templates, guidelines, and resources to help meet diverse community needs. Regular check-ins and feedback systems will support ongoing policy updates, promoting a consistent approach to addressing discrimination across all CoC projects.

(3) The CoC will check compliance with its anti-discrimination policy through a thorough monitoring process. We audit housing and service providers every three months to ensure they follow policy standards. Our compliance officer collects data on service use and outcomes through HMIS, focusing on marginalized populations to find any disparities. Program participants will fill out anonymous surveys to share their experiences and feedback on program effectiveness and quality of care. This feedback and annual evaluations will help ensure the policies remain effective. This year, the CoC plans to hold training sessions to address compliance issues and support accountability and inclusiveness.

(4) We have a protocol for dealing with instances of noncompliance with our anti-discrimination policies. When we find noncompliance, we start a review process and communicate directly with the provider to understand the situation. If necessary, we will create corrective action plans with clear compliance deadlines. Continued noncompliance may result in additional training requirements or possible sanctions, like funding reallocation. The CoC encourages open communication to help providers overcome challenges and promote a commitment to inclusivity and fairness in services.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 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?
Area Housing Commission	8%	Yes-Public Housing	No
City of Pensacola Housing Division	56%	Yes-HCV	No

1C-7a.	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
	NOFO Section V.B.1.g.	

Describe in the field below:

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

**(limit 2,500 characters)**

1. The CoC collaborates closely with all three PHAs in the area to enhance housing access for homeless individuals. Recognizing the urgent need for stable housing, we are partnering with the PHAs to establish a preference for housing choice vouchers and low-income housing programs for homeless admissions. The City of Pensacola Housing Division has set aside 25 HCVs specifically for this purpose, while the Area Housing Commission has reserved seven low-income units for homeless preference.

This collaboration includes regular meetings to align our objectives and strategies, ensuring we prioritize the specific needs of homeless individuals in the housing distribution process. The CoC provides the PHA with data on homelessness trends to highlight the demand for housing among this vulnerable group, reinforcing the importance of preference policies.

Additionally, we work together on outreach initiatives to inform potential applicants about available programs and the application process, making it more accessible for those experiencing homelessness. By increasing awareness among service providers and clients, we aim to facilitate smoother transitions from homelessness to stable housing. The PHA also emphasizes the role of providers and clients in the Coordinated Entry system by sharing access point information on their website, at strategic meetings, and by referring program participants to the CoC-led CE Access Points for screening.

We are also organizing joint training sessions for PHA staff and CoC members to deepen their understanding of the challenges faced by homeless individuals. These training sessions will focus on trauma-informed practices and sensitivity in service delivery, ensuring that all personnel are well-equipped to support vulnerable populations.

As we move forward, we will assess the effectiveness of the homeless admission preference by gathering feedback from clients and stakeholders to refine the process. Our shared commitment to addressing homelessness through supportive housing solutions underscores the importance of this collaboration as we strive to create a more inclusive and effective housing system for all community members. By working together, the CoC and PHA can improve access to essential housing resources, helping individuals experiencing homelessness rebuild their lives.

2. Not applicable.

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

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

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

	<b>Other (limit 150 characters)</b>	
5.		

<b>1C-7c.</b>	<b>Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.</b>	
	NOFO Section V.B.1.g.	

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

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

<b>1C-7d.</b>	<b>Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.</b>	
	NOFO Section V.B.1.g.	

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

<b>1C-7e.</b>	<b>Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).</b>	
	NOFO Section V.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
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## 1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.	Prisons/Jails?	No
2.	Health Care Facilities?	No
3.	Residential Care Facilities?	No
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.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 2024 CoC Program Competition.	5
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 2024 CoC Program Competition that have adopted the Housing First approach.	5
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.  
Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

**(limit 2,500 characters)**

1. The CoC monitors projects funded by the CoC before the NOFO competition as part of its monitoring plan. The compliance team conducts evaluations using the Housing First approach, employing HUD's Housing First Assessment Tool. An established Housing First Policy, detailed within the Coordinated Entry Policy for the homeless response system, outlines the CoC's system-wide approach, guiding principles, best practices, and service provision expectations.

2. The compliance team evaluates projects based on specific performance indicators:

- a. Documented Housing First Process: Assess whether the project has a clearly defined Housing First process.
- b. Removal of Preconditions: Determine if the project eliminates barriers to entry for participants, such as background checks, sobriety requirements, or income thresholds.
- c. Policy Adherence: Evaluate whether practices align with the policy by prioritizing rapid placement and stabilization in permanent housing.

3. The CoC has implemented a comprehensive data quality monitoring plan and a regulatory compliance plan that aligns with the Housing First approach. These plans focus on collecting and analyzing housing outcomes and service utilization data while ensuring compliance with external regulations. Standardized data collection tools, including HMIS intake forms and client surveys, ensure consistency among partners. The HMIS is the centralized database for CoC projects, enabling seamless data integration and analysis. A third-party vendor collects anonymous digital surveys from respondents, enhancing data privacy. Currently, the CoC conducts weekly audits and employs feedback mechanisms for users, while executive leadership oversees data quality.

4. The next phase in evaluating fidelity to the Housing First approach involves developing a real-time data dashboard and a quarterly executive summary report. These tools will highlight key findings and trends reported by program participants and staff. Additionally, we will utilize this feedback to create training sessions for staff, enhancing data literacy and empowering informed decision-making based on reliable insights to support effective housing solutions.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	
	Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.	

**(limit 2,500 characters)**

Our CoC's tailored street outreach strategy combines collaborative partnerships and innovative practices to effectively engage individuals experiencing homelessness who are least likely to request assistance. In the remote areas of our CoC, we have engaged with law enforcement agencies, including State park Rangers, diverse outreach teams, and local church groups to identify and connect with hard-to-reach homeless individuals. Our teams comprise various professionals, including community health workers, case managers, social workers, and hospital liaisons. This multidisciplinary approach allows us to address the complex needs of individuals experiencing homelessness. For instance, our SOAR staff work directly with homeless persons to build trust and assess their eligibility for Social Security benefits.

By fostering trust and providing a supportive environment, we empower these individuals to access the services and resources they need to improve their circumstances with an option to participate in the Coordinated Entry process. Consistent and culturally competent outreach efforts allow us to efficiently connect them with appropriate CoC provider organizations for immediate follow-up. Our commitment to covering 100% of the CoC through mobile outreach and non-McKinney-Vento-funded SO teams ensures comprehensive service access.

We have adopted a "warm hand-off" approach, ensuring smooth transitions from the outreach phase to housing or service engagement. CoC outreach workers conduct direct contact at various locations, including campsites, wooded areas, sidewalks, and congregate feeding sites, creating a familiar and safe environment for engagement.

The CoC outreach strategy focuses on individuals who may be reluctant to request assistance, such as families fleeing domestic violence, individuals involved in the criminal justice system, those with severe behavioral health issues, and LGBTQ+ youth. By making referrals among outreach workers and connecting these individuals with more "acceptable" team members, we bridge specialty outreach services and enhance their willingness to access necessary support. To further enhance accessibility, our CoC's Homeless Reduction Task Force has amended longstanding requirements, such as eliminating needing a physical address to access specialty courts. This policy change allows individuals experiencing homelessness to engage with critical legal services, removing barriers that previously hindered their access.

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

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

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1. Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2. Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	No
3. Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	No
4. Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	171	179

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

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

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

<b>1D-6a.</b>	<b>Information and Training on Mainstream Benefits and Other Assistance.</b>	
	NOFO Section V.B.1.m	
	Describe in the field below how your CoC:	
	1. works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and	
	2. promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.	

**(limit 2,500 characters)**

1. Our Continuum of Care (CoC) prioritizes partnerships with healthcare organizations to enhance access to healthcare services, including Medicaid. We facilitate this collaboration through monthly General Coalition Meetings, where behavioral health providers share available resources with our members. Our Homeless Reduction Task Force includes a Mental Health Subcommittee dedicated to integrated approaches addressing mental health and substance use disorders. Community Health Northwest Florida, our local Federally Qualified Health Center (FQHC), plays a critical role in outreach through its "Healthcare for the Homeless" initiative, which provides essential services via mobile health and dental units. The CoC leadership council actively includes representatives from the FQHC and other healthcare providers to ensure sustained engagement and resource sharing, thereby enhancing service delivery to program participants.

2. The Northwest Florida Health Network (NWFLHN) conducts quarterly SOAR (SSI/SSDI Outreach, Access, and Recovery) training sessions, equipping our program staff with the necessary skills to assist clients in accessing benefits. CoC agencies benefit from access to SOAR-trained case managers from various hospitals and nonprofits, fostering a collaborative environment for effective service delivery. Additionally, CoC leadership engages with the Department of Children and Families (DCF) State Office on Homelessness, where the SOAR State Team Lead provides critical updates on the certification process and best practices. We also utilize CarePortal to track outstanding needs, alerting participating organizations to necessary assistance. Our Coordinated Entry Access Points, including Day Resource Centers and Emergency Shelters, facilitate screenings and referrals to housing providers and mainstream benefits. Through these efforts, our CoC addresses barriers to accessing SSI/SSDI, TANF, Medicaid, and food assistance, ultimately fostering economic independence and self-sufficiency for individuals experiencing homelessness.

<b>ID-7.</b>	<b>Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.</b>	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
	1. respond to infectious disease outbreaks; and	
	2. prevent infectious disease outbreaks among people experiencing homelessness.	

**(limit 2,500 characters)**

1. The CoC collaborates with state and local public health agencies to develop policies explicitly responding to infectious disease outbreaks among people experiencing homelessness. This collaboration involves monthly meetings with public health officials, healthcare providers, and service organizations to assess health trends and identify potential outbreaks. The community has a well-defined response plan that activates a rapid response team that facilitates communication about illness upticks, ensuring that street outreach teams, shelters, and housing providers are informed and equipped to act. The CoC ensures shelters and outreach teams receive education and training about infection control measures and how to recognize symptoms. Medical health outreach teams frequent camp and shelter locations to conduct regular screenings to identify symptoms early and track disease trends. The CoC coordinates transportation to targeted testing events and medical appointments if necessary. The CoC also assists with setting up temporary shelters (i.e., hotel stays) for individuals and families needing quarantine or isolation.

2. Public health agencies request assistance from the CoC in distributing hand hygiene products and educational materials on isolation, good hygiene and environmental cleaning, and symptom checks. Additionally, they collaborate to host regular vaccine clinics, health screenings, and educational outreach during community events, working together to prevent the transmission of diseases like Hepatitis A and Meningococcal Disease effectively. There are also established programs in place, such as the Epidemiology Program, which provides surveillance for more than 80 reportable conditions, conducts contact investigations, and prevention education. FDOH works with area physicians and other community partners to investigate foodborne illness outbreaks; locate and refer people potentially exposed to TB, HIV, or other STD/STI to local clinical services; and monitor disease outbreaks in the community, such as flu and other respiratory illnesses.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

**(limit 2,500 characters)**

1. To keep the community informed, the CoC uses an e-mail network to share public health initiatives. This includes providing informational flyers, hygiene kits, personal protective equipment (PPE), and rain gear at vaccination sites, ensuring that crucial health information reaches homeless individuals at service locations, emergency shelters, and group living facilities.

2. Additionally, the CoC offers training for shelter staff on infection control and disease prevention, covering topics such as hygiene practices, recognizing symptoms, and effectively communicating health resources. In collaboration with public health agencies, the CoC also sends mobile health units into homeless communities to provide vaccinations and health screenings, helping to remove barriers to care. If an outbreak occurs, the CoC and its public health partners have rapid response plans that involve immediate testing, isolation protocols, and targeted communications to keep affected populations informed. Throughout this process, they continuously collect data to monitor the effectiveness of their interventions, allowing for real-time adjustments based on feedback.

<b>1D-8.</b>	<b>Coordinated Entry Standard Processes.</b>	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

**(limit 2,500 characters)**

1. The CoC's CE System utilizes a "No Wrong Door" approach, ensuring accessibility for everyone, especially those least likely to seek homeless assistance. With various physical and virtual access points, individuals can apply in person at the lead agency or shelters or securely via any internet-enabled device. The CoC offers a web-based intake portal with accessibility features like screen readers and voice recognition. Mobile outreach teams implement regular schedules and designated routes to engage hard-to-reach populations effectively. They set consistent outreach days and times, allowing individuals to anticipate visits, which fosters trust and encourages engagement. These teams also adapt their routes based on emerging needs and client feedback, collaborating with local service providers to connect individuals with essential resources and support services.
2. The CE System employs a standardized assessment process at every access point to ensure fair and equitable access to housing and services. This includes triage intake, comprehensive screening, and a prioritization tool, with navigators using a consistent script. Assessments and priority scores are recorded in HMIS, enabling tailored support for clients, particularly those from underserved groups. Evaluations address unique needs, recommend accessible services, and provide referral lists for service providers.
3. The CoC prioritizes participant comfort and safety throughout the process. Trained staff build trust and rapport, ensuring clients feel respected and heard. During intake, navigators clarify the purpose of data collection and emphasize confidentiality, using sensitive language and allowing clients to share only what they are comfortable disclosing. The CoC provides private spaces for discussions, minimizing potential triggers and acknowledging the impact of past trauma.
4. To continuously improve the CE System, the CoC collects surveys and conducts focus groups to gather insights on user experiences and system effectiveness. The CoC also solicits insight and recommendations from people with lived experience to illuminate social and cultural equity gaps. The feedback is analyzed to pinpoint areas for improvement, such as service accessibility and navigation challenges. In collaboration with stakeholders, the CoC implements necessary changes, ensuring the system remains responsive to the needs of clients and projects, ultimately fostering better outcomes for all participants.

	1D-8a. Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

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

**(limit 2,500 characters)**

1. Our CE System (CES) employs a physical and virtual "No Wrong Door" model, enabling individuals to apply for assistance at our lead agency or community shelters. We enhance outreach through partnerships with local organizations, including the United Way of Northwest Florida 211, which provides referrals and essential resources. Our contact information is also accessible on the REALChange county website, HUD Exchange Homelessness Contact, and we collaborate with Hope Florida for additional referrals, ensuring we reach those least likely to seek help independently.
  
2. The CES incorporates a structured assessment process, beginning with a triage intake. Our screening in HMIS is called the Coordinated Assessment, and the prioritization tool is called the LifeWorks Self-Sufficiency Matrix (LSSM). Navigators utilize a consistent script to gather information, which is documented in the Homeless Management Information System (HMIS). Individuals experiencing homelessness or at imminent risk undergo the LSSM to determine eligibility and preferences. Those identified with the highest acuity levels via the VI-SPDAT assessment are prioritized for referrals to housing providers and financial assistance.
  
3. Our CES monitors referral timelines and collaborates with local housing providers to facilitate swift permanent housing placements. We ensure eligible individuals are quickly connected to available housing units or financial support that aligns with their needs and preferences. Ongoing stakeholder feedback is integral to our process, enabling continuous improvements and timely adjustments to enhance service delivery.
  
4. We prioritize minimizing barriers for individuals seeking assistance. The CES actively evaluates and streamlines the application process to eliminate invasive questions and unnecessary information requests. We collect feedback from clients and navigators to identify obstacles and refine our tools accordingly. The CES Workgroup is responsible for implementing these improvements, ensuring a trauma-informed, equitable, and inclusive experience for all applicants.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
	1. affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;	
	2. informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
	3. reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

**(limit 2,500 characters)**

1. The CoC employs various strategies to effectively market housing and services through the CE System to reach everyone experiencing homelessness. Thoughtfully crafted marketing materials feature messaging that addresses language barriers, social dynamics, and unique cultural experiences. The CoC provides printed and digital resources in English, Spanish, and additional languages. Centers of Independent Living (CIL) play a crucial role by helping individuals connect with the Coordinated Entry System and offering essential support and accommodations for those with disabilities. Information about Coordinated Entry and other referral sources is readily available via social media platforms like Facebook, community bulletin boards, and the CoC and local government websites. The CoC has also promoted the CE System, its processes, and the housing and services available through local radio broadcasts. Additionally, Homeless and Medical Outreach teams reach drop-in centers and shelters frequently visited by those without housing or at risk. During their regular routes, they extend their outreach to small rural communities within the jurisdiction, such as Century and Jay. Community partners distribute flyers, rack cards, and stickers featuring text numbers and QR codes at known locations and camps.

2. The CoC shares printed materials, including posters, flyers, brochures, and fact sheets that clearly outline rights and responsibilities related to civil rights and fair housing laws. Organizations within the CoC specializing in these areas conduct workshops and training sessions to inform service providers, landlords, and the public about these laws. Furthermore, these experts often hold legal clinics and participate in community outreach events, providing free or low-cost legal counsel concerning rights and potential violations.

3. CE Program staff and volunteers document reports of discrimination and other barriers that participants encounter during intake and follow-up sessions in the Homeless Management Information System (HMIS). Current or prospective participants can share their experiences with discrimination or obstacles via email to the Access Point. Staff and volunteers recognize these issues and report them to the relevant organizations, including the City of Pensacola and the Florida Commission on Human Relations. CoC organizations also offer referrals to legal aid organizations, empowering individuals to act against discrimination

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	10/26/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

**(limit 2,500 characters)**

1. The CoC compared data from the PIT Count and CoC APR project-level reports to U.S. Census data.

2. The PIT count data and US Census data were used to determine the proportional likelihood of a black individual to be experiencing homelessness on the night of PIT compared to a white individual. This lets us know how much we should expect each racial group to be presenting for services. Black individuals were 68% overrepresented in the homeless population in 2024, 85% overrepresented in 2023, and 61% overrepresented in 2022. That's an average of 71% overrepresentation. Median income data for each race, from the Statista Research Department, were found to explain this disparity, as the median income in the US in 2023 was \$56,490 for blacks and \$89,050 for whites. That's a difference of \$32,560. HMIS service data was then analyzed to determine if there are any disparities in the number of clients seen, served, or amount of funding per person beyond what would be expected by the disparity of need across racial groups in our region. Black individuals make up 6.5% of the population of our CoC compared to 86.1% white individuals. However, blacks proportionally were 16.2 times more likely to seek services than whites. When it came to serving individuals, 12.2% of whites that presented for services received funded services, compared to 29.6% of black individuals. Funding per person served with funded services showed a difference of \$119.54 per person, favoring black individuals. This was determined to be due to the income inequality issues discussed above.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	No
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes

6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC 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.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	No
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The CoC is taking steps to improve racial equity beyond those areas identified in initial assessments of people experiencing homelessness throughout the CoC coverage area and service providers. Through the CoC Leadership, the CoC will establish a committee that will create an awareness and education campaign for the entire CoC membership to learn about racial inequality and homelessness. We will draw from the knowledge of subject matter experts such as the Equity Project Alliance and people with lived experience and expertise to collect input, analyze information, and formulate inclusive policies, procedures, and processes to enhance homeless assistance programs. Using these policies, the CoC will review all programs in formal monitoring, at least semi-annually, for compliance with program requirements and policy procedures. The CoC will track participation in racial equity trainings, positive feedback from participants, and improved housing and health outcomes of participants in homeless assistance programs to measure progress in preventing and eliminating racial disparities in the community.

2. The CoC utilizes a racial analysis tool like HUD’s to compare HMIS data and U.S. Census data. The HMIS Lead also uses Stella P to evaluate system-wide performance across all HMIS-participating projects to identify disparities. This CoC aims to develop a dashboard highlighting inequities in real-time, allowing policy and process modifications and system improvements to be implemented quickly.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
	NOFO Section V.B.1.q.	

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

**(limit 2,500 characters)**

The CoC is committed to integrating the voices and experiences of individuals with lived experience of homelessness into our service delivery and decision-making processes. People with lived experience are invited to be members and are afforded all the benefits of CoC membership. Invitations are posted through the media, email blasts and community meetings. Through a collaborative partnership with local government, the CoC has established a Homeless Community Engagement Team that aims to engage in a cross-agency media campaign designed to educate the public on the scope, causes, costs, and solutions to homelessness in our community.

The key stakeholders in our CoC, including Escambia County and City representatives, have adopted the Federal “All in Strategy,” pledging to reduce homelessness by 25 percent. This ambitious goal has prompted collaborative efforts to ensure that individuals with lived experience are actively engaged in our outreach and planning processes. Both CoC staff and CoC members with LE attended HUD Community workshop, intended for communities who have a desire to develop an authentic and shared power leadership structure. Participants learned how to understand how to ensure their engagement supports accountability to people most impacted by homelessness available.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.  
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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.	Routinely included in the decisionmaking processes related to addressing homelessness.	2	2
2.	Participate on CoC committees, subcommittees, or workgroups.	6	3
3.	Included in the development or revision of your CoC's local competition rating factors.	1	1
4.	Included in the development or revision of your CoC's coordinated entry process.	6	2

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

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

**(limit 2,500 characters)**

The CoC has established collaborative partnerships with multiple agencies to connect households experiencing homelessness, those at risk of homelessness, and individuals who have been rehoused with meaningful employment opportunities. In addition to employment connections, the CoC facilitates access to essential educational programs and skills development that empower these households to secure employment and gradually increase their income. Our partnerships prioritize providing access to job opportunities through private employers and CareerSource Escarosa, a valued member of the CoC. CareerSource Escarosa supports both private and public employers and offers training grants to individuals and private organizations, ensuring that participants receive the resources they need to succeed in the workforce.

The CoC also collaborates with educational institutions such as Pensacola State College, George Stone Technical Center, and Locklin Technical College. These institutions offer certification programs in fields including HVAC, personal care services, culinary arts, and healthcare careers, with waived tuition fees for homeless households. Additionally, the CoC partners with staffing agencies such as Landrum, Manpower, Telstaff and Kelly Services to further enhance employment opportunities for our clients.

CareerSource Escarosa plays an active role in the CoC as the primary local workforce development agency. This collaboration provides the CoC with access to various employment programs that deliver meaningful education, on-the-job training, internships, and job placements across Escambia and Santa Rosa Counties. Households experiencing homelessness, those at risk, and individuals who have been rehoused can also access Welfare Transition Programs, which support their integration into mainstream employment. Furthermore, CareerSource Escarosa oversees the CoC’s strategy for enhancing income through employment. This agency is instrumental in advancing the CoC’s goals of fostering financial independence for individuals with lived experience, aligning with the Federal Workforce Innovation and Opportunity Act (WIOA) to ensure success in the labor market.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:

- |    |  |
|----|--|
| 1. | how your CoC gathers feedback from people experiencing homelessness;   |
| 2. | how often your CoC gathers feedback from people experiencing homelessness;   |
| 3. | how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;                |
| 4. | how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and |
| 5. | steps your CoC has taken to address challenges raised by people with lived experience of homelessness.                   |

**(limit 2,500 characters)**

1. Our CoC actively involves individuals with lived experience of homelessness in shaping our programs and services. They serve on the CoC Board and participate in the Coordinated Entry (CE), Grant Review and Selection, and Gaps Analysis Committees. Additionally, we conduct annual Gaps Analysis surveys to gather direct feedback from those experiencing homelessness.
2. Feedback is gathered continuously through various methods. We conduct an annual Gaps Analysis and facilitate weekly events at encampments or within walking distance to ensure ongoing accessibility for individuals experiencing homelessness. Weekly meetings include a range of service providers and individuals with lived experience, focusing on addressing the needs of those transitioning out of homelessness.
3. To gather feedback from individuals who have received assistance through the CoC and Emergency Solutions Grant (ESG) programs, we conduct client satisfaction surveys. These surveys are distributed at least twice a year using telephone, paper, and electronic formats to maximize accessibility.
4. Feedback from program participants is collected at least twice a year through satisfaction surveys. Additionally, we have introduced monthly surveys for clients who have gone through the Coordinated Entry process to capture real-time feedback on their experiences and outcomes.
5. In response to the feedback received, our CoC has implemented several initiatives to address the challenges faced by individuals experiencing homelessness: We have expanded access points for Coordinated Entry, enabling more individuals to connect easily with available services. Our staff training has been improved to foster better engagement with landlords and housing providers, ensuring effective partnerships in housing solutions. We have developed partnerships with the local tax collector's office to provide free state IDs for unhoused individuals referred by programs. Additionally, Escambia Jail has introduced a program to assist inmates in securing a Florida State ID upon their release. Escambia County has launched the Re-Connect program, offering long-distance bus fare to individuals who have support waiting for them elsewhere. We offer various incentives to landlords, including eviction diversion funds, double security deposits, and coverage of up to three months of rent to encourage their participation in housing individuals experiencing homelessness.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1. reforming zoning and land use policies to permit more housing development; and	
	2. reducing regulatory barriers to housing development.	

(limit 2,500 characters)

The CoC's appointed seats regarding increasing affordable housing supply, the City of Pensacola and Escambia County, have a jointly staffed Affordable Housing Advisory Committee, whose purpose includes recommendations for monetary and non-monetary incentives targeting regulatory reform with respect to affordable housing for each jurisdiction. Santa Rosa County also has its own separate Affordable Housing Advisory Committee that performs the same function. COC and Homeless Reduction Task Force members attend these meetings on a regular basis. County and City staff are active members of the CoC and work to advocate for reforming zoning and land use policies, and reduce regulatory barriers to affordable housing development.

All jurisdictions through these committees and their housing and planning staff perform ongoing reviews of the impact on housing costs made before adoption of policies, procedures, ordinances, regulations, or plan revisions.

In 2024, the City of Pensacola updated its policies related to building heights to provide for modifications to be made for affordable housing projects. The City also initiated a large scale review of its Land Development Code, and has identified areas for modification to increase the production of affordable housing, including reduction in parking requirements for affordable housing, review of residential density bonus requirements, and clearer definitions of "affordable housing," with specific targeted income levels.

Both the City and Escambia County have also identified various public owned properties suitable for affordable housing development and are moving forward with projects on these lots.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC’s Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/22/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	08/22/2024

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

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

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

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.  NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.  
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	5
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.  NOFO Section V.B.2.d.	
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Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. During the local competition, the scoring process included the measure of successful placements into permanent housing using the project’s APR data pulled from HMIS. Projects that reported higher rates of PH placements and retention received more points than those than reported lower rates. For instance, for renewal projects meeting the benchmark of 90% or more, 10 points were awarded, versus 5 or 0 points for lower PH placements/retention (80-90% or less than 80%, respectively).
2. During the local competition, the scoring process included the measure of length of time (LOT) to PH move-in using data pulled from HMIS for that project. Projects that reported lower LOT received more points than those than reported lower rates. For instance, for renewal projects housing participants in less than 60 days, 10 points were awarded, versus 5 or 0 points for LOTs of 61-90 days or more than 90 days, respectively.
3. The CoC Project Review and Ranking Committee considered how the severity of needs of program participants affected length of time to housing and housing retention when scoring and ranking, for instance, RRH projects as compared to PSH projects, since PSH projects’ participants have more severe needs than RRH participants overall.
4. Severe barriers assessments considered during the scoring and ranking process included: percentage of participants with disabling conditions, percentage with a VI-SPDAT score of 10 or more, percentage with a behavioral health issue, and percentage with a history of domestic violence.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

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

(limit 2,500 characters)

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC’s local competition this year;

3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

**(limit 2,500 characters)**

1. The CoC’s Reallocation Policy, which was posted on the website along with the local competition materials, provides for reallocation of funding from a renewal project during the local competition if the Project Review and Ranking Committee (the Committee) determines that the project is underperforming, not drawing down funding, has significant issues with compliance or effectiveness, or if that funding can be better utilized elsewhere. The Committee reviews renewal projects’ performance, alignment with CoC goals, cost effectiveness, and community need, as they make reallocation decisions.

2. During the local competition, the Committee, following the Reallocation Policy and based on the review of the renewal projects, determined that all renewal projects were candidates for partial reallocation through reduction in funding.

3. As a result of the Committee’s recommendations, the CoC did reallocate funding from renewal projects this year.

4. Not applicable.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/03/2024

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/03/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/28/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	10/28/2024
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## 2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2A-1.</b>	<b>HMIS Vendor.</b>	
	Not Scored—For Information Only	

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

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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<b>2A-3.</b>	<b>HIC Data Submission in HDX.</b>	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/10/2024
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<b>2A-4.</b>	<b>Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.</b>	
	NOFO Section V.B.3.b.	

	In the field below:	
	1. describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
	2. state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

**(limit 2,500 characters)**

1. The CoC and FavorHouse of Northwest Florida, Inc., a VSP and state-certified domestic violence center serving within the CoC geographic area, have a formalized partnership via a memorandum of agreement. In the MOU, FavorHouse has agreed to participate as a Continuum Partner for Coordinated Entry and HMIS. Specifically, FavorHouse has a signed “Community Partnership” agreement with the CoC-designated HMIS Lead and shares aggregate reports safely with the Lead System Administrator. In addition, FavorHouse attends CE and HMIS Meetings to provide training and recommendations on assessing, engaging, and safety planning for DV survivors. Pensacola Dream Center (PDC), another VSP, participates in the CoC’s local-HMIS as a “Read-Only” provider. This enables PDC to participate in CE by sending referrals to the CE Access Point. PDC has been approached about applying for HMIS dollars to purchase software for an HMIS-comparable database. In the meantime, the provider makes referrals via encrypted email correspondence and the CoC’s Access Point staff enrolls DV victims and survivors in the HMIS – reducing the visibility of the individual and all household member’s client profiles only to the Access Point and PDC.

2. FavorHouse uses Osnum, a database designed for nonprofit organizations providing victim services to clients of domestic violence, sexual abuse, stalking, and human trafficking. HMIS data standards are built into Osnum which enables the VSP to share monthly aggregate reports to the CoC safely. Favor House collects data elements that are compliant with FY2024 HUD HMIS Data Standards. The database is equipped with both the ESG CAPER and CoC APR reports, exportable in CSV format for uploading to the SAGE portal.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	246	51	171	57.58%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	293	11	197	64.80%
4. Rapid Re-Housing (RRH) beds	180	0	180	100.00%
5. Permanent Supportive Housing (PSH) beds	235	0	235	100.00%
6. Other Permanent Housing (OPH) beds	92	0	92	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
NOFO Section V.B.3.c.		
For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:		
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
NOFO Section V.B.3.d.		
You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.		

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/22/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1. The CoC's PIT Planning Committee, which included a subcommittee for Youth, Students, and Families experiencing homelessness, started its preliminary planning in July 2024 and held formal meetings October 2023 through January 2024. RHY providers - Children's Home Society, and Lutheran Services - sent representatives to the community planning meetings. Children's Home Society staff are embedded within the local school districts in Escambia and Santa Rosa Counties. The CoC asked for the assistance of the Children's Home Society to identify unaccompanied youth who could be engaged as volunteers in the planning of the PIT Count. The provider was also asked to count unaccompanied youth and youth experiencing housing instability at the schools. In addition, the CoC Lead engaged the Youth Action Board of Northwest Florida, which is comprised of youth with lived experience about participating in the PIT planning process. Invitations were sent to all YAB members, and a monetary stipend and transportation were offered to YAB members who participated.

2. Children's Home Society has a longstanding, successful street outreach program that tracks youth experiencing homelessness on a heat map of the geographic area. This map was shared with the CoC Street Outreach PIT Coordination team. These maps were overlaid with other maps from Escambia County Code Enforcement, Escambia County Emergency Management, and Opening Doors 2023 PIT Map to improve the Team's ability to identify locations where homeless youth were most likely to be found.

3. Youth from several departments at the University of West Florida, including youth with lived experience of housing instability and homelessness, participated as counters in the 2024 unsheltered PIT Count. In addition, youth currently participating in RHY programs participated in the count at known locations and street outreach sites where homeless youth are known to visit for services or stay overnight. The youth had a special volunteer training after hours to learn the PIT count process and how to use the mobile PIT app. The youth were placed with the RHY provider, Children's Home Society, at service-based sites and also at the survey collection site of the annual U-Count event to capture additional surveys referring back to the night of PIT.

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

In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

**(limit 2,500 characters)**

1. For the 2024 Point-in-Time (PIT) count, our Continuum of Care (CoC) refined its sheltered count methodology by utilizing known bed counts and occupancy rates to estimate the number of individuals and households in shelters. We applied the HUD-provided PIT Count Data Extrapolation Tool (updated March 2024) to enhance our accuracy. Additionally, we enhanced data quality through a coordinated effort that involved training returning volunteers from the previous year, increasing survey consistency and reliability.
2. Our CoC also implemented significant improvements to the unsheltered PIT count. Early planning commenced with dedicated committees, allowing us to establish a comprehensive strategy that included outreach to areas with high incidences of homelessness. This year, we expanded our data quality utilizing veteran volunteers, ensuring thorough coverage and more surveys conducted by each surveyor. We focused on areas with known encampments and increased collaboration with local service providers to capture a broader demographic.
3. The PIT count was not affected by people displaced from natural disaster or seeking short-term shelter or housing assistance after recently arriving in the CoC's area.
4. These methodological enhancements led to a more accurate representation of homelessness in our CoC. The combination of improved training, increased return volunteer participation, and early planning contributed to a higher response rate and more reliable data collection. This comprehensive approach allowed us to identify and serve a larger population of individuals experiencing homelessness effectively.

## 2C. System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2C-1.</b>	<b>Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.</b>	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

**(limit 2,500 characters)**

1. The CoC analyzed data by reviewing local homelessness statistics from PIT/HIC/LSA and examining trends in housing instability. This includes collaboration with service providers, social workers, and public health officials to gather information on shared characteristics and trends among those entering homelessness. Call record reports from the 211 and the CE System help us to determine the populations most at risk, and information is collected in collaboration with partner agencies (legal services, government, faith-based, mental health and wellness, and sub-providers). Planning meetings with the various committees of the homeless reduction task force have helped the CoC identify the most prevalent risk factors of people experiencing homelessness currently, which include domestic violence experience, substance use, untreated mental health conditions, a combination of substance use and untreated mental health conditions, chronic homelessness; and life transitions (e.g., youth aging out of foster care).
  
2. CoC’s strategy includes personally connecting eligible clients experiencing homelessness -or- at imminent risk and identifying risk factors linked to the Coordinated Entry System from triage, screening, prioritization, and referral to an appropriate provider. The goal of the CoC is to ensure that organizations providing homeless services and housing programs are well-informed about this available resource. A service history, a call record, and the reason for the crisis are documented in HMIS. The CE ensures that any risk is addressed as quickly as possible and that episodes of homelessness are rare, brief, and non-reoccurring. The CoC also works with the counties and other non-HMIS participating agencies to meet the needs of those experiencing a crisis.
  
3. Opening Doors Northwest Florida oversees the strategy to reduce the number of individuals and families experiencing homelessness for the first time.

<b>2C-1a.</b>	<b>Impact of Displaced Persons on Number of First Time Homeless.</b>	
	NOFO Section V.B.5.b	

Was your CoC’s Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

	1. <b>natural disasters?</b>	No
	2. <b>having recently arrived in your CoC’s geographic area?</b>	No

<b>2C-2.</b>	<b>Reducing Length of Time Homeless—CoC’s Strategy.</b>	
	NOFO Section V.B.5.c.	

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

**(limit 2,500 characters)**

1. The CoC utilizes the HMIS to track individuals' and families' homelessness and housing history, enabling service providers to access comprehensive records that show the duration of homelessness. Program staff regularly review assessments and cases to help identify those with extended shelter stays or street homelessness. Outreach teams play a critical role as the first point of contact with individuals directly in their environments, collect surveys to gather personal histories, and understand the barriers to housing. Enhanced collaboration among healthcare and social service providers has provided insights into chronic homelessness and the link to health issues or lack of resources. Moreover, the CoC prioritizes PIT data outcomes to help pinpoint long-term cases in the continuum. The CoC compounds the data and performance outcomes from available data resources to identify and develop strategies to prioritize support through funding efforts and policy to ensure those experiencing homelessness longest in the community receive targeted assistance and resources to secure stable housing quickly. For example, the CoC uses HIC to identify gaps in housing inventory and shelter usage during PIT to understand the need to identify funds to increase inventory for a housing type or update policy to encourage entering shelters when shelter utilization is low.

2. The CoC utilizes the LSA and System Performance Measures report to identify two measurement points: the approximate date homelessness started and the length of time homelessness was during a specific period. To prioritize housing placement, households are scheduled for Coordinated Entry Assessment, which includes triage and prioritization. Households receive a prioritization score, identifying whether a household is in crisis or vulnerable. The household is placed on a by-name list based on the acuity level derived from the assessment's composite score. Households that are document-ready and who have medium-to-high acuity are prioritized for services. Households deemed low acuity and receiving no recommendation for housing intervention are diverted to external assistance to self-resolve.

3. Opening Doors Northwest Florida oversees the strategy.

2C-3.	Successful Permanent Housing Placement or Retention –CoC’s Strategy.	
	NOFO Section V.B.5.d.	
	In the field below:	
	1. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

**(limit 2,500 characters)**

1. CE Navigators and housing staff assist applicants in creating individualized housing and service plans tailored to each household’s unique needs and barriers. Participants collaborate with staff to explore stable housing options, financial resources, and support services. The CE system within the CoC guides participants through the homeless response system, connecting them to essential services like mental health support, addiction treatment, and job training. A streamlined referral process utilizes HMIS, email, and phone for efficient digital referrals, while self-advocates receive street survival guides to navigate the system independently. The CoC allocates funding for rapid rehousing programs, such as Challenge PLUS and ESG, targeting vulnerable populations experiencing prolonged homelessness. This financial support aids quick transitions to housing. Housing navigators work to establish partnerships with landlords and property managers, improving access to affordable housing. The CoC seeks funds to provide incentives to landlords for damage deposits, encouraging them to rent to individuals with a history of homelessness. Active teams offer ongoing support and client follow-ups at various points in the CE system. The CE Access Point conducts follow-ups for those on the by-name list, while Hope Florida navigators provide regular check-ins for clients referred to access points. Once clients secure housing, CE navigators and housing providers regularly assess case plans to tackle challenges and provide resources to prevent homelessness recurrence.

2. Case managers deliver up to six months of post-exit follow-up, ensuring households access mainstream resources and benefits, while also educating them on life skills, including tenant rights and budgeting. The CoC has established Homeless Prevention programs through TANF, SSVF, and ESG to cover costs during financial crises and prevent evictions. A landlord partnership policy facilitates communication between landlords and housing staff, addressing tenant concerns and assisting with emergency transfer requests. Additionally, the CoC supports participants with substance use and mental health challenges, offering crisis intervention resources. Mechanisms are in place for wellness checks and advocacy for crisis support to prevent housing loss and decline.

3. Opening Doors Northwest Florida oversees the strategy.

2C-4.	Reducing Returns to Homelessness—CoC’s Strategy.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC’s strategy to reduce the rate that individuals and families return to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

**(limit 2,500 characters)**

1. As part of the CoC strategy to identify individuals and families who return to homeless, HMIS system performance reports are run monthly to identify those 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.

2. The CoCs strategy to reduce returns to homelessness includes: (1) landlord mediation and court eviction diversions, (2) assisting participant in developing household budgets and savings plans, (3) referrals to workforce development and education programs, (4) connections to other mainstream resources that help increase income, and (5) additional rental assistance. This CoC emphasizes linking households among community partners to support housing stability. Housing stability case managers play a key role in engaging with program participants for interim and annual assessments, as well as at the cessation of financial assistance with connecting to supports to ensure ongoing housing stability.

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–CoC’s Strategy.	
	NOFO Section V.B.5.f.	

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

**(limit 2,500 characters)**

1. The CoC has developed partnerships with multiple agencies to connect households experiencing homelessness, at risk of homelessness, or rehoused to employment opportunities. The CoC also connects households to appropriate programs for education and skills development needed to obtain employment and increase income over time. CoC partnerships focus on providing access to training and employment opportunities with private employers through CareerSource Escarosa, a CoC organizational member and Goodwill. Career Source Escarosa supports 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 households. In addition, the CoC partners with staffing agencies such as Landrum, Manpower, and Kelly Services.

2. The mainstream local workforce development agency, CareerSource Escarosa is an active participant in 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. Households experiencing homelessness, those at risk of homelessness, and those rehoused also gain access to the Welfare Transition Programs to support the transition to mainstream employment.

3. CareerSource Escarosa oversees the CoC’s strategy to increase income from employment. It is responsible for putting forward the CoC goals of creating financial independence for persons with lived experience for adhering to the intentional objectives of the Federal Workforce Innovation and Opportunity AVE (WIOA) creating success in the labor market.

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

**(limit 2,500 characters)**

1. The CoC works with (1) CareerSource Escarosa to help households access TANF and unemployment payments for those eligible, (2) the SSVF provider case management team and the local Veterans Services Office to assist veterans with accessing VA benefits, (3) SOAR-certified case managers to help eligible clients access SSI/SSDI and other potential entitlements, and (4) the State of Florida Department of Children and Families (DCF) to coordinate access to SNAPs and other benefits, and to complete applications and provide documentation, as needed. DCF launched a program called HOPE FL, which provides assistance to persons needing assistance by assigning a navigator to help them efficiently use available resources such as SNAP benefit and CHIP (children’s insurance). DCF also has two storefronts in the jurisdiction where consumers may access services.

2. Opening Doors Northwest Florida is the organization responsible for overseeing this strategy, assisted by the DCF representative on the CoC Board, who is responsible for overseeing the CoC strategy to increase non-employment cash income.

### 3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Reducing Homeless...	PH-RRH	8	Healthcare
A New Beginning RRH	PH-RRH	6	Both

### 3A-3. List of Projects.

- 1. What is the name of the new project? Reducing Homelessness by Enhancing Rapid Rehousing
- 2. Enter the Unique Entity Identifier (UEI): T7V7PNSKJ489
- 3. Select the new project type: PH-RRH
- 4. Enter the rank number of the project on your CoC's Priority Listing: 8
- 5. Select the type of leverage: Healthcare

### 3A-3. List of Projects.

- 1. What is the name of the new project? A New Beginning RRH
- 2. Enter the Unique Entity Identifier (UEI): HNVVJ4LSTJM6
- 3. Select the new project type: PH-RRH
- 4. Enter the rank number of the project on your CoC's Priority Listing: 6
- 5. Select the type of leverage: Both

### 3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,500 characters)**

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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

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

(limit 2,500 characters)

## 4A. DV Bonus Project Applicants for New DV Bonus Funding

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

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

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

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	165
2.	Enter the number of survivors your CoC is currently serving:	42
3.	Unmet Need:	123

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
	3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

**(limit 2,500 characters)**

1 & 2. Using the HMIS comparable database, Osnum, the local DV Shelter recorded 165 adults in the past year who have entered the emergency shelter. Seventy-six (76) of these adults did not have children. At the time of their stay, all 165 reported a desire to obtain independent housing. At the time of their respective exits, 42 obtained their own housing; 12 went to live with family members; and 6 entered rehabilitation facilities. The remaining survivors exited from the DV emergency shelter to other shelters (DV or homeless) or traveled out of the area.

3. The primary barrier faced by all survivors seeking independent housing is the lack of attainable, affordable housing stock in our area. We are a growing community with limited housing units and growing rental rates. While construction of multi-family apartment complexes is underway, the rent on most of the new units exceeds what our DV survivors can afford. Additionally, many survivors come to us with a lack of income, eviction histories, poor credit, and criminal backgrounds. With a growing population and an ever transitioning military training base in our community, landlords have the opportunity to be more selective in the tenants they choose to accept. Finally, a unique barrier for many survivors who enter the local DV shelter is finding appropriate, affordable housing for a large family with four or more children of various ages and genders. Housing units large enough for the family are frequently out of the rental price range of what the parent can afford.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

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

<b>Applicant Name</b>
FavorHouse of Nor...

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	FavorHouse of Northwest Florida, Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	25%
3.	Rate of Housing Retention of DV Survivors–Percentage	45%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1 and 2. The placement rate was calculated by dividing the total number of households who were placed in independent housing (42) by the total number of households that were looking for independent housing (165) (data source: VSP comparable database, Osnum). The percentage of placement is 25%. This percentage does not include survivors who exited to stay temporarily with family or those who entered institutions such as rehabilitation centers. The rate accounts for exits to safe housing destinations.

3. The housing retention rate was determined by comparing data entries in the database for the number of households that moved into permanent housing and the number of households that retained that housing or exited to other permanent housing destinations. Based on available data, 45% of DV survivors who moved into permanent housing retained permanent housing.

4. The data sources are Osnum, the DV program's HMIS comparable database, and the CoC's HMIS.

<b>4A-3c.</b>	<b>Applicant's Experience Housing DV Survivors.</b>	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
	1. ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
	2. prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
	3. determined survivors' supportive services needs;	
	4. connected survivors to supportive services; and	
	5. moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

**(limit 2,500 characters)**

In an effort to make homelessness brief and non-recurring, A New Beginning: RRH will address safe housing needs of survivors of domestic violence who are homeless due to fleeing from those dangerous and unhealthy situations. Eligible candidates will include victims who enter the FavorHouse emergency shelter as well as those who are referred to our program through our CoC's Coordinated Entry System.

Program participants will work with our Housing Advocates to create an individual housing plan focused on obtaining appropriate, safe, and affordable housing. The proposed program will assist with moving costs, move-in expenses, and the cost of rent and utility deposits in accordance with the participant's housing plan. The program will be designed to provide up to 24 months of income support and rental assistance to help keep the participant's housing costs to less than 30% of their income. When necessary, FavorHouse will pay up to 100% of rent. Then, as the participant achieves their financial goals and begins to stabilize, the center-paid portion will reduce to 75%, 50%, 25%, and eventually zero. This will allow the participant to gradually take over financial responsibility for their expenses. Throughout enrollment in the program, the participant will have regular meetings with victim advocates who have expertise in economic justice initiatives for DV survivors. These meetings will include safety planning, case management, budgeting, crisis support, and linkage to other needed services available internally through FavorHouse and externally by others in our community.

The project will reduce the length of time of homelessness by using the housing first model and will align with our CoC's goal of rapidly rehousing individuals in less than 90 days. Moreover, participants in FavorHouse's program are anticipated to experience employment and/or income growth due to the stability found by rapidly rehousing them and their ongoing work with supportive service staff. The project will support the CoC's efforts towards achieving HUD System Performance Measures such as having a "stably housed" status at program exit and increasing the household income (including enrollment in appropriate mainstream benefits).

<b>4A-3d.</b>	<b>Applicant's Experience in Ensuring DV Survivors' Safety.</b>	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 2,500 characters)

Survivor safety is a core component of every program offered by FavorHouse. As a state-certified DV center, we adhere to quality standards in our development and delivery of programs and services. All of our direct service staff members are required to complete Core Competency training which educates them on all things domestic violence with an emphasis on trauma-informed care, confidentiality, and safety planning. This 30-hour training is required within the first 90 days of employment and provides the staff member with the foundation needed to provide victim-centered service. The training also qualifies the staff member for victim-advocate privilege, which gives protections to the confidential communications made by victims or any record made in the course of advising, counseling, or assisting them. All of our services are free, confidential, and available to every domestic violence victim in our community.

As a FavorHouse program, A New Beginning: RRH will be staffed by advocates who have completed the required Core Competency training and obtain victim-advocate privilege. The policies and practices of the program will be developed using a trauma-informed care lens. This will include emphasis on the safety of the survivor and their children while empowering them throughout the decision-making process as they determine their goals and future.

FavorHouse has used the housing first model for years. We believe safe, stable, affordable housing is foundational to a healthy, productive society. We understand someone can't be expected to heal from whatever trauma they've experienced if they don't know where they'll live when they exit our shelter. Within the first 3 days of a shelter stay, FavorHouse staff begin working with each victim to determine housing goals in an effort to keep their incident of homelessness as brief as possible. Program participation is voluntary, with individual housing plans based on the victim's self-determined goals. A safety plan is created with the participant along every step of the housing search including once housing is obtained. These plans include safety features such as door and window locks, doorbell and security cameras, window alarms, and more.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.
	NOFO Section I.B.3.j.(1)(d)

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

**(limit 2,500 characters)**

FavorHouse has been providing emergency shelter and comprehensive services to domestic violence victims and their children for nearly 45 years. Survivor safety is at the core of everything we do.

As a state certified domestic violence center, we adhere to quality standards for our programs, services, and facilities. These standards include but are not limited to: safety practices, security requirements, and staff training requirements. All of FavorHouse’s program policies and procedures are developed through a trauma-informed lens while adhering to the quality standards required by the state. This development process will apply to A New Beginning RRH policies and procedures as well.

Every year, FavorHouse is monitored by the Florida Department of Children and Families to ensure our compliance with the state standards. This outside audit evaluates our program, administration, and fiscal policies and records. It also includes interviews with participants, board members, and staff. FavorHouse consistently passes our annual monitoring and has maintained our certification for decades.

4A-3e.	<b>Applicant’s Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.</b>  NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below the project applicant’s experience in:	
1.	prioritizing placement and stabilization of survivors;	
2.	placing survivors in permanent housing;	
3.	placing and stabilizing survivors consistent with their preferences; and	
4.	placing and stabilizing survivors consistent with their stated needs.	

**(limit 2,500 characters)**

FavorHouse has used the housing first model for years. We believe safe, stable, affordable housing is foundational to a healthy, productive society. We understand someone can't be expected to heal from whatever trauma they've experienced if they don't know where they'll live when they exit our shelter.

Within the first 3 days of an emergency shelter stay, FavorHouse staff begin working with each adult survivor to determine housing goals in an effort to keep their incident of homelessness as brief as possible. Program participation is voluntary. Individual housing plans are based on the survivor's self-determined goals including preferred housing locations and stated accessibility needs. FavorHouse staff work with each survivor to identify potential permanent housing units and evaluate each one based on their personal housing plan.

Each survivor is also offered access to a wide range of supportive services including all of FavorHouse's other victim services and other community resources to help them stabilize themselves and their families. These services may include financial and/or food assistance, employment searches, services to assist with medical and mental health needs, and help coping with the trauma and after effects of an abusive relationship.

Establishing A New Beginning Housing RRH will build on FavorHouse's victim service experience by dedicating staff and resources to helping survivors overcome their challenges and obtain safe, affordable, and permanent housing. CoC-RRH funding will expand our housing first services by providing much needed funds for rental assistance and other housing supports.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

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

1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

**(limit 5,000 characters)**

Survivor-centered practices are at the heart of every program offered by FavorHouse. As a state certified domestic violence center, we adhere to quality standards in our development and delivery of programs and services. All of our direct service staff members are required to complete Core Competency training which educates them on all things domestic violence with an emphasis on trauma-informed care, safety planning, and confidentiality. This 30-hour training is required within the first 90 days of employment and provides the staff member with the foundation needed to provide victim-centered service. The training also qualifies the staff member for victim-advocate privilege, which gives protections to the confidential communications made by victims or any record made in the course of advising, counseling, or assisting them.

FavorHouse has a nondiscrimination policy and a process of helping ensure equal access to our services for every domestic violence victim we serve. Every staff member is trained on the policy and the process.

FavorHouse staff are expected to treat each participant with respect and to use strength-based coaching when discussing goals and aspirations. Staff are expected to allow survivors to self-identify the areas of their life they want to work on. Survivors also self-determine the goals they want to set. Staff then uses a strength-based approach to help the participant set action steps toward attaining their personal definition of success.

FavorHouse program participants are offered the opportunity to attend empowerment classes with topics which focus on providing information and education about a variety of topics important to a survivor's healing. Topics include financial literacy, the power and control wheel, red flags of abusive behaviors, the short- and long-term effects of trauma and healing strategies, establishing healthy boundaries in relationships, and more. These empowerment classes as well as our peer support groups help survivors connect with other survivors. By attending and developing relationships with other survivors, each individual knows they are not alone in experiencing abuse.

We serve survivors with children every day, and with that service comes the need to help the non-offending parent help their child(ren) cope. Our Family Advocate helps each participating parent understand the effects of trauma on children and how to help mitigate some of them. The Advocate also helps each parent establish a family service plan which focuses not only on the needs of the adult but also on the children. Safety plans are created with each parent and each child (as appropriate) to help them consider safety precautions and responses to situations like being confronted by the abusive partner. In some cases, the Family Advocate connects the parent with one of our community partners to assist with legal issues such as child support, custody, or divorce.

As a FavorHouse program, A New Beginning RRH will be staffed by advocates who have completed the required Core Competency training and acquire victim-advocate privilege. The policies and practices of the program will be developed using a trauma-informed care lens. This will include emphasis on the safety of the survivor and their children while empowering them throughout the decision-making process as they determine their goals and future.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

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

**(limit 5,000 characters)**

FavorHouse of Northwest Florida, Inc. is the only certified domestic violence center serving domestic violence victims in the Northwest Florida counties of Escambia and Santa Rosa since 1980. Our mission is to empower domestic violence survivors and families to create safe spaces and healthy relationships through intervention, empowerment, and prevention services.

The proposed A New Beginning Rapid Re-Housing project will provide housing advocacy, rental assistance, and supportive services to domestic violence survivors in the FL511 CoC who have experienced homelessness or are at risk of homelessness due to fleeing an abusive partner. The project will use a scattered-site, tenant-based model for rapid rehousing, and will offer a variety of voluntary supportive services to meet the needs of the individual/family.

FavorHouse's Housing Advocate will implement the program using a housing first approach to meet the individual where they are and work with them to create a personalized housing plan focused on obtaining appropriate, safe, and affordable housing without any preconditions. Case management will follow best practices for providing trauma-informed, survivor-centered services. The Housing Advocate will have specialized training in economic justice initiatives such as spending plans, credit repair, and achieving education and employment goals. The Advocate will become a local expert on VAWA housing protections and confidentiality requirements, and will have proficient knowledge of the Fair Housing Act. The Advocate will actively assist in the development and implementation of our local VAWA Emergency Transfer Plan, and assist with policy development and education about VAWA's Confidentiality Requirements.

Program participants will be offered the opportunity to participate in other FavorHouse supportive services. Each participant will be encouraged to actively participate in our Economic Empowerment Program. This program offers financial literacy workshops, individual financial counseling with an emphasis on the special needs of domestic violence victims, and assistance with finding gainful employment. Our Economic Empowerment Advocate and our Housing Advocates will be SOAR certified so they can help RRH participants with applying for SSI and SSDI as well as assist with a job search.

RRH participants will also be encouraged to participate in our Outreach Program, which offers individual and group counseling as well as educational classes and workshops to assist with healing and re-establishing life after abuse. Since FavorHouse is a well-established certified victim service center, participants can receive ongoing supportive services for as long as they need them.

4A-3h.	<b>Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).</b>  NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below how the project(s) will:	
1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

**(limit 2,500 characters)**

FavorHouse has used the housing first model for years. We believe safe, stable, affordable housing is foundational to a healthy, productive society. We understand someone can't be expected to heal from whatever trauma they've experienced if they don't know where they'll live when they exit our shelter.

While FavorHouse has a great relationship with our CoC partners, having dedicated CoC-RRH funding specific to our DV survivors and the ability to administer rental assistance and other housing supports directly will expand our housing first services. Our plan is to continue to offer assistance to survivors staying in our emergency shelter as previously described when asked about our experience. However, we'll be able to do so with more certainty about how much rental assistance is available, for how long, and for whom it can be given.

Within the first 3 days of an emergency shelter stay, FavorHouse staff begin working with each adult survivor to determine housing goals in an effort to keep their incident of homelessness as brief as possible. Program participation is voluntary. Individual housing plans are based on the survivor's self-determined goals including preferred housing locations and stated accessibility needs. FavorHouse staff works with each survivor to identify potential permanent housing units and evaluate each one based on their personal housing plan.

Each survivor is also offered access to a wide range of supportive services including all of FavorHouse's other victim services and other community resources to help them stabilize themselves and their families. These services may include financial and/or food assistance, employment searches, services to assist with medical and mental health needs, and help coping with the trauma and after effects of an abusive relationship.

Establishing A New Beginning Housing RRH will build on FavorHouse's victim service experience by dedicating staff and resources to helping survivors overcome their challenges and obtain safe, affordable, and permanent housing. In addition to providing direct service to RRH participants, Housing Advocates will also be responsible for establishing, building, and maintaining relationships with local landlords and property managers. This will help build a rapport and knowledge between our agency and the people who have rental properties needed by our participants. In time, these relationships will open more opportunities for survivors to access safe, permanent housing.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:

- |    |  |
|----|--|
| 1. | establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials; |
| 2. | provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;  |
| 3. | emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;                   |
| 4. | center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;           |
| 5. | provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and  |
| 6. | offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.   |

**(limit 5,000 characters)**

The plan for administering trauma-informed, survivor-centered practices will be to continue to build upon our decades of experience serving DV survivors and their children. As previously described, survivor-centered practices are at the heart of every program offered by FavorHouse.

FavorHouse is a FL state certified domestic violence center. We adhere to quality standards in our development and delivery of programs and services. All of our direct service staff members are required to complete Core Competency training which educates them on all things domestic violence with an emphasis on trauma-informed care, safety planning, and confidentiality. This 30-hour training is required within the first 90 days of employment and provides the staff member with the foundation needed to provide victim-centered service. The training also qualifies the staff member for victim-advocate privilege, which gives protections to the confidential communications made by victims or any record made in the course of advising, counseling, or assisting them.

FavorHouse has a nondiscrimination policy and a process of helping ensure equal access to our services for every domestic violence victim we serve. Every staff member will continue to be trained on the policy and the process.

FavorHouse staff will always be expected to treat each participant with respect and to use strength-based coaching when discussing goals and aspirations. Staff will continue to allow survivors to self-identify the areas of their life they want to work on and to self-determine the goals they want to set. Staff will use a strength-based approach to help participants set action steps toward attaining their personal definition of success.

RRH participants will have access to FavorHouse’s Economic Empowerment Program. This program provides basic financial literacy education as well as individualized case management focused on budgeting, banking, credit counseling/repair, job skills and searches, and/or additional education. The Economic Empowerment curriculum and materials are developed through a trauma-informed lens specific to the unique challenges created by the financial abuse experienced by 99% of DV victims.

RRH program participants will be offered the opportunity to attend empowerment classes with topics which focus on providing information and education about a variety of topics important to a survivor’s healing. Topics include financial literacy, the power and control wheel, red flags of abusive behaviors, the short- and long-term effects of trauma, establishing healthy boundaries in relationships, and more. These empowerment classes as well as our peer support groups help survivors connect with other survivors. By attending and developing relationships with other survivors, each individual knows they are not alone in experiencing abuse.

We will continue to provide services to survivors with children. Our programs will continue to help the non-offending parent help their child(ren) cope. Our Family Advocate helps each participating parent understand the effects of trauma on children and how to help mitigate some of them. The Advocate also helps each parent establish a family service plan which focuses not only on the needs of the adult but also on the children. Safety plans are created with each parent and each child (as appropriate) to help them consider safety precautions and responses to situations like being confronted by the abusive partner. In some cases, the Family Advocate connects the parent with one of our

community partners to assist with legal issues such as child support, custody, or divorce.

As a FavorHouse program, A New Beginning RRH will be staffed by advocates who have completed the required Core Competency training and acquired victim-advocate privilege. The policies and practices of the program will be developed using a trauma-informed care lens. This will include emphasis on the safety of the survivor and their children while empowering them throughout the decision-making process as they determine their goals and future. Our Housing Advocates will also be responsible for establishing, building, and maintaining relationships with local landlords and property managers. This will help build a rapport and knowledge between our agency and the people who have rental properties needed by our participants. In time, these relationships will open more opportunities for survivors we're serving to access safe, permanent housing.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
NOFO Section I.B.3.j.(1)(f)		
Describe in the field below how the new project will involve survivors:		
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

**(limit 2,500 characters)**

FavorHouse is committed to involving survivors with lived experience in the policy and program development for the services we provide.

One way we do this is by including survivors on our Board of Directors. We currently have four board members who have life experience with domestic violence, and one has been a recipient of our shelter services. These members are instrumental in establishing the agency's strategic priorities and policies to best meet the unique needs of the families we serve.

We also have included survivors with lived experience on our board's ad hoc housing committee, which is a mix of board members and past program participants. The committee is tasked with exploring strategies for the agency to help meet the housing needs in our community. In addition to helping our advocates network with landlords and property managers in the community, they will be exploring opportunities for FavorHouse to invest in housing and/or properties to establish transitional housing and/or permanent housing for the victims we serve.

FavorHouse also includes survivors with lived experience as staff members and volunteers. These compassionate advocates use their personal experience to connect with the people we serve and help them as they make their journey from victim to survivor. They staff our crisis hotline and emergency shelter. They develop and implement programs within our organization. They coordinate and manage our outreach center and administrative office. Each staff member brings a unique perspective to strengthen our services and their input is invaluable when we review and update our programs' policies and procedures.

As we develop the new housing program this year, FavorHouse will seek to actively engage survivors with lived experience to ensure we are appropriately addressing their needs and anticipating challenges facing those we are helping to house. We will do this by engaging past shelter program participants in focus groups and surveys to help us understand our current weaknesses and ensure the program development addresses them.

## 4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/22/2024
1C-7. PHA Moving On Preference	No		
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/22/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/28/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/08/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/25/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/21/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/21/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/08/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2024 HDX Competit...	10/08/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	10/28/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/28/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

## **Attachment Details**

**Document Description:** PHA Homeless Preference

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Lived Experience Support Letters

## **Attachment Details**

**Document Description:** Housing First Evaluation

## **Attachment Details**

**Document Description:** Local Competition Scoring Tools

## **Attachment Details**

**Document Description:** Scored Forms for One Project

## **Attachment Details**

**Document Description:** Notification of Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** Notification of Projects Accepted

## **Attachment Details**

**Document Description:** Local Competition Selection Results

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** 2024 HDX Competition Report

## **Attachment Details**

**Document Description:** Housing Leveraging Commitment

## **Attachment Details**

**Document Description:** Healthcare Formal Agreements

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/20/2024
1B. Inclusive Structure	10/25/2024
1C. Coordination and Engagement	10/28/2024
1D. Coordination and Engagement Cont'd	Please Complete
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	Please Complete
2B. Point-in-Time (PIT) Count	10/28/2024
2C. System Performance	10/28/2024
3A. Coordination with Housing and Healthcare	10/28/2024
3B. Rehabilitation/New Construction Costs	10/21/2024
3C. Serving Homeless Under Other Federal Statutes	10/08/2024

<b>4A. DV Bonus Project Applicants</b>	10/26/2024
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required



October 21, 2024

***Opening Doors Northwest Florida***  
***Serene Keiek, Interim Director***  
***1020 N. New Warrington Road***  
***Pensacola, FL 32507***

Dear Mrs. Keiek,

Our office is pleased to inform you that the Pensacola City Council has approved an amendment to our PHA administrative plan to provide a limited admission preference for homeless households. City Council has set aside 25 Housing Choice Vouchers for this preference.

We look forward to working with your agency in implementation of this preference in accordance with HUD guidance, including working with you on coordinated entry. Thank you for the continued advocacy that the COC has undertaken in requesting this change to longstanding procedures in order to help address homelessness in Escambia County.

We also value your agency's ongoing commitment to support participants in the Emergency Housing Voucher program and the new local funding we allocated earlier this year to provide additional funding resources for those tenants who may be moving and need funding for deposits and other similar barriers to help these homeless clients remain housed. Your ongoing referrals are appreciated.

I wanted to highlight our pledge to continue to seek additional funding opportunities for homeless households when those opportunities arise. In 2022, we submitted a request to HUD with your letter of support to apply for Stability Vouchers for homeless households, but we were not awarded new vouchers under that registration of interest. In August of this year, we were awarded an allocation of VASH administrative fee funds under PIH Notice 2024-10 to assist homeless veteran households lease units.

Thank you for your ongoing coordination in implementing and expanding these various initiatives for homeless households. Should you require any additional information, please do not hesitate to contact me via e-mail at: [mreeves@cityofpensacola.com](mailto:mreeves@cityofpensacola.com) or by phone at 850-858-0311.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Reeves", is written over a light blue horizontal line.

Meredith Reeves  
Housing Administrator  
City of Pensacola Housing Department

**420 West Chase Street Pensacola, Florida 32502**  
**Ph: 850.858.0350 | Fax: 850.595.0113 | TTY/D: 850.595.0102**  
**[www.cityofpensacola.com](http://www.cityofpensacola.com)**

Behavioral Health & Wellness  
1380 N. Palafox St  
Pensacola, FL 32501  
T 850.512.1430 F 850.436.2095



**community health**  
northwest florida  
HealthcareWithinReach.org

To whom it may concern,

I am writing to express my strong support for the ongoing priorities regarding services for individuals and families experiencing homelessness with severe service needs in the FL-511 Continuum of Care, which encompasses Escambia and Santa Rosa counties. Having personally experienced over four years of homelessness in this area, I deeply understand the challenges faced by our community's most vulnerable members.

During my transition out of chronic homelessness, I was fortunate to benefit from the services provided by the Continuum of Care (CoC) and its members. These services were instrumental in helping me regain stability and access essential resources. I have the honor of now working professionally in the unhoused care service space in support of the unhoused community of which I was once a member. As a current voting member of the CoC representing the NASW Florida Northwest Unit, I am committed to advocating for the needs of individuals and families who are experiencing homelessness and require additional support.

It is crucial that our geographic area continues to prioritize and enhance services tailored to those with severe service needs. This includes, not only immediate assistance, but also long-term support systems that address mental health, substance use, and other challenges that may hinder stability. By investing in comprehensive services, we can facilitate a more sustainable transition for individuals experiencing homelessness, ultimately benefiting our entire community.

I fully support the continued work of COC FL-511 in our collective goal of ending homelessness and healing lives.

Thank you for considering my perspective, and I look forward to our continued work together to create a more supportive environment for those in need.

Sincerely,

A handwritten signature in black ink, appearing to read 'Walter Arrington'. The signature is fluid and cursive, with a prominent flourish at the end.

Walter Arrington, MSW  
He/Him/His  
*CORE & Unhoused Health Navigator*

**Community Health Northwest Florida**  
ADDR 1380 N Palafox St, Pensacola FL 32501  
OFFICE 850 436 4630 Ext 40538  
CELL 850 572 7025  
EMAIL [warrington@healthcarewithinreach.org](mailto:warrington@healthcarewithinreach.org)  
WEB [healthcarewithinreach.org](http://healthcarewithinreach.org)

October 22, 2024

To whom it may concern:

My name is Kevin Eason, and I am writing to express my support for the FY2024, and FY 2025 Continuum of Care Competition submitted under the Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

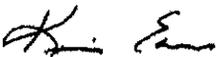
As someone who has experienced homelessness following my more than ten years of incarceration, and after being released with little more than the shirt on my back, I believe my insights can greatly contribute to understanding the needs of individuals facing similar challenges.

In response to my experiences, I have actively engaged with Re-Entry Alliance Pensacola, Inc. (REAP)'s program funded through Opening Doors of NWFL which helps individuals with severe service needs in the FL-511 CoC's geographic area.

For instance, I have helped homeless individuals obtain identification cards, submit applications for Food Stamps, and obtain initial supplies of emergency food and clothing. I have also assisted individuals locate suitable housing and employment. Through these experiences, I have seen firsthand the importance of effective support systems and the positive impact they can have on individuals experiencing homelessness.

I encourage you to consider my lived experiences, my perspective, and recommendations as you evaluate applications under the CoC NOFO. Thank you for your time and for your commitment to improving support systems for individuals facing homelessness. Your consideration of lived experiences is vital to creating effective and meaningful programs.

Sincerely,



Kevin Eason  
2001 West Jordan Street  
Pensacola, FL 32501

10/18/2024

To whom it may concern,

My name is Leigh Oliver, and I am writing to express my support for the FY2024 and FY2025 Continuum of Care Competition submitted under the Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

As someone who has experienced homelessness and housing instability for several years while a single mother of two children, I believe my insights can greatly contribute to understanding the needs of individuals facing similar challenges.

In response to my experiences, I have actively engaged with Opening Doors NWF, Waterfront Mission, Bright Bridge Ministries, homeless street outreach, health and wellness fairs with severe service needs in the FL-511 CoC's geographic area. For instance, I have participated in CoC committees, subcommittees, or workgroups.

Through these experiences, I have seen firsthand the importance of effective support systems and the positive impact they can have on individuals experiencing homelessness.

I encourage you to consider my perspective and recommendations as you evaluate applications under the CoC NOFO. Thank you for your time and for your commitment to improving support systems for individuals facing homelessness. Your consideration of lived experiences is vital to creating effective and meaningful programs.

Sincerely,

A handwritten signature in black ink that reads "Leigh Oliver". The signature is written in a cursive, flowing style.

Leigh Oliver, MSW, BSPH  
850-503-2537

October 22, 2024

To whom it may concern:

My name is Paul Kennedy, and I am writing to express my support for the FY2024, and FY 2025 Continuum of Care Competition submitted under the Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

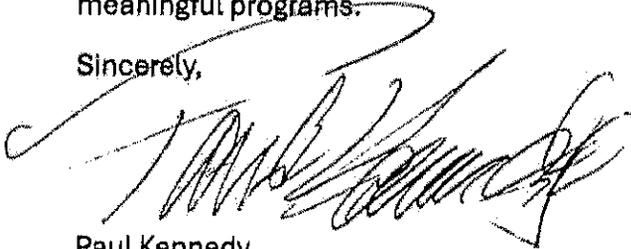
As someone who has experienced homelessness following my more than twenty years of incarceration and being released with little more than the shirt on my back, I believe my insights can greatly contribute to understanding the needs of individuals facing similar challenges.

In response to my experiences, I have actively engaged with Re-Entry Alliance Pensacola, Inc. (REAP)'s program funded through Opening Doors of NWFL which helps individuals with severe service needs in the FL-511 CoC's geographic area.

For instance, I have helped individuals obtain identification cards, submit applications for Food Stamps, and obtain initial supplies of emergency food and clothing. Through these experiences, I have seen firsthand the importance of effective support systems and the positive impact they can have on individuals experiencing homelessness.

I encourage you to consider my lived experiences, my perspective, and recommendations as you evaluate applications under the CoC NOFO. Thank you for your time and for your commitment to improving support systems for individuals facing homelessness. Your consideration of lived experiences is vital to creating effective and meaningful programs.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paul Kennedy', written over a large, loopy flourish that extends to the left and underlines the signature.

Paul Kennedy  
9 Dewitt Drive  
Pensacola, Florida 32507

October 22, 2024

To whom it may concern:

My name is Troy Watts, and I am writing to express my support for the FY2024, and FY 2025 Continuum of Care Competition submitted under the Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

As someone who has experienced homelessness prior to my incarceration, and then having served more than twenty years in federal prison, I believe my lived experience can greatly contribute to understanding the needs of individuals facing similar challenges.

In response to my experiences, I have been actively engaged in a program called The Max-Well Respite Center Program which is funded through Opening Doors of NWFL. This program helps individuals with severe service needs in the FL-511 CoC's geographic area.

For instance, The Max-Well Center helps homeless individuals obtain identification cards, submit applications for Food Stamps, and obtain initial supplies of emergency food and clothing. I have also assisted individuals locate suitable housing and employment. Through these experiences, I have seen firsthand the importance of effective support systems and the positive impact they can have on individuals experiencing homelessness. We assist individuals successfully transition from dependence to independence and self-sufficiency.

I encourage you to consider my lived experiences, my perspective, and recommendations as you evaluate applications under the CoC NOFO. Thank you for your time and for your commitment to improving support systems for individuals facing homelessness. Your consideration of lived experiences is vital to creating effective and meaningful programs.

Sincerely,

A handwritten signature in black ink, appearing to read 'Troy Watts', with a long horizontal flourish extending to the right.

Troy Watts  
3043 Oak Pointe Drive  
Pensacola, FL



### Housing First Standards Assessment Tool

**Overview:** This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates project-level fidelity to Housing First, which directly impacts a system’s fidelity to Housing First. In addition to the universal best practice standards identified in this tool, Continuums should also take into account their local community context and local written standards pertaining to Housing First when assessing projects. A Continuum of Care can use this tool to prompt discussion and to

**Provider Info tab:** The Provider Information tab should be completed *prior* to beginning the assessment. Specifically, the **Project Name, Project Type, Target Sub-Population served, and Date of Assessment** fields need to be completed in order to populate the assessment standards and report summary with questions that are specific to the project type and population. Please complete this section prior to printing any standards for assessment.

**Standards:** The standards have been arranged into the following categories: *Access, Evaluation, Services, Housing, Leases, and Project-Specific*. The “Tab” chart at the bottom of this page describes each of the categories in more detail. Some of the categories are not applicable for all project types, and those standards do not need to be completed,

Project Type	Applicable Standards
Coordinated Entry	Access & Evaluation; Project-specific
Street Outreach	Access & Evaluation; Project-specific
Emergency Shelter	Access & Evaluation; Service & Housing; Project-specific
Transitional Housing	Access & Evaluation; Service & Housing; Leases; Project-specific
Rapid Rehousing	Access & Evaluation; Service & Housing; Leases; Project-specific
Permanent Supportive Housing	Access & Evaluation; Service & Housing; Leases; Project-specific

**Safeguarding:** Please keep in mind safeguarding concerns when assessing projects. In particular, we advise Continuums of Care to work with projects with victims of domestic violence to make sure that adequate safety and confidentiality policies and practices are in place before beginning assessments.

**Scoring:** For each standard, there are three scoring criteria: “Say It”, “Document It”, and “Do It” (as explained further below). To show that a project is in full compliance with each standard, the assessor should mark “Always” for each scoring criteria. Use the drop down in the three columns to the right to select “Always” or “Somewhat” or “Not at

- “Say It” means that project and agency staff can describe verbally what they do concerning each standard. The assessor should be able to identify that the organizational culture supports the standard by how staff talks about what is done.
- “Document It” means that there is written documentation that supports the project’s compliance with each standard. Written documentation could include Policies and Procedures, Personnel Handbooks, Professional Development Plans, Project Rules, etc.
- “Do It” means that the assessor was able to find evidence that supports the project’s compliance with each standard. Evidence could include information contained in client or other administrative files, client acknowledgement that something is being done, staff can point to documentation that supports implementation of the standard, etc.

**Assessor Notes:** A cell below each individual standard allows the assessor to add optional notes about the information collected for that particular standard. The notes can include where information was found, what questions were asked, who answered the questions, what additional information is needed to be able to mark that standard as

Tab	Description	Purpose
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Instructions	Tool overview and aim	Offers instruction to users on the assessment tool
Provider Info	Input provider, project and general assessment information	Determines project-specific standards for consideration
Standards - Access & Evaluation	Input compliance with standards concerning participant access to the project and input, project evaluation and performance management	Assesses whether access and evaluation are compliant with Housing First principles
Standards - Leases	Input compliance with standards concerning the lease and occupancy agreements, where applicable	Assesses whether leases and occupancy agreements are compliant with Housing First principles
Standards - Services & Housing	Input compliance with standards concerning the service and housing models and structure, where applicable	Assesses whether services and housing are compliant with Housing First principles
Standards – Project-Specific	Prompts assessment standards based on project type and targeted sub-populations served by the project, where applicable	Assesses whether specific project standards are compliant with Housing First principles
Report Summary	Displays assessment scores and conclusions, and highlights non-compliant standards	Printable summary of the assessment



**Provider Information**

Please complete the information below on the organization being assessed.

Provider Information	
<b>Provider's Legal Name</b>	Lakeview Center, Inc.
Acronym (If Applicable)	LCI
Year Incorporated	62
EIN	59-0737872
Street Address	1221 W. Lakeview Avenue
Zip Code	32501

Project Information	
Project Name	Housing First 2024
Project Budget	\$145,951
Grant Number	FL0634L4H112206
Name of Project Director	Elizabeth Kitchens
Project Director Email Address	<a href="mailto:libby.kitchens@lifeviewgroup.org">libby.kitchens@lifeviewgroup.org</a>
Project Director Phone Number	850-495-5558
<b>Which best describes the project *</b>	<b>Permanent Supportive Housing</b>
<i>If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing</i>	
<b>Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.</b>	<b>People in Recovery</b>

\*Please note that when you select a project type, particular standards may not be relevant.

Management Information	
Name of CEO	Allison Hill
CEO Email Address	<a href="mailto:allison.hill@lifeviewgroup.org">allison.hill@lifeviewgroup.org</a>
CEO Phone Number	
Name of Staff Member Guiding Assessment	Carmela Henley
Staff Email Address	<a href="mailto:carmela.henley@lifeviewgroup.org">carmela.henley@lifeviewgroup.org</a>
Staff Phone Number	850-495-5558

Assessment Information	
Name of Assessor	Martika Baker
Organizational Affiliation of Assessor	Opening Doors Northwest Florida (HMIS Operations Director)
Assessor Email Address	<a href="mailto:martikab@openingdoorsnwfl.org">martikab@openingdoorsnwfl.org</a>
Assessor Phone Number	850-466-5379
<b>Date of Assessment</b>	<b>May 24 2024</b>



## Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

No.	Standard	Access Definition / Evidence	Say It	Document it	Do it
Access 1	Projects are low-barrier	<p>Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, participation in services, "housing readiness," history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source.</p> <p><i>There's some contradiction observed. See Page 8. Organization doesn't decline entry to people by these prerequisites. However, use of certain substances while in the program could end program participation.</i></p>	Always	Somewhat	Somewhat
Access 2	Projects do not deny assistance for unnecessary reasons	<p>Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1.</p> <p><i>There's some contradiction observed. See Page 8. Organization doesn't decline entry to people by these prerequisites. However, use of certain substances while in the program could end program participation.</i></p>	Always	Somewhat	Somewhat
Access 3	Access regardless of sexual orientation, gender identity, or marital status	<p>Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one's sexual orientation or marital status, and in accordance with one's gender identity. Adult only households, regardless of marital status, should have equal access to projects (if these project types are not available within a CoC, the CoC should conduct an assessment to determine if these project types are needed and work with providers to accommodate the need). Please see Equal Access Rules here: <a href="https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/">https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/</a></p> <p><i>Documented in Housing First Policy of Organization</i></p>	Always	Always	Always
Access 4	Admission process is expedited with speed and efficiency	<p>Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable.</p> <p><i>Documented in Housing First Policy of Organization. HMIS enrollment shows enrollment to be within 1-day</i></p>	Always	Always	Always

Access 5	Intake processes are person-centered and flexible	<p>Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the project.</p> <p><i>Documented in Housing First Policy of Organization. Reviewed sample client files to ascertain person-centered approach.</i></p>	Always	Always	Always
Access 6	The provider/project accepts and makes referrals directly through Coordinated Entry	<p>Projects actively participate in the CoC-designated Coordinated Entry processes as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects follow communities' existing referral processes. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of violence, the participant does not want to be in the project, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented.</p> <p><i>Policy does not state that referrals are received directly through Coordinated Entry. The policy does have a list of conditions (Page 15) that are excluded.</i></p>	Somewhat	Somewhat	Somewhat
Access 7	Exits to homelessness are avoided	<p>Projects that can no longer serve particular households utilize the coordinated entry process, or the communities' existing referral processes if coordinated entry processes are not yet implemented, to ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies' regulation-adherent policies.</p> <p><i>Documented in Housing First Policy of Organization (See Page 6). This was also supported by evidence of this procedure applied in client file review.</i></p>	Always	Always	Always
Name		Participant Input Definition / Evidence	Say It	Document it	Do it
Participant Input 1	Participant education is ongoing	<p>Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.</p> <p><i>Documented in Housing First Policy of Organization. Reviewed client case files and observed notifications of rights and responsibilities as a tenant. Observed evidence of informing participants of rights was continuous through postings in business lobby during site visit.</i></p>	Always	Always	Always
Participant Input 2	Projects create regular, formal opportunities for participants to offer input	<p>Input is welcomed regarding the project's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advisory board, processes to formally communicate with landlords, the design of and participation in surveys and focus groups, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services.</p> <p><i>Documented in Housing First Policy of Organization. Wall posters advertise opportunities for clients to offer input and how.</i></p>	Always	Always	Always



## Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select “Not at all” or “Sometimes” or “Always”. Marking “Always” signifies full compliance for the standard.

	Standard	Lease and Occupancy Definition / Evidence	Say It	Document It	Do It
Leases 1	Housing is considered permanent (not applicable for Transitional Housing)	<p>Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party.</p> <p><i>Yes. This is evidenced by review of lease in client files.</i></p>	Always	Always	Always
Leases 2	Participant choice is fundamental	<p>A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit.</p> <p><i>This is stated by program staff, but not identifiable in the Housing First Policy of the Organization. In practice, it seems that the provider leases units and the client receives choice of the unit in which they are placed based on availability.</i></p>	Always	Not at all	Always
Leases 3	Leases are the same for participants as for other tenants	<p>Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants’ and owner’s choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market.</p> <p><i>Standard lease that autorenews.</i></p>	Always	Always	Always
Leases 4	Participants receive education about their lease or occupancy agreement terms	<p>Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities.</p> <p><i>Documented in the Housing First Policy. This was supported by statement of interviewed program staff.</i></p>	Always	Always	Always

Leases 5	Measures are used to prevent eviction	<p>Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.</p> <p><i>Documented in the Housing First Policy. This was supported by statement of interviewed program staff.</i></p>	Always	Always	Always
Leases 6	Providing stable housing is a priority	<p>Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit.</p> <p><i>Documented in the Housing First Policy. This was supported by statement of interviewed program staff.</i></p>	Always	Always	Always
Leases 7	Rent payment policies respond to tenants' needs (as applicable)	<p>While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.</p> <p><i>This was not evidenced in the policy. However, discussion with program staff demonstrated that tenants that paid rent were given opportunity to remedy arrears.</i></p>	Always	Not at all	Always



## Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

	Standard	Services Definition / Evidence	Say it	Document it	Do it
Services 1	Projects promote participant choice in services	<p>Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services.</p> <p><i>Documented in policy. See page 14-15.</i></p>	Always	Always	Always
Services 2	Person Centered Planning is a guiding principle of the service planning process	<p>Person-centered Planning is a guiding principle of the service planning process</p> <p><i>Program staff states that case planning is person centered. However, it is difficult to observe in policy. Based on case plan notes in files -- it appears that clients do play a large part in their case plan.</i></p>	Always	Somewhat	Always
Services 3	Service support is as permanent as the housing	<p>Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing.</p> <p><i>Documented in policy. See page 14-15.</i></p>	Always	Always	Always
Services 4	Services are continued despite change in housing status or placement	<p>Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays.</p> <p><i>Documented in policy. See page 14-15.</i></p>	Always	Always	Always

Services 5	Participant engagement is a core component of service delivery	Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time.  <i>Documented in policy. See page 14-15, 20</i>	Always	Always	Always
Services 6	Services are culturally appropriate with translation services available, as needed	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them).  <i>This was difficult to ascertain from the policy. The policy brings up cultural competency issues; but doesn't expand upon processes to ensure culturally appropriate services or offer of translation services.</i>	Always	Somewhat	Not at all
Services 7	Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)	Services support a participant's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices.  <i>Excellent!</i>	Always	Always	Always
	<b>Standard</b>	<b>Housing Definition / Evidence</b>	<b>Say It</b>	<b>Document It</b>	<b>Do It</b>
Housing 1	Housing is not dependent on participation in services	Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants.  <i>Optional notes here</i>	Always	Always	Always
Housing 2	Substance use is not a reason for termination	Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing brief here: <a href="https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/">https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/</a>	Always	Not at all	Not at all

*This was a contradictory principle in the policy. The program staff states that substance use is not a reason for termination; but has areas in the policy that state that having substances could be grounds for termination.*

Housing 3	The rules and regulations of the project are centered on participants' rights	Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have access to the project at all hours (except for nightly in and out shelter) and accommodation is made for pets.	Always	Always	Always
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*Optional notes here*

Housing 4	Participants have the option to transfer to another project	Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.	Always	Somewhat	Always
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*There is a section on transfers. However, the policy doesn't document the process well.*



## Housing First Standards

For each standard, please use the drop down boxes in the three columns to the right to select "Not at all" or "Sometimes" or "Always". Marking "Always" signifies full compliance for the standard.

Standard	Project -Specific Standards	Say It	Document it	Do it
Project 1	<p>Quick access to RRH assistance</p> <p>A permanent supportive housing project ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability.</p> <p><i>Not a RRH project. Does not state plan to help client move-on into HCV or other PHA program if possible.</i></p>	Not at all	Not at all	Not at all
Project 2	<p>PSH is focused on ending homelessness for those with the most severe barriers to maintaining housing</p> <p>Participants and staff understand that a primary goal of permanent supportive housing is to end homelessness for people with the most severe service needs and help participants stay housed, regardless of other perceived barriers.</p> <p><i>Documented in the Housing First Policy of the organization.</i></p>	Always	Always	Always
Project 3	<p>Property Management duties are separate and distinct from services/case management</p> <p>In order to provide clear roles of staff for participants in terms of lease and rules enforcement as well as tenant advocacy, property management and service provider staff should be separate roles. However, they should work together on a regular basis through regular communications and meetings regarding Participants to address tenancy issues in order to preserve tenancy.</p> <p><i>Monitoring showed that property management and operations were separate from program/case management staff and duties. However, this wasn't documented in the Housing First Policy. There seems to be a separate policy not submitted during monitoring period.</i></p>	Always	Not at all	Always
	No additional standards	Please select answer	Please select answer	Please select answer
	<i>Optional notes here</i>			
	No additional standards	Please select answer	Please select answer	Please select answer
	<i>Optional notes here</i>			

No additional standards

*Optional notes here*

No additional standards

*Optional notes here*

No additional standards

*Optional notes here*

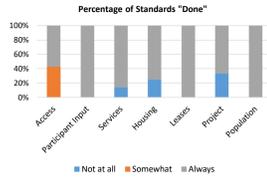
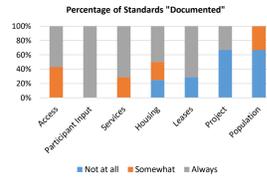
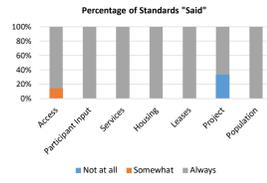
	Standard	Population Specific Standards	Say It	Document It	Do It
Population 1	Recovery housing is offered as one choice among other housing opportunities	Connection to recovery housing reflects individual choice for this path toward recovery. Abstinence-only spaces are incorporated into a Housing First model wherever possible, thus providing this type of recovery option to those who choose it. Recovery supports are offered, particularly connections to community-based treatment options.  <i>This standard is evident in statements made during interview and seems to be the practice of the organization. The policy does not document this process well; but hints at it.</i>	Always	Somewhat	Always
Population 2	Services include relapse support	Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment or direct provision of outpatient services or the ability to hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment.  <i>This standard is evident in statements made during interview and seems to be the practice of the organization. The policy does not document this process to the reviewer.</i>	Always	Not at all	Always

Population 3	Services support sustained recovery	<p>Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substances (if that is a personal goal), long-term permanent housing stability, and stable income through employment or benefits. Support is offered through connections to community-based treatment options.</p> <p><i>This standard is evident in statements made during interview and seems to be the practice of the organization. The policy does not document this process to the reviewer.</i></p>	Always	Not at all	Always
	Population	<p>No additional standards</p> <p><i>Optional notes here</i></p>			



Your score: 165  
Max potential score: 198

Score is calculated by awarding 1 point for standards answered 'sometimes' and 2 points for standards answered 'always'. Categories that are not applicable for your project are not included in the maximum potential score.



Non-Compliant Standards ("Not at all" to Whether Standard is Sald)				Non-Documented Standards ("Not at All" to Whether Standard is Documented)				Non-Evidenced Standards ("Not at All" to Whether Standard is Done")			
Category	No.	Name	Standard	Category	No.	Name	Standard	Category	No.	Name	Standard
Project-specific	1	Quick access to RRH assistance	A permanent supportive housing project ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability.  <i>Not a RRH project. Does not state plan to help client move-on into HCV or other PHA program if possible.</i>	Housing	2	Substance use is not a reason for termination	Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing Brief here: <a href="https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/">https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/</a>  <i>This was a contradictory principle in the policy. The program staff states that substance use is not a reason for termination; but has areas in the policy that state that having substances could be grounds for termination.</i>	Services	6	Services are culturally appropriate with translation services available, as needed	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the project. Projects that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them).  <i>This was difficult to ascertain from the policy. The policy brings up cultural competency issues; but doesn't expand upon processes to ensure culturally appropriate services or offer of translation services.</i>
				Leases	2	Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In projects that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit.  <i>This is stated by program staff, but not identifiable in the Housing First Policy of the Organization. In practice, it seems that the provider leases units and the client receives choice of the unit in which they are placed based on availability.</i>	Housing	2	Substance use is not a reason for termination	Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use or participation in services. If the project is a recovery housing model focused on people who are in early recovery from drugs or alcohol (as outlined in HUD's Recovery Housing Brief), different standards related to use and subsequent offer of treatment may apply. See HUD's Recovery Housing Brief here: <a href="https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/">https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/</a>  <i>This was a contradictory principle in the policy. The program staff states that substance use is not a reason for termination; but has areas in the policy that state that having substances could be grounds for termination.</i>
				Leases	7	Rent payment policies respond to tenants' needs (as applicable)	While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.  <i>This was not evidenced in the policy. However, discussion with program staff demonstrated that tenants that paid rent were given opportunity to remedy arrears.</i>	Project-specific	1	Quick access to RRH assistance	A permanent supportive housing project ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability.  <i>Not a RRH project. Does not state plan to help client move-on into HCV or other PHA program if possible.</i>
				Project-specific	1	Quick access to RRH assistance	A permanent supportive housing project ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability.  <i>Not a RRH project. Does not state plan to help client move-on into HCV or other PHA program if possible.</i>				
				Project-specific	3	Property Management duties are separate and distinct from services/case management	In order to provide clear roles of staff for participants in terms of lease and rules enforcement as well as tenant advocacy, property management and service provider staff should be separate roles. However, they should work together on a regular basis through regular communications and meetings regarding Participants to address tenancy issues in order to preserve tenancy.  <i>Monitoring showed that property management and operations were separate from program/case management staff and duties. However, this wasn't documented in the Housing First Policy. There seems to be a separate policy not submitted during monitoring period.</i>				
				Population	2	Services include relapse support	Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment or direct provision of outpatient services or the ability to hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment.  <i>This standard is evident in statements made during interview and seems to be the practice of the organization. The policy does not document this process to the reviewer.</i>				
				Population	3	Services support sustained recovery	Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substances (if that is a personal goal), long-term permanent housing stability, and stable income through employment or benefits. Support is offered through connections to community-based treatment options.  <i>This standard is evident in statements made during interview and seems to be the practice of the organization. The policy does not document this process to the reviewer.</i>				

Comply	Document	Evidence	N-Name	Standard	Category	Notes	Not at all	Not at all	Not at all
Always	Somewhat	Somewhat	1 Projects are low-barrier	Admission to projects is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice involvement, etc. There's some contradiction observed. See Page 8. Organization doesn't decline entry to people by these prerequisites. However, use of certain substances while in the program could end program participation.	Access	There's some contradiction observed. See Page 8. Organization doesn't decline entry to people by these prerequisites. However, use of certain substances while in the program could end program participation.	0	0	0
Always	Somewhat	Somewhat	2 Projects do not deny assistance for unnecessary reasons	Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1. There's some contradiction observed. See Page 8. Organization doesn't decline entry to people by these prerequisites. However, use of certain substances while in the program could end program participation.	Access	There's some contradiction observed. See Page 8. Organization doesn't decline entry to people by these prerequisites. However, use of certain substances while in the program could end program participation.	0	0	0
Always	Always	Always	3 Access regardless of sexual orientation, gender identity, or race	Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any project funded by HUD must ensure equal access for persons regardless of one's sexual orientation, gender identity, or race. Documented in Housing First Policy of Organization.	Access	Documented in Housing First Policy of Organization.	0	0	0
Always	Always	Always	4 Admission process is expedited with speed and efficiency	Projects have expedited admission processes, to the greatest extent possible, including helping participants obtain documentation required by funding sources, as well as processes to admit participants. Documented in Housing First Policy of Organization. HIMS enrollment shows enrollment to be within 1 day.	Access	Documented in Housing First Policy of Organization.	0	0	0
Always	Always	Always	5 Intake processes are person-centered and flexible	Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Projects do not require specific appointment times, but have flexible intake schedules that accommodate individual needs. Documented in Housing First Policy of Organization. Reviewed sample client files to ascertain person-centered approach.	Access	Documented in Housing First Policy of Organization.	0	0	0
Somewhat	Somewhat	Somewhat	6 The provider/project accepts and makes referrals directly through Coordinated Entry	Projects actively participate in the CoC-designated Coordinated Entry process as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects may accept and make referrals directly through Coordinated Entry. The policy does have a list of conditions (Page 15) that are excluded. Access	Access	Policy does not state that projects actively participate in the CoC-designated Coordinated Entry process as part of streamlined community-wide system access and triage. If these processes are not yet implemented, projects may accept and make referrals directly through Coordinated Entry. The policy does have a list of conditions (Page 15) that are excluded.	0	0	0
Always	Always	Always	7 Exits to homelessness are avoided	Projects that can no longer serve particular households utilize the coordinated entry process, or the communities' existing referral processes if coordinated entry processes are not yet implemented, to ensure that participants are not housed in a way that leads to homelessness. Documented in Housing First Policy of Organization (See Page 6). This was also supported by evidence of this procedure applied in client file review.	Access	Documented in Housing First Policy of Organization.	0	0	0
Always	Always	Always	1 Participant education is ongoing	Project participants receive ongoing education on Housing First principles as well as other service models employed in the project. In the beginning of and throughout tenancy, participants are informed of their rights and responsibilities as a tenant. Observed evidence of informing participants of rights and responsibilities as a tenant. Documented in Housing First Policy of Organization. Reviewed client case files and observed notifications of rights and responsibilities as a tenant. Observed evidence of informing participants of rights and responsibilities as a tenant.	Participant Inq	Documented in Housing First Policy of Organization.	0	0	0
Always	Always	Always	2 Projects create regular, formal opportunities for participants to provide input and feedback	Input is welcomed regarding the project's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, a participant leadership/advocacy committee, and other formal and informal opportunities. Documented in Housing First Policy of Organization. Wall posters advertise opportunities for clients to offer input and how.	Participant Inq	Documented in Housing First Policy of Organization.	0	0	0
Always	Always	Always	1 Projects promote participant choice in services	Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community services, and other wrap-around services. Documented in policy. See page 14-15.	Services	Documented in policy. See page 14-15.	0	0	0
Always	Somewhat	Always	2 Person Centered Planning is a guiding principle of the service	Person-centered Planning is a guiding principle of the service planning process. Program staff states that case planning is person centered. However, it is difficult to observe in policy. Based on case plan notes in files -- it appears that clients do play a large part in their case plan. Services	Services	Program staff states that case planning is person centered. However, it is difficult to observe in policy. Based on case plan notes in files -- it appears that clients do play a large part in their case plan.	0	0	0
Always	Always	Always	3 Service support is as permanent as the housing	Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing projects should, at a minimum, be prepared to offer services up to 12 months. Documented in policy. See page 14-15.	Services	Documented in policy. See page 14-15.	0	0	0
Always	Always	Always	4 Services are continued despite change in housing status or placement	Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate projects), or if they are placed in a short-term inpatient treatment. Ideally, services are continued in policy. See page 14-15.	Services	Documented in policy. See page 14-15.	0	0	0
Always	Always	Always	5 Participant engagement is a core component of service delivery	Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream services. Documented in policy. See page 14-15, 20.	Services	Documented in policy. See page 14-15, 20.	0	0	0
Always	Somewhat	Not at all	6 Services are culturally appropriate with translation services	Project staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, services. This was difficult to ascertain from the policy. The policy brings up cultural competency issues; but doesn't expand upon processes to ensure culturally appropriate services or offer of translation services. Services	Services	This was difficult to ascertain from the policy. The policy brings up cultural competency issues; but doesn't expand upon processes to ensure culturally appropriate services or offer of translation services.	0	0	0
Always	Always	Always	7 Staff are trained in clinical and non-clinical strategies (including crisis intervention)	Staff are trained in clinical and non-clinical strategies (including crisis intervention) to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and services	Services	Excellent!	0	0	0
Always	Always	Always	1 Housing is not dependent on participation in services	Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress in housing. Optional notes here	Housing	Optional notes here	0	0	0
Always	Not at all	Not at all	2 Substance use is not a reason for termination	Participants are only terminated from the project for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around substance use. This was a contradictory principle in the policy. The program staff states that substance use is not a reason for termination; but has areas in the policy that state that having substances could be grounds for termination. Housing	Housing	This was a contradictory principle in the policy. The program staff states that substance use is not a reason for termination; but has areas in the policy that state that having substances could be grounds for termination.	0	0	0
Always	Always	Always	3 The rules and regulations of the project are centered on participant safety and stability	Project staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have housing. Optional notes here	Housing	Optional notes here	0	0	0
Always	Somewhat	Always	4 Participants have the option to transfer to another project	Transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers should be documented in the process well. Housing	Housing	There is a section on transfers. However, the policy doesn't document the process well.	0	0	0
Always	Always	Always	1 Housing is considered permanent (not applicable for Transitional Housing)	Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party. Leases	Leases	Yes. This is evidenced by review of lease in client files.	0	0	0
Always	Not at all	Always	2 Participant choice is fundamental	A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project files, it is stated by program staff, but not identifiable in the Housing First Policy of the Organization. In practice, it seems that the provider leases units and the client receives choice of the unit in which they live. Leases	Leases	This is stated by program staff, but not identifiable in the Housing First Policy of the Organization. In practice, it seems that the provider leases units and the client receives choice of the unit in which they live.	0	0	0
Always	Always	Always	3 Leases are the same for participants as for other tenants	Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants' and owner's choice. People experiencing homelessness are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities. Leases	Leases	Standard lease that applies to all participants.	0	0	0
Always	Always	Always	4 Participants receive education about their lease or occupancy agreement	Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities. Leases	Leases	Documented in the Housing First Policy. This was supported by statement of interviewed program staff.	0	0	0
Always	Always	Always	5 Measures are used to prevent eviction	Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants. Documented in the Housing First Policy. This was supported by statement of interviewed program staff.	Leases	Documented in the Housing First Policy.	0	0	0
Always	Always	Always	6 Providing stable housing is a priority	Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit. Leases	Leases	Documented in the Housing First Policy. This was supported by statement of interviewed program staff.	0	0	0
Always	Not at all	Always	7 Rent payment policies respond to tenants' needs (as applicable)	While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance. This was not evidenced in the policy. However, discussion with program staff demonstrated that tenants that paid rent were given opportunity to remedy arrears. Leases	Leases	This was not evidenced in the policy. However, discussion with program staff demonstrated that tenants that paid rent were given opportunity to remedy arrears.	0	0	0
Not at all	Not at all	Not at all	1 Quick access to RRH assistance	A permanent supportive housing project ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability. Project-specific	Project-specific	Not a RRH project. Does not state plan to help client move-on into HCV or other PHA program if possible.	0	0	0
Always	Always	Always	2 PSH is focused on ending homelessness for those with the most severe service needs	Participants and staff understand that a primary goal of permanent supportive housing is to end homelessness for people with the most severe service needs and help participants stay housed, regardless of their level of homelessness. Project-specific	Project-specific	Documented in the Housing First Policy of the organization.	0	0	0
Always	Not at all	Always	3 Property Management duties are separate and distinct from participant support	Monitoring showed that property management and operations were separate from program/case management staff and duties. However, this wasn't documented in the Housing First Policy. There see Project-specific	Project-specific	Monitoring showed that property management and operations were separate from program/case management staff and duties. However, this wasn't documented in the Housing First Policy. There see Project-specific	0	0	0
Please select answer	Please select answer	Please select answer	0	No additional standards	Optional notes here	Project-specific	0	0	0
Please select answer	Please select answer	Please select answer	0	No additional standards	Optional notes here	Project-specific	0	0	0
Please select answer	Please select answer	Please select answer	0	No additional standards	Optional notes here	Project-specific	0	0	0
Please select answer	Please select answer	Please select answer	0	No additional standards	Optional notes here	Project-specific	0	0	0
Please select answer	Please select answer	Please select answer	0	No additional standards	Optional notes here	Project-specific	0	0	0
Always	Somewhat	Always	1 Recovery housing is offered as one choice among other housing options	Connection to recovery housing reflects individual choice for this path toward recovery. Abstinence-only spaces are incorporated into a Housing First model wherever possible, thus providing this type of housing. Population	Population	This standard is evident in statements made during interview and seems to be the practice of the organization. The policy does not document this process well, but hints at it.	0	0	0
Always	Not at all	Always	2 Services include relapse support	Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment. Population	Population	This standard is evident in statements made during interview and seems to be the practice of the organization. The policy does not document this process to the reviewer.	0	0	0
Always	Not at all	Always	3 Services support sustained recovery	Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substances (if that is a personal goal), long-term housing, and other wrap-around services. Population	Population	This standard is evident in statements made during interview and seems to be the practice of the organization. The policy does not document this process to the reviewer.	0	0	0
Please select answer	Please select answer	Please select answer	0	No additional standards	Optional notes here	Population	0	0	0
			0	Optional notes here	Population	Optional notes here	0	0	0



This page does not comprise part of the assessment. It is for information only.

Numbers	Access			Participant Input			Services			Housing			Leases			Project-specific			Population		
	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always
Please select answer	0																				
Say it	0	1	6	0	0	2	0	0	7	0	0	4	0	0	7	1	0	2	0	0	3
Document it	0	3	4	0	0	2	0	2	5	1	1	2	2	0	5	2	0	1	2	1	0
Do it	0	3	4	0	0	2	1	0	6	1	0	3	0	0	7	1	0	2	0	0	3
Checks	-																				

Percentages	Access			Participant Input			Services			Housing			Leases			Project-specific			Population		
	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always	Not at all	Somewhat	Always
Please select answer	0%																				
Say it	0%	14%	86%	0%	0%	100%	0%	0%	100%	0%	0%	100%	0%	0%	100%	33%	0%	67%	0%	0%	100%
Document it	0%	43%	57%	0%	0%	100%	0%	29%	71%	25%	25%	50%	29%	0%	71%	67%	0%	33%	67%	33%	0%
Do it	0%	43%	57%	0%	0%	100%	14%	0%	86%	25%	0%	75%	0%	0%	100%	33%	0%	67%	0%	0%	100%
Number of standards	7			2			7			4			7			3			3		

**'Say It'**

	Access	Participant Inj	Services	Housing	Leases	Project	Population
Not at all	0%	0%	0%	0%	0%	33%	0%
Somewhat	14%	0%	0%	0%	0%	0%	0%
Always	86%	100%	100%	100%	100%	67%	100%

Check -

**'Document It'**

	Access	Participant Inj	Services	Housing	Leases	Project	Population
Not at all	0%	0%	0%	25%	29%	67%	67%
Somewhat	43%	0%	29%	25%	0%	0%	33%
Always	57%	100%	71%	50%	71%	33%	0%

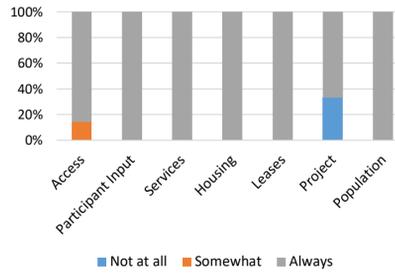
Check -

**'Do It'**

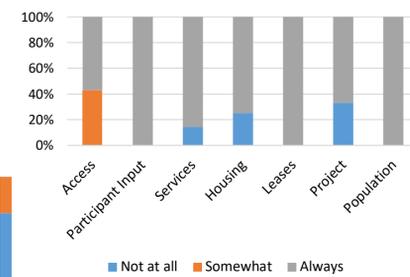
	Access	Participant Inj	Services	Housing	Leases	Project	Population
Not at all	0%	0%	14%	25%	0%	33%	0%
Somewhat	43%	0%	0%	0%	0%	0%	0%
Always	57%	100%	86%	75%	100%	67%	100%

Check -

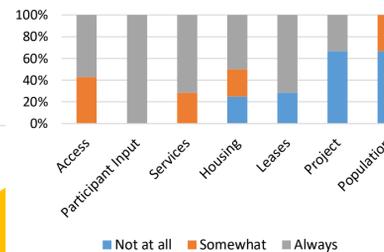
**"Say It" Standards, by Category and Response**



**"Do It" Standards, by Category and Response**



**"Document It" Standards, by Category and Response**



Supportive Housing Standards Rating	Pointer
Start	Value 165
Initial	Pointer 3
Middle	End 198
End	
Max	

Score: 165

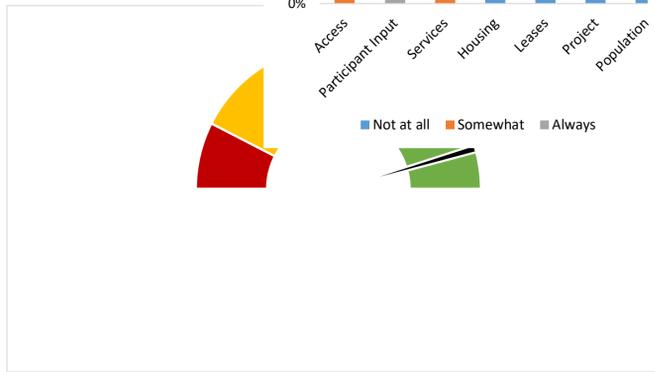
Standard Numbers	With special pop	Without special pop
Coordinated entry	15	12
Street outreach	15	12
Emergency shelter	26	23
Transitional housing	33	30
Rapid rehousing	33	30
Permanent supportive housing	33	30

Max answer score (for 'always') 6 3 categories (say, document, do) x 2 max points for 'always'

Answer Numbers	With special pop	Without special pop
Coordinated entry	90	72
Street outreach	90	72
Emergency shelter	156	138
Transitional housing	198	180
Rapid rehousing	198	180
Permanent supportive housing	198	180

Project type Permanent Supportive Housing 3  
Special population People in Recovery 1

Evaluation max score 198





This page does not comprise part of the assessment. It is for information only.

Project standards

Standards	Coordinated Entry	Street Outreach	Emergency Shelter	Transitional Housing	Rapid Rehousing	Permanent Supportive Housing	Joint Transitional Housing & Rapid Rehousing
Title	Coordinated Entry does not screen people out for perceived barriers	Projects screen for health and safety needs	Focus of emergency shelter is on safe and responsive temporary shelter	Quick access to TH assistance	Quick access to RRH assistance	Quick access to PSH assistance	Quick access to RRH assistance
Project 1	Coordinated Entry does not screen people out for assistance due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, minimal linkages to other services, the type or extent of disability-related services or supports that are needed, or criminal justice history.	Outreach projects screen people contacted through outreach as soon as possible for critical health and safety needs, providing immediate response to people with the most severe needs.	Participants and staff understand that the primary goals of the emergency shelter are to provide temporary accommodation that is safe, respectful, and responsive to individual needs and that participants are offered permanent housing as quickly as possible, regardless of perceived barriers.	A transitional housing project ensures quick linkage to a unit and services based on participant choice.	A Rapid Re-housing project ensures quick linkage to rapid re-linkage to a unit and wrap around services, based on participant choice.	A permanent supportive housing project ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability.	A Rapid Re-housing project ensures quick linkage to rapid re-linkage to a unit and wrap around services, based on participant choice.
	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Process to assess project-level policies and alert CoC	Street outreach projects are focused on providing access to housing and services	Housing comes first	Transitional housing is focused on safe and quick transitions to permanent housing	RRH services support people in maintaining their housing	PSH is focused on ending homelessness for those with the most severe barriers to maintaining housing	RRH services support people in maintaining their housing
Project 2	Written policies and procedures exist to determine which projects have project-level policies that screen out "high barrier" households, and the steps that the coordinated entry provider will take to alert the CoC of these projects, thereby enabling the CoC to take steps to assist these projects in adopting Housing First principles.	Participants and staff understand that the primary goals of street outreach are to provide access to temporary housing and services and/or re-housing participants in permanent housing as quickly as possible, regardless of perceived barriers. Street outreach projects reflect the low-barrier orientation of the Coordinated Entry process.	If a temporary shelter placement is made, assessment and planning for permanent housing placement begins as quickly as possible. People who are unsheltered are not required to first enter an emergency shelter in order to access permanent housing placement assistance and enter permanent housing.	Participants and staff understand that the primary goals of transitional housing are to provide temporary accommodations that are safe, respectful, and responsive to individual needs, address the service needs of participants, and re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns, and as desired by the participant. Participation in transitional housing services does not inhibit participants from moving to permanent housing when they choose to. Assessment and planning for permanent housing placement begins as soon as the individual or family expresses a desire to transition to permanent housing.	Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers.	Participants and staff understand that a primary goal of permanent supportive housing is to end homelessness for people with the most severe service needs and help participants stay housed, regardless of other perceived barriers.	Participants and staff understand that a primary goal of rapid re-housing is to end homelessness and move participants to permanent housing as quickly as possible, regardless of perceived barriers.
	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	RRH as a bridge to permanent supportive housing	Street outreach is linked to Coordinated Entry		TH projects provide appropriate services	Providers continuously assess a participant's need for assistance	Property Management duties are separate and distinct from services/case management	Providers continuously assess a participant's need for assistance
Project 3	Rapid Re-Housing is made available to serve as a bridge to other permanent housing options so that persons with high service needs or vulnerabilities can be housed more quickly. (See HUD's Rapid Re-Housing Brief here: <a href="https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf">https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf</a> )	Written policy and procedures detail a process by which street outreach staff ensures that persons encountered on the streets are offered the same standardized processes as persons assessed through site-based access points. Outreach teams are coordinated, trained, and have the ability to engage and quickly connect people experiencing homelessness to the local coordinated entry process in order to apply for and obtain permanent housing. Based on the CoC's decision about how street outreach is incorporated into the assessment process, street outreach projects must comply with the CoC's decision.	No additional standards	TH projects provide appropriate services to meet the participants health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations) when there are no permanent housing solutions available (with or without supportive services) or when the participant chooses transitional housing. Services are not required in order to participate in housing.	On an ongoing basis, providers assess a participant's needs for continued assistance and provide tailored assistance based on those assessments.	In order to provide clear roles of staff for participants in terms of lease and rules enforcement as well as tenant advocacy, property management and service provider staff should be separate roles. However, they should work together on a regular basis through regular communications and meetings regarding Participants to address tenancy issues in order to preserve tenancy.	On an ongoing basis, providers assess a participant's needs for continued assistance and provide tailored assistance based on those assessments.
	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>		<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title		Street outreach continuously engages those experiencing homelessness and on the street		Housing comes first			Transitional housing is focused on safe and quick transitions to permanent housing
Project 4	No additional standards	Through continuous engagement strategies, a street outreach project provides quick linkage to housing and services when a person is ready to engage.	No additional standards	No individuals or families, including those who are unsheltered, are required to enter a transitional housing project in order to access permanent housing placement assistance and enter permanent housing.	No additional standards	No additional standards	Participants and staff understand that the primary goals of transitional housing are to provide temporary accommodations that are safe, respectful, and responsive to individual needs, address the services needs of participants, and re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns, and as desired by the participant. Participation in transitional housing services does not inhibit participants from moving to permanent housing when they choose to. Assessment and planning for permanent housing placement begins as soon as the individual or family expresses a desire to transition to permanent housing.
				<i>Type notes here, if required</i>			<i>Type notes here, if required</i>
Title		Street Outreach engagements inform the community's efforts to improve their crisis response system		TH projects provide appropriate services			TH projects provide appropriate services
Project 5	No additional standards	Communities use street outreach engagements with those on the street and in encampments to understand and remove barriers to those accessing the crisis response system.	No additional standards	TH projects provide appropriate services to meet the participants health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations) when there are no permanent housing solutions available (with or without supportive services) or when the participant chooses transitional housing. Services are not required in order to participate in housing.	No additional standards	No additional standards	TH projects provide appropriate services to meet the participants health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations) when there are no permanent housing solutions available (with or without supportive services) or when the participant chooses transitional housing. Services are not required in order to participate in housing.
		<i>Type notes here, if required</i>					<i>Type notes here, if required</i>

Project standards

Standards	Youth and Young Adults	People in Recovery	Domestic Violence Survivors
Title	Services are offered	Recovery housing is offered as one choice among other housing opportunities	Participant safety is a priority at all points of engagement and in all planning processes
Population 1	Services are focused on ensuring that youth transition to independence.	Connection to recovery housing reflects individual choice for this path toward recovery. Abstinence-only spaces are incorporated into a Housing First model wherever possible, thus providing this type of recovery option to those who choose it. Recovery supports are offered, particularly connections to community-based treatment options.	Let by the survivor, a safety plan is developed that includes an assessment of danger, particular points of vulnerability, and best approaches to increasing safety.
	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Projects include positive youth development principles	Services include relapse support	Survivor-driven advocacy is available
Population 2	Youth projects should include positive youth development orientation. Positive youth development builds on strengths and resiliency. By focusing on strengths and assets, rather than what might be "wrong," youth are empowered and are equipped to make positive decisions.	Housing and services include relapse support that does not automatically evict or discharge a participant from the project for temporary relapse. Relapse support might include referrals to outpatient treatment or direct provision of outpatient services or the ability to hold a unit for a certain period of time (30-90 days) while the participant undergoes residential treatment.	The unique needs and strengths of each individual survivor and their children are taken into account with regard to the types of services that are available and offered. Project uses flexible and survivor-focused approaches to overcome barriers survivors may face in accessing services through traditional models.
	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Staff use harm reduction practices and approaches	Services support sustained recovery	Housing stability is a priority
Population 3	Youth models employ a harm reduction and recovery orientation, including those developed for youth and young adults with substance use and addictions. Projects may make abstinence-based models available for youth and young adults; however, the choice should lie with the participant, not with the project.	Recovery housing projects provide services that align with participants' choice and prioritization of recovery, including but not limited to abstinence from substances (if that is a personal goal), long-term permanent housing stability, and stable income through employment or benefits. Support is offered through connections to community-based treatment options.	Providers support survivors and their children to retain or obtain safe, stable housing. Survivors choose the type of housing and location of housing. Housing is located in an area that is considered safe from the abusive relationship.
	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>	<i>Type notes here, if required</i>
Title	Project design accounts for the age of youth and young adults to be served		
Population 4	Developmentally-appropriate project design ensures that project entry and on-going participation is not predicated on behaviors or experiences that youth and young adults may not currently have or if they were older would not result in consequences. For example, projects should accept and allow continued participation for youth who do not have income or immediate prospects of income because their age has not allowed them the opportunity to gain employment.	No additional standards	No additional standards
	<i>Type notes here, if required</i>		

None of the above



**Note to Reviewers: This Scoring Tool is to be used only for Renewal Projects.**

**Organization:**  
**Project Name:**  
**Amount Requested:**

**Reviewer:**

**Threshold Requirements**

1. Member of CoC
2. SAM clearance
3. Registered and active UEI
4. Nonprofit status documented
5. Code of Conduct on file with HUD or attached

**Pass or Fail**

	<b>Scoring Guide</b>	<b>Score - Housing Projects</b>	<b>Score - HMIS and CE Projects</b>
<b>Monitoring, Drawdowns, Recaptures</b>			
1. Monitoring	If no monitoring, 2 points; If monitoring identified no findings or concerns, 2 points; If monitoring identified findings or concerns, 0		
2. Drawdowns	Quarterly draw downs, 2 points; Failure to draw down quarterly, 0		
3. Recaptures	No recaptured funds, 4 points; Recaptured funds, 0		
<b>Section Total</b>	<b>8</b>	<b>0</b>	

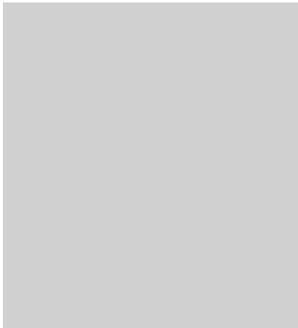
**Coordinated Entry and HMIS**

1. CE referral %	At least 90%, 2 points; Less than 90%, 0		
2. HIC beds	At least 95%, 2 points; Less than 90%, 0		
3. HMIS data quality	At least 90%, 2 points; Less than 90%, 0		
<b>Section Total</b>		<b>6</b>	<b>0</b>



**Addressing Severe Barriers**

1. % with disabling conditions	At least 90%, 1 point; Less than 90%, 0		
2. % VI-SPDAT 10 or over	At least 90%, 1 point; Less than 90%, 0		
3. % with BH condition	At least 70%, 1 point; Less than 70%, 0		
4. % DV	At least 10%, 1 point; Less than 10%, 0		
<b>Section Total</b>		<b>4</b>	<b>0</b>

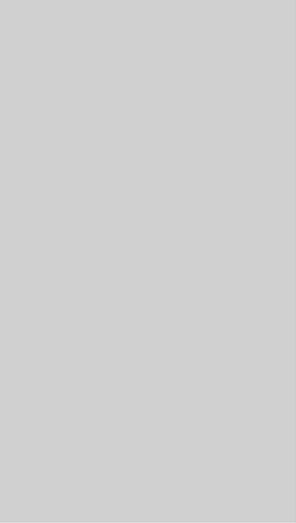


**Racial Equity and Lived Experience**

1. Identifying barriers to participation by race	0 to 2 points		
2. Steps to eliminate racial barriers	0 to 2 points		
3. Utilizing input of PLE	0 to 2 points		
4. % leadership BIPOC	20% or more, 2 points; 10-20%, 1 point; less than 10%, 0		
5. % Board BIPOC	15% or more, 1 point; less than 15%, 0		
6. % staff PLE	10% or more, 2 points; 5-10%, 1 point; less than 5%, 0		

7. % Board PLE	5% or more, 1 point; less than 5%, 0		
<b>Section Total</b>		<b>12</b>	<b>0</b>

**Performance and SPM Impact**

1. Housing placement time			
2. Housing retention	0 to 2 points		
3. Returns to homelessness	0 to 2 points		
4. New/increased earned income % (stayers)	20% or more, 2 points; 10-20%, 1 point; less than 10%, 0		
5. New/increased nonemployment income % (stayers)	15% or more, 1 point; less than 15%, 0		
6. New/increased earned income % (leavers)	10% or more, 2 points; 5-10%, 1 point; less than 5%, 0		
7. New/increased nonemployment income % (leavers)	5% or more, 1 point; less than 5%, 0		
<b>Section Total</b>		<b>70</b>	<b>0</b>

<b>TOTAL</b>	<b>100</b>	<b>0</b>	<b>80</b>
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**Note to Reviewers: This Scoring Tool is to be used only for new DV Projects.**

**Organization:**  
**Project Name:**  
**Amount Requested:**

**Reviewer:**

**Threshold Requirements**

1. Member of CoC
2. SAM clearance
3. Registered and active UEI
4. Nonprofit status documented
5. Code of Conduct on file with HUD or attached

**Pass or Fail**

	<b>Scoring Guide</b>	<b>Score</b>
<b>Section I: Organization Information (8 points)</b>		
1. Mission and experience	More than 5 years 2 points; 2-5 years 1 point; Less than 2 years 0 points	
2. DV advocacy	0 to 2 points	
3. Federal funding experience	4 or more federal contracts 2 points; 1-3 contracts 1 point; No contracts 0 points	
4. Agency structure	0 to 1 point	
5. HMIS-comparable database	0 to 1 point	
<b>Section I Total</b>	<b>8</b>	<b>0</b>

**Section II: Overall Project Design (12 points)**

- |                      |                                 |
|----------------------|---------------------------------|
| 1. Target population | Not scored - informational only |
| 2. Summary           | 0 to 2 points                   |
| 3. Timeline          | 0 to 1 points                   |
| 4. Need              | 0 to 1 points                   |
| 5. Racial equity     | 0 to 3 points                   |

6. Victim-centered practices	0 to 2 points		
7. Lived experience participation	0 to 3 points		
<b>Section II Total</b>		<b>12</b>	<b>0</b>

**Section III: Program Design (12 points)**

1. Best practices	0 to 3 points		
2. Leveraging resources	0 to 3 points		
3. Increasing income	0 to 3 points		
4. Housing stability	0 to 3 points		
<b>Section III Total</b>		<b>12</b>	<b>0</b>

**Section IV: Effect on System Performance Measures, etc. (42 points)**

1. Increase earned income	50% or more, 7 points; 25-49%, 4 points; less than 25%, 0		
2. Increase non-employment income	50% or more, 7 points; 25-49%, 4 points; less than 25%, 0		
3. Length of stay	270 days or more, 7 points; 120-269 days, 4 points; less than 120, 0		
4. Housing retention	90% or more, 7 points; 75-90%, 4 points; less than 75%, 0		
5. Housing placement time	0-30 days, 7 points; 31-45 days, 4 points; more than 45 days, 0		
6. Severity of needs	75% or more, 7 points; 50-74%, 4 points; less than 50%, 0		
<b>Section IV Total</b>		<b>42</b>	<b>0</b>

**Section V. Housing First - RRH (10 points)**

Housing first questionnaire

15 "no" responses, 10 points;  
11-14 "no" responses, 6 points;  
fewer than 11 "no" responses, 0 pts.

**Section V Total**

**10**

**0**

**Section VI. Budget (6 points)**

- 1. Budget and cost effectiveness
- 2. Match table

0 to 4 points

0 to 2 points

**Section VI Total**

**6**

**0**

**Section VII. Coordinating Housing and Healthcare Resources (10 points)**

10 points if required commitment letter  
provided along with responsive  
narrative;  
0-5 points otherwise

**Section VII Total**

**10**

**0**

**TOTAL**

<b>100</b>	<b>0</b>
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**Note to Reviewers: This Scoring Tool is to be used only for New Projects that are not specific to DV households.**

**Organization:**  
**Project Name:**  
**Amount Requested:**

**Reviewer:**

**Threshold Requirements**

**Pass or Fail**

1. Member of CoC
2. SAM clearance
3. Registered and active UEI
4. Nonprofit status documented
5. Code of Conduct on file with HUD or attached

	<b>Scoring Guide</b>	<b>Score - RRH or PSH Projects</b>	<b>Score - HMIS Project</b>
<b>Section I: Organization Information (8 points)</b>			
1. Mission and experience	More than 5 years 2 points; 2-5 years 1 point; Less than 2 years 0 points		
2. Federal funding experience	4 or more federal contracts 2 points; 1-3 contracts 1 point; No contracts 0 points		
3. Agency structure	0 to 2 points		
4. HMIS and CE commitment	0 to 2 points		
<b>Section I Total</b>	<b>8</b>	<b>0</b>	<b>0</b>
<b>Section IIA: PSH/RRH Project Design (13 points)</b>			
1. Target population	Not scored - informational only		
2. Summary	0 to 2 points		
3. Timeline	0 to 1 points		
4. Leveraging Resources	0 to 2 points		

5. Increasing Income	0 to 2 points		
6. Best practices	0 to 2 points		
7. Housing Stability	0 to 2 points		
8. Racial Equity	0 to 2 points		
<b>Section IIA Total</b>		<b>13</b>	<b>0</b>

<b>Section IIB: HMIS Project Design (80 points)</b>			
1. Summary	0-15 points		
2. Timeline	0-10 points		
3. Expanding capacity	0-55 points		
<b>Section IIB Total</b>			<b>0</b>

<b>Section III: PSH/RRH Effect on System Performance Measures, etc. (42 points)</b>			
1. Increase earned income	50% or more, 7 points; 25-49%, 4 points; less than 25%, 0		
2. Increase non-employment income	50% or more, 7 points; 25-49%, 4 points; less than 25%, 0		
3. Length of stay	270 days or more, 7 points; 120-269 days, 4 points; less than 120, 0		
4. Housing retention	90% or more, 7 points; 75-90%, 4 points; less than 75%, 0		
5. Housing placement time	0-30 days, 7 points; 31-45 days, 4 points; more than 45 days, 0		
6. Severity of needs	75% or more, 7 points; 50-74%, 4 points; less than 50%, 0		
<b>Section III Total</b>		<b>42</b>	<b>0</b>

**Section VI. Budget (12 points)**

1. Budget and cost effectiveness	0 to 10 points		
2. Match table	0 to 2 points		
<b>Section VI Total</b>	<b>12</b>	<b>0</b>	<b>0</b>
<b>Section V. Coordinating Housing and Healthcare Resources for PSH/RRH (11 points)</b>	11 points if required commitment letter provided along with responsive narrative; 0-5 points otherwise		
<b>Section V Total</b>	<b>11</b>	<b>0</b>	
<b>Section VI. Housing First - PSH/RRH (12 points)</b>			
Housing first questionnaire	15 "no" responses, 14 points; 11-14 "no" responses, 7 points; fewer than 11 "no" responses, 0 pts.		
<b>Section VI Total</b>	<b>14</b>	<b>0</b>	
<b>TOTAL</b>	<b>100</b>	<b>0</b>	<b>0</b>

**Note to Reviewers: This Scoring Tool is to be used only for Renewal Projects.**

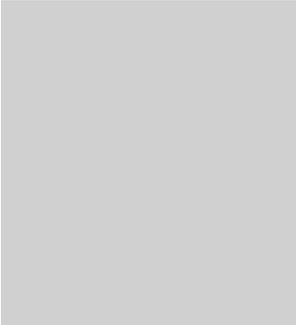
**Organization:** 90Works  
**Project Name:** Project90-FY24  
**Amount Requested:** 120,167

**Reviewer:** Tammy Plant

<b>Treshold Requirements</b>	<b>Pass or Fail</b>
1. Member of CoC	Pass
2. SAM clearance	Pass
3. Registered and active UEI	Pass
4. Nonprofit status documented	Pass
5. Code of Conduct on file with HUD or attached	Pass

<b>Monitoring, Drawdowns, Recaptures</b>	<b>Scoring Guide</b>	<b>Score - Housing Projects</b>	<b>Score - HMIS and CE Projects</b>
1. Monitoring	If no monitoring, 2 points; If monitoring identified no findings or concerns, 2 points; If monitoring identified findings or concerns, 0	2	
2. Drawdowns	Quarterly draw downs, 2 points; Failure to draw down quarterly, 0	2	
3. Recaptures	No recaptured funds, 4 points; Recaptured funds, 0	4	
<b>Section Total</b>	<b>8</b>	<b>8</b>	<b>0</b>

**Coordinated Entry and HMIS**

1. CE referral %	At least 90%, 2 points; Less than 90%, 0	2	
2. HIC beds	At least 95%, 2 points; Less than 90%, 0	2	
3. HMIS data quality	At least 90%, 2 points; Less than 90%, 0	2	
<b>Section Total</b>		<b>6</b>	
<b>Addressing Severe Barriers</b>			
1. % with disabling conditions	At least 90%, 1 point; Less than 90%, 0	1	
2. % VI-SPDAT 10 or over	At least 90%, 1 point; Less than 90%, 0	1	
3. % with BH condition	At least 70%, 1 point; Less than 70%, 0	0	
4. % DV	At least 10%, 1 point; Less than 10%, 0	1	
<b>Section Total</b>		<b>4</b>	<b>3</b>
<b>Racial Equity and Lived Experience</b>			
1. Identifying barriers to participation by race	0 to 2 points	2	
2. Steps to eliminate racial barriers	0 to 2 points	2	
3. Utilizing input of PLE	0 to 2 points	2	
4. % leadership BIPOC	20% or more, 2 points; 10-20%, 1 point; less than 10%, 0	2	
5. % Board BIPOC	15% or more, 1 point; less than 15%, 0	1	
6. % staff PLE	10% or more, 2 points; 5-10%, 1 point; less than 5%, 0	2	

7. % Board PLE	5% or more, 1 point; less than 5%, 0	1	
<b>Section Total</b>		<b>12</b>	<b>0</b>
<b>Performance and SPM Impact</b>			
1. Housing placement time	0-60 days, 10 points; 61-90 days, 5 points; more than 90 days, 0	0	
2. Housing retention	90% or more, 10 points; 80-90%, 5 points; less than 80%, 0	10	
3. Returns to homelessness	10% or less, 10 points; over 10% and less than 20%, 5 points; 20% or more, 0	10	
4. New/increased earned income % (stayers)	10% or more, 10 points; over 5% and less than 10%, 5 points; 5% or less, 0	0	
5. New/increased nonemployment income % (stayers)	13% or more, 10 points; more than 7% and less than 13%, 5 points; 7% or less, 0	0	
6. New/increased earned income % (leavers)	13% or more, 10 points; more than 7% and less than 13%, 5 points; 7% or less, 0	10	
7. New/increased nonemployment income % (leavers)	15% or more, 10 points; more than 8% and less than 15%, 5 points; 8% or less, 0	5	
<b>Section Total</b>		<b>70</b>	<b>35</b>

**TOTAL**

<b>100</b>	<b>64</b>	<b>0</b>
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I see evidence of one drawdown. Application states drawdowns were performed quarterly.



1b

7b.2

3.1

1 4.1

1 4.2

3 25% 4.4

1 8.33% 4.5

<b>Note to Reviewers: This Scoring Tool is to be used only for Renewal Projects.</b>				
		<b>Organization:</b> 90 Works		
		<b>Project Name:</b> Project 90		
		<b>Amount Requested:</b> \$120,167		
		<b>Reviewer:</b> Dianna Moore		
<b>Threshold Requirements</b>			<b>Pass or Fail</b>	
	1.	Member of CoC	Pass	
	2.	SAM clearance	Pass	
	3.	Registered and active UEI	Pass	
	4.	Nonprofit status documented	Fail	501c3 not included
	5.	Code of Conduct on file with HUD or attached	Pass	
			<b>Scoring Guide</b>	<b>Score - Housing Projects</b>
				<b>Score - HMIS and CE Projects</b>
<b>Monitoring, Drawdowns, Recaptures</b>				
	1.	Monitoring	If no monitoring, 2 points; If monitoring identified no findings or concerns, 2 points; If monitoring identified findings or concerns, 0	2
	2.	Drawdowns	Quarterly draw downs, 2 points; Failure to draw down quarterly, 0	2
	3.	Recaptures	No recaptured funds, 4 points; Recaptured funds, 0	4
<b>Section Total</b>			<b>8</b>	<b>8</b>
<b>Coordinated Entry and HMIS</b>				

	1.	CE referral %	At least 90%, 2 points; Less than 90%, 0	2	
	2.	HIC beds	At least 95%, 2 points; Less than 90%, 0	2	
	3.	HMIS data quality	At least 90%, 2 points; Less than 90%, 0	2	
<b>Section Total</b>			<b>6</b>	<b>6</b>	
<b>Addressing Severe Barriers</b>					
	1.	% with disabling conditions	At least 90%, 1 point; Less than 90%, 0	1	
	2.	% VI-SPDAT 10 or over	At least 90%, 1 point; Less than 90%, 0	1	
	3.	% with BH condition	At least 70%, 1 point; Less than 70%, 0	0	
	4.	% DV	At least 10%, 1 point; Less than 10%, 0	1	
<b>Section Total</b>			<b>4</b>	<b>3</b>	
<b>Racial Equity and Lived Experience</b>					
	1.	Identifying barriers to participation by race	0 to 2 points	2	
	2.	Steps to eliminate racial barriers	0 to 2 points	1	did not discuss specific barriers
	3.	Utilizing input of PLE	0 to 2 points	2	
	4.	% leadership BIPOC	20% or more, 2 points; 10-20%, 1 point; less than 10%, 0	2	
	5.	% Board BIPOC	15% or more, 1 point; less than 15%, 0	1	

	6.	% staff PLE	10% or more, 2 points; 5-10%, 1 point; less than 5%, 0	2	
	7.	% Board PLE	5% or more, 1 point; less than 5%, 0	1	
<b>Section Total</b>			<b>12</b>	<b>11</b>	
<b>Performance and SPM Impact</b>					
	1.	Housing placement time	0-60 days, 10 points; 61-90 days, 5 points; more than 90 days, 0	0	
	2.	Housing retention	90% or more, 10 points; 80-90%, 5 points; less than 80%, 0	10	
	3.	Returns to homelessness	10% or less, 10 points; over 10% and less than 20%, 5 points; 20% or more, 0	10	
	4.	New/increased earned income % (stayers)	10% or more, 10 points; over 5% and less than 10%, 5 points; 5% or less, 0	0	
	5.	New/increased nonemployment income % (stayers)	13% or more, 10 points; more than 7% and less than 13%, 5 points; 7% or less, 0	0	
	6.	New/increased earned income % (leavers)	13% or more, 10 points; more than 7% and less than 13%, 5 points; 7% or less, 0	10	
	7.	New/increased nonemployment income % (leavers)	15% or more, 10 points; more than 8% and less than 15%, 5 points; 8% or less, 0	5	

<b>Section Total</b>		<b>70</b>	<b>35</b>	
<b>TOTAL</b>		<b>100</b>	<b>63</b>	<b>0</b>

90 Works

Note to Reviewers: This Scoring Tool is to be used only for Renewal Projects.			
Organization:	90 Works		
Project Name:	Project 60		
Amount Requested:	120,167.00		
Reviewer:	C. Thompson		
<b>Threshold Requirements</b>		<b>Pass or Fail</b>	
1.	Member of CoC		
2.	SAM clearance		
3.	Registered and active UEI		
4.	Nonprofit status documented		
5.	Code of Conduct on file with HUD or attached		
		<b>Scoring Guide</b>	<b>Score - Housing Projects</b>
			<b>Score - HMIS and CE Projects</b>
<b>Monitoring, Drawdowns, Recaptures</b>			
1.	Monitoring	If no monitoring, 2 points; If monitoring identified no findings or concerns, 2 points; If monitoring identified findings or concerns, 0	2
2.	Drawdowns	Quarterly draw downs, 2 points; Failure to draw down quarterly, 0	2
3.	Recaptures	No recaptured funds, 4 points; Recaptured funds, 0	4
<b>Section Total</b>		<b>8</b>	<b>0</b>
<b>Coordinated Entry and HMIS</b>			
1.	CE referral %	At least 90%, 2 points; Less than 90%, 0	2
2.	HIC beds	At least 95%, 2 points; Less than 90%, 0	2
3.	HMIS data quality	At least 90%, 2 points; Less than 90%, 0	2
<b>Section Total</b>		<b>6</b>	<b>0</b>
<b>Addressing Severe Barriers</b>			
1.	% with disabling conditions	At least 90%, 1 point; Less than 90%, 0	1
2.	% VI-SPDAT 10 or over	At least 90%, 1 point; Less than 90%, 0	1
3.	% with BH condition	At least 70%, 1 point; Less than 70%, 0	0
4.	% DV	At least 10%, 1 point; Less than 10%, 0	1
<b>Section Total</b>		<b>4</b>	<b>0</b>
<b>Racial Equity and Lived Experience</b>			
1.	Identifying barriers to participation by race	0 to 2 points	2
2.	Steps to eliminate racial barriers	0 to 2 points	2
3.	Utilizing input of PLE	0 to 2 points	2
4.	% leadership BIPOC	20% or more, 2 points; 10-20%, 1 point; less than 10%, 0	2
5.	% Board BIPOC	15% or more, 1 point; less than 15%, 0	1
6.	% staff PLE	10% or more, 2 points; 5-10%, 1 point; less than 5%, 0	2
7.	% Board PLE	5% or more, 1 point; less than 5%, 0	1
<b>Section Total</b>		<b>12</b>	<b>0</b>
<b>Performance and SPM Impact</b>			
1.	Housing placement time	0-60 days, 10 points; 61-90 days, 5 points; more than 90 days, 0	0
2.	Housing retention	90% or more, 10 points; 80-90%, 5 points; less than 80%, 0	10
3.	Returns to homelessness	10% or less, 10 points; over 10% and less than 20%, 5 points; 20% or more, 0	10
4.	New/increased earned income % (stayers)	10% or more, 10 points; over 5% and less than 10%, 5 points; 5% or less, 0	0
5.	New/increased nonemployment income % (stayers)	13% or more, 10 points; more than 7% and less than 13%, 5 points; 7% or less, 0	0
6.	New/increased earned income % (leavers)	13% or more, 10 points; more than 7% and less than 13%, 5 points; 7% or less, 0	10
7.	New/increased nonemployment income % (leavers)	15% or more, 10 points; more than 8% and less than 15%, 5 points; 8% or less, 0	5
<b>Section Total</b>		<b>70</b>	<b>0</b>
<b>TOTAL</b>		<b>100</b>	<b>0</b>

Score

Total = 63

**Note to Reviewers: This Scoring Tool is to be used only for Renewal Projects.**

**Organization:** 90Works  
**Project Name:** Project90-FY24  
**Amount Requested:** \$120,167

**Reviewer:** Jessica Johnson

<b>Treshold Requirements</b>	<b>Pass or Fail</b>
1. Member of CoC	Pass
2. SAM clearance	Pass
3. Registered and active UEI	Pass
4. Nonprofit status documented	Pass
5. Code of Conduct on file with HUD or attached	Pass

	<b>Scoring Guide</b>	<b>Score - Housing Projects</b>	<b>Score - HMIS and CE Projects</b>
<b>Monitoring, Drawdowns, Recaptures</b>			
1. Monitoring	If no monitoring, 2 points; If monitoring identified no findings or concerns, 2 points; If monitoring identified findings or concerns, 0	2	
2. Drawdowns	Quarterly draw downs, 2 points; Failure to draw down quarterly, 0	2	
3. Recaptures	No recaptured funds, 4 points; Recaptured funds, 0	4	
<b>Section Total</b>	<b>8</b>	<b>8</b>	
<b>Coordinated Entry and HMIS</b>			
1. CE referral %	At least 90%, 2 points;	2	

2. HIC beds	At least 95%, 2 points;	2	
3. HMIS data quality	At least 90%, 2 points;	2	
<b>Section Total</b>	<b>6</b>	<b>6</b>	

**Addressing Severe Barriers**

1. % with disabling conditions	At least 90%, 1 point;	1	
2. % VI-SPDAT 10 or over	At least 90%, 1 point;	1	
3. % with BH condition	At least 70%, 1 point; Less than 70%, 0	0	
4. % DV	At least 10%, 1 point;	1	
<b>Section Total</b>	<b>4</b>	<b>3</b>	<b>4</b>

**Racial Equity and Lived Experience**

1. Identifying barriers to participation by race	0 to 2 points	1	
2. Steps to eliminate racial barriers	0 to 2 points	1	
3. Utilizing input of PLE	0 to 2 points	1	
4. % leadership BIPOC	20% or more, 2 points;	2	
5. % Board BIPOC	15% or more, 1 point;	1	
6. % staff PLE	10% or more, 2 points;	2	
7. % Board PLE	5% or more, 1 point;	1	
<b>Section Total</b>	<b>12</b>	<b>9</b>	

**Performance and SPM Impact**

1. Housing placement time	0-60 days, 10 points;	5	
2. Housing retention	90% or more, 10 points;	10	
3. Returns to homelessness	10% or less, 10 points;	10	
	over 10% and less than 20%, 5 points;		
	20% or more, 0		
4. New/increased earned income % (stayers)	10% or more, 10 points;	0	
5. New/increased nonemployment income % (stayers)	13% or more, 10 points;	0	
6. New/increased earned income % (leavers)	13% or more, 10 points;	10	

7. new/increased nonemployment income %  
(100%)  
**Section Total**

15% or more, 10 points;  
**70**

5  
**40**

**70**

**TOTAL**

<b>100</b>	<b>66</b>	<b>80</b>
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From: **Martika Baker** <[martikab@openingdoorsnwfl.org](mailto:martikab@openingdoorsnwfl.org)>

Date: Tue, Oct 1, 2024 at 2:30 PM

Subject: Notification of CoC Funding for Local Competition

To: Serene Keiek <[srenenk@openingdoorsnwfl.org](mailto:srenenk@openingdoorsnwfl.org)>, Rocky Harrison <[rharrison@90works.org](mailto:rharrison@90works.org)>, Allison Hill <[allison.hill@lifeviewgroup.org](mailto:allison.hill@lifeviewgroup.org)>, Tracie Hodson <[tracie@favorhouse.org](mailto:tracie@favorhouse.org)>, Vince Whibbs <[vincewhibbs@reapreentry.org](mailto:vincewhibbs@reapreentry.org)>

Hello CoC Project Applicants,

On behalf of Pensacola/Escambia and Santa Rosa Counties CoC (FL-511), this letter is to inform all CoC project applicants of the outcome of the local competition for the FY 2024 and FY 2025 Continuum of Care Competition (FR-6800-N-25).

The Project Review and Ranking Committee did not reject or reduce any projects during the local CoC competition. The rankings, scores, and funding amounts requested from HUD are listed for all project applicants as follows:

Escambia and Santa Rosa Counties CoC						
Local Competition Selection Results						
Organization Name	Project Name	Component	Rank	Score	Status	Amount Requested from HUD
Opening Doors NWFL	CoC Planning	Planning	Not Ranked	0	Accepted	147,000.00
Opening Doors NWFL	The Standard 2024	SDC-25	1	98	Accepted	251,000.00
Opening Doors NWFL	HMH 2024	HMH	2	90	Accepted	179,577.00
Wishcreek	Prosperity PG4	PG4	3	63.75	Accepted	100,000.00
Interim Center, Inc.	Proving Ground 2024	PG4	4	57	Accepted	171,200.00
Opening Doors NWFL	CLAF 2024	PG4	5	42.25	Accepted	42,000.00
FavorHouse NWFL	A New Beginning MH	MH	6	24	Accepted	407,000.00
Opening Doors NWFL	HMH Expansion 2024	HMH	7	65.5	Accepted	610,000.00
Re-Entry Alliance Pensacola	Reaching Homelessness by Enhancing Rapid Rehousing MH	MH	8	53.5	Accepted	200,000.00
						1,483,577.00

This information is also available on the CoC Website at <https://openingdoorsnwfl.org/collaboration/coc-program-competition-2024>

Sincerely,

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Join the CoC Membership

Your voice and expertise matter to the people in our community.

Organization Membership: [Click here to join as an organization.](#)

Individual Membership: [Click here to join as an individual voting member or participant in the CoC](#)



**Martika Baker**  
(She/Her/Hers)

Director of Operations

From: **Martika Baker** <[martikab@openingdoorsnwfl.org](mailto:martikab@openingdoorsnwfl.org)>

Date: Tue, Oct 1, 2024 at 2:30 PM

Subject: Notification of CoC Funding for Local Competition

To: Serene Keiek <[srenenk@openingdoorsnwfl.org](mailto:srenenk@openingdoorsnwfl.org)>, Rocky Harrison <[rharrison@90works.org](mailto:rharrison@90works.org)>, Allison Hill <[allison.hill@lifeviewgroup.org](mailto:allison.hill@lifeviewgroup.org)>, Tracie Hodson <[tracie@favorhouse.org](mailto:tracie@favorhouse.org)>, Vince Whibbs <[vincewhibbs@reapreentry.org](mailto:vincewhibbs@reapreentry.org)>

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The Project Review and Ranking Committee did not reject or reduce any projects during the local CoC competition. The rankings, scores, and funding amounts requested from HUD are listed for all project applicants as follows:

Escambia and Santa Rosa Counties CoC						
Local Competition Selection Results						
Organization Name	Project Name	Component	Rank	Score	Status	Amount Requested from HUD
Opening Doors NWFL	CoC Planning	Planning	Not Ranked	0	Accepted	\$47,000.00
Opening Doors NWFL	The Standard 2024	SDC-25	1	98	Accepted	\$24,100.00
Opening Doors NWFL	MHS 2024	MHS	2	98	Accepted	\$79,577.00
Whitlock	Prosepolis FY24	PSA	3	63.75	Accepted	\$59,151.00
Interim Center, Inc.	Planning FY2024	PSA	4	57	Accepted	\$15,200.00
Opening Doors NWFL	CLAF FY24	PSA	5	42.25	Accepted	\$2,800.00
FavorHouse NWFL	A New Beginning MH	MH	6	24	Accepted	\$47,000.00
Opening Doors NWFL	MHS Expansion 2024	MHS	7	85.5	Accepted	\$6,000.00
Re-Entry Alliance Pensacola	Reaching Homelessness by Enhancing Rapid Rehousing MH	MH	8	83.5	Accepted	\$98,000.00
						\$483,528.00

This information is also available on the CoC Website at <https://openingdoorsnwfl.org/collaboration/coc-program-competition-2024>

Sincerely,

--

Join the CoC Membership

Your voice and expertise matter to the people in our community.

Organization Membership: [Click here to join as an organization.](#)

Individual Membership: [Click here to join as an individual voting member or participant in the CoC](#)



**Martika Baker**  
(She/Her/Hers)

Director of Operations

FL-511 Continuum of Care

Local Competition Selection Results

Agency	Project Name	Score	Status	Rank	Amount Requested from HUD	Reallocated Funds
Opening Doors NWFL	The Guardian 2024	100	Accepted	1	\$291,509	-32,392
Opening Doors NWFL	HMIS 2024	100	Accepted	2	\$129,577	-14,397
90Works	Project90	62.75	Accepted	3	\$108,151	-12,016
Lakeview Center	Housing First 2024	57	Accepted	4	\$131,356	-14,595
Opening Doors NWFL	iCARE PSH 2024	42.25	Accepted	5	\$42,888	-4,765
FavorHouse of NWFL	A New Beginning: RRH	74	Accepted	6	\$437,800	
Opening Doors NWFL	HMIS Expansion 2024	86.5	Accepted	7	\$64,809	
Re-Entry Alliance Pensacola	Reducing Homelessness by Enhancing Rapid Rehousing	62.5	Accepted	8	\$290,373	+78,165
Opening Doors NWFL	CoC Planning Project FY2024 FL-511	Not Scored	Accepted	Not Ranked	\$147,060	
Total					\$1,643,523	0

# 2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

### **To Print this Workbook:**

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

### **To Save This Workbook as a PDF:**

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may change depending on your version of Microsoft Excel.

### **On Accessibility, Navigability, and Printability:**

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC\_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

### **For Questions:**

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

# 2024 HDX Competition Report

## 2024 Competition Report - Summary

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

### HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year

2) \*This considers all extensions where they were provided.

2) \*\*"Met Deadline" in this context refers to FY23 SPM submissions. Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily and are not required.

## 2024 HDX Competition Report

### 2024 Competition Report - LSA Summary & Usability Status

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

#### LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable	<input checked="" type="checkbox"/>								
Partially Usable									
Not Usable									

#### EST

Category	2021	2022	2023
Total Sheltered Count	380	1,460	1,640
AO	259	1,017	1,021
AC	119	403	608
CO	0	12	14

#### RRH

Category	2021	2022	2023
Total Sheltered Count	400	960	428
AO	164	466	285
AC	236	494	143
CO	0	0	0

# 2024 HDX Competition Report

## 2024 Competition Report - LSA Summary & Usability Status

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

### PSH

Category	2021	2022	2023
Total Sheltered Count	25	70	283
AO	6	48	266
AC	17	19	17
CO	0	0	0

1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing;

PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type.

Therefore, the sum of the number of people by household type may be greater than the unique count of people.

3) Total Sheltered count only includes those served in HMIS participating projects reported by your CoC.

4) For CoCs that experienced mergers during any of these reporting periods, historical data will include only the original CoCs.

2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

**Measure 1: Length of Time Persons Remain Homeless**

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	811	57.9	17.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,438	85.8	42.0

# 2024 HDX Competition Report

## 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	1,150	232.6	110.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	1,708	214.1	115.0

## 2024 HDX Competition Report

### 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

#### Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	Count	% of Returns	Count	% of Returns <sup>4</sup>	Count	% of Returns <sup>6</sup>	Count	% of Returns <sup>8</sup>
Exit was from SO	75	8	10.7%	3	4.0%	4	5.3%	15	20.0%
Exit was from ES	63	7	11.1%	5	7.9%	1	1.6%	13	20.6%
Exit was from TH	12	0	0.0%	1	8.3%	0	0.0%	1	8.3%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	207	3	1.5%	5	2.4%	15	7.3%	23	11.1%
<b>TOTAL Returns to Homelessness</b>	<b>357</b>	<b>18</b>	<b>5.0%</b>	<b>14</b>	<b>3.9%</b>	<b>20</b>	<b>5.6%</b>	<b>52</b>	<b>14.6%</b>

# 2024 HDX Competition Report

## 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

#### Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,480
Emergency Shelter Total	844
Safe Haven Total	0
Transitional Housing Total	721

# 2024 HDX Competition Report

## 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

### Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

#### Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	9
Number of adults with increased earned income	2
Percentage of adults who increased earned income	22.2%

## 2024 HDX Competition Report

### 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

#### Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	9
Number of adults with increased non-employment cash income	2
Percentage of adults who increased non-employment cash income	22.2%

#### Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	9
Number of adults with increased total income	4
Percentage of adults who increased total income	44.4%

#### Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	26
Number of adults who exited with increased earned income	1
Percentage of adults who increased earned income	3.9%

# 2024 HDX Competition Report

## 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

### Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	26
Number of adults who exited with increased non-employment cash income	2
Percentage of adults who increased non-employment cash income	7.7%

### Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	26
Number of adults who exited with increased total income	3
Percentage of adults who increased total income	11.5%

## 2024 HDX Competition Report

### 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

#### Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

##### Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,292
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	155
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1,137

# 2024 HDX Competition Report

## 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

**Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS**

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1,734
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	207
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,527

2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

**Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects**

Measure 6 is not applicable to CoCs in this reporting period.

**Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing**

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

**Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations**

Metric	Value
Universe: Persons who exit Street Outreach	109
Of persons above, those who exited to temporary & some institutional destinations	18
Of the persons above, those who exited to permanent housing destinations	18
% Successful exits	33.0%

## 2024 HDX Competition Report

### 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

#### Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1,340
Of the persons above, those who exited to permanent housing destinations	450
% Successful exits	33.6%

#### Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	336
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	326
% Successful exits/retention	97.0%

## 2024 HDX Competition Report

### 2024 Competition Report - SPM Data

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

#### System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	1,034	848	407	738	894
Total Leavers (HMIS)	955	653	86	399	131
Destination of Don't Know, Refused, or Missing (HMIS)	173	86	2	7	10
Destination Error Rate (Calculated)	18.1%	13.2%	2.3%	1.8%	7.6%

# 2024 HDX Competition Report

## 2024 Competition Report - SPM Notes

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

### Notes For Each SPM Measure

Note: Cells may need to be resized to accomodate notes with lots of text.

Measure	Notes
Measure 1	Note for Measure 1: The length of time homeless for persons in ES and TH has increased due to the lack of affordable housing inventory within the CoC geographic area. The cost of rent far exceeds HUD's FMR payment standard. In addition, ESG-CV funding decreased in July 2022; reducing the CoC's capacity to place people in RRH.
Measure 2	No notes.
Measure 3	No notes.
Measure 4	No notes.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	No notes.
Data Quality	No notes.

## 2024 HDX Competition Report

### 2024 Competition Report - HIC Summary

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

For HIC conducted in January/February of 2024

#### HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV <sup>†</sup> Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	297	126	246	0	246	51.2%
SH	0	0	0	0	0	NA
TH	304	197	293	0	293	67.2%
RRH	180	180	180	0	180	100.0%
PSH	235	235	235	0	235	100.0%
OPH	92	92	92	0	92	100.0%
<b>Total</b>	<b>1,108</b>	<b>830</b>	<b>1,046</b>	<b>0</b>	<b>1,046</b>	<b>79.3%</b>

## 2024 HDX Competition Report

### 2024 Competition Report

FL-511 - Pensacola/Escambia,

For HIC conducted in January/I

#### HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV <sup>†</sup> Beds or Beds Affected by Natural Disaster**	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	297	45	51	0	51	88.24%
SH	0	0	0	0	0	NA
TH	304	0	11	0	11	0.00%
RRH	180	0	0	0	0	NA
PSH	235	0	0	0	0	NA
OPH	92	0	0	0	0	NA
<b>Total</b>	<b>1,108</b>	<b>45</b>	<b>62</b>	<b>0</b>	<b>62</b>	<b>72.58%</b>

## 2024 HDX Competition Report

### 2024 Competition Report

FL-511 - Pensacola/Escambia,  
For HIC conducted in January/I

#### HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	297	171	297	57.58%
SH	0	0	0	NA
TH	304	197	304	64.80%
RRH	180	180	180	100.00%
PSH	235	235	235	100.00%
OPH	92	92	92	100.00%
<b>Total</b>	<b>1,108</b>	<b>875</b>	<b>1,108</b>	<b>78.97%</b>

# 2024 HDX Competition Report

## 2024 Competition Report - HIC Summary

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

For HIC conducted in January/February of 2024

### Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	142	53	197	187	180

1) † EHV = Emergency Housing Voucher

2) \*This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) \*\*This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) Data included in these tables reflect what was entered into HDX 2.0.

5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

7) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

# 2024 HDX Competition Report

## 2024 Competition Report - PIT Summary

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

For PIT conducted in January/February of 2024

### Submission Information

Date of PIT Count	Received HUD Waiver
1/22/2024	Not Applicable

### Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and partial unsheltered count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	220	203	36	164	183	275
Safe Haven Total	0	0	0	0	0	0
Transitional Housing Total	121	169	112	196	255	304
Total Sheltered Count	341	372	148	360	438	579
Total Unsheltered Count	177	374	583	367	742	544
Total Sheltered and Unsheltered Count*	518	746	731	727	1,180	1,123

1) \*Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

3) In 2021, for CoCs that conducted a "Sheltered and partial unsheltered count", only aggregate and not demographic data were collected.

2024 HDX Competition Report

## 2024 Competition Report - PIT Summary

FL-511 - Pensacola/Escambia, Santa Rosa Counties CoC

For PIT conducted in January/February of 2024



October 21, 2024

Lori Serino  
Director, Jacksonville Field Office  
US Department of Housing and Urban Development  
Charles Bennett Federal Building  
400 W Bay Street, Ste 1015  
Jacksonville FL 32202

**EXECUTIVE DIRECTOR**

Tracie Hodson

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**Mindy Von Ansbach**

Young

Subject: Leveraging Housing Resources Commitment

Dear Ms. Serino,

On behalf of FavorHouse of Northwest Florida, Inc., I submit this letter indicating our commitment to the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) project submitted through the FY2024 and FY2025 Continuum of Care Competition (FR-6800-N-25) released on 07/31/2024. The project name is listed within the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) as "A New Beginning Rapid Re-Housing", as written in e-SNAPS.

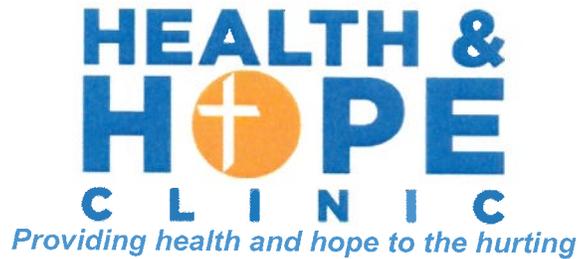
FavorHouse of Northwest Florida, Inc. empowers domestic violence survivors and their families to create safe spaces and healthy relationships through crisis intervention, empowerment, and prevention services. We are the certified domestic violence center serving the Florida counties of Escambia and Santa Rosa. We commit to using Challenge grant funds to leverage housing resources for domestic violence survivors.

The breakdown of the commitment is as follows:

Cash: FavorHouse of Northwest Florida, Inc. will utilize Challenge grant funds to subsidize rental assistance for seven (7) domestic violence survivors (individual adults or adults with children) for 12 calendar months. This cash match contribution will be available upon commencement of the "A New Beginning Rapid Re-Housing" project, which is anticipated to start on or before October 1, 2025.

Sincerely,

Tracie Hodson  
Executive Director



October 18, 2024

Lori Serino  
Director, Jacksonville Field Office  
US Department of Housing and Urban Development  
Charles Bennett Federal Building  
400 W. Bay Street, Suite 1015  
Jacksonville, FL 32202

Subject: Leveraging Healthcare Resources Commitment

Dear Ms. Lori Serino,

On behalf of Health and Hope Clinic, I submit this letter indicating our commitment to the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) project submitted through the FY2024 and FY2025 Continuum of Care Competition (FR-6800-N-25) released on 07/31/2024. The project name is listed within the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) as "A New Beginning Rapid Re-Housing", as written in e-SNAPS.

Health and Hope Clinic is a healthcare center serving Escambia and Santa Rosa Counties. Our center offers preventative care and chronic disease management for underserved and underinsured individuals, including those experiencing homelessness. We provide access to healthcare treatment services for all program participants who qualify and choose to utilize the services.

The breakdown of the commitment is as follows:

In-Kind: Health care services valued up to \$75,500 for one year. Services include case management, therapy, peer support, primary care, dental, and pharmacy for an estimated 27 minimum participants. The total estimated value of this in-kind contribution will be available upon commencement of the "A New Beginning Rapid Re-Housing" project, which is anticipated to start on or before October 1, 2025. The resources will be available for this project's full one-year grant term.

Sincerely,

A handwritten signature in blue ink that reads "Sally Bergosh".

Sally Bergosh

Executive Director



October 28, 2024

Lori Serino  
Director, Jacksonville Field Office  
US Department of Housing and Urban Development  
Charles Bennett Federal Building  
400 W Bay Street, Ste 1015  
Jacksonville, FL 32202

Subject: Leveraging Healthcare Resources Commitment

Dear Ms. Lori Serino,

On behalf of Lakeview Center, I submit this letter indicating our commitment to the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) project submitted through the FY2024 and FY2025 Continuum of Care Competition (FR-6800-N-25) released on 07/31/2024. The project name is listed within the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) as "A New Beginning Rapid Re-Housing", as written in e-SNAPS.

Lakeview Center provides comprehensive behavioral health care to adults and children with mental illnesses, drug and alcohol dependencies, and intellectual disabilities. Our services range from residential treatment to outpatient counseling, psychiatry, trauma care, treatments for substance misuse and 24/7 support for those with serious mental illnesses. We adhere to a trauma-informed care approach in everything we do.

The breakdown of the commitment is as follows:

In-Kind: Behavioral health care services valued up to \$20,000 for one year. Services include mental health counseling, psychiatric treatment, emergency mental health and addiction evaluations, and case management for an estimated 27 minimum participants. The total estimated value of this in-kind contribution will be available upon commencement of the "A New Beginning Rapid Re-Housing" project, which is anticipated to start or before October 1, 2025. The resources will be available for this project's full one-year grant term.

Sincerely,

A handwritten signature in blue ink, appearing to read "Shawn Salamida".

Shawn Salamida  
President

Jackson Street Main Site  
2315 West Jackson Street  
Pensacola, FL 32505  
T 850.436.4630 F 850.436.2095



October 18, 2024

Lori Serino  
Director, Jacksonville Field Office  
US Department of Housing and Urban Development  
Charles Bennett Federal Building  
400 W Bay Street, Ste 1015  
Jacksonville FL 32202

Subject: Leveraging Healthcare Resources Commitment

Dear Ms. Serino,

On behalf of Community Health of Northwest Florida, I submit this letter indicating our commitment to the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) project submitted through the FY2024 and FY2025 Continuum of Care Competition (FR-6800-N-25) released on 07/31/2024. The project name is listed within the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) as "A New Beginning Rapid Re-Housing", as written in e-SNAPS.

Community Health is committed to providing quality, comprehensive healthcare services to the medically underserved people of the Pensacola Bay Area and surrounding regions of Escambia and Santa Rosa counties, Florida. Our center offers preventative care and chronic disease management for underserved and underinsured individuals, including those experiencing homelessness. We provide access to healthcare treatment services for all program participants who qualify and choose to utilize the services.

The breakdown of the commitment is as follows:

In-Kind: Health care services valued up to \$14,500 for one year. Services include case management, therapy, peer support, primary care, dental, and pharmacy for an estimated 27 minimum participants. The total estimated value of this in-kind contribution will be available upon commencement of the "A New Beginning Rapid Re-Housing" project, which is anticipated to start on or before October 1, 2025. The resources will be available for this project's full one-year grant term.

Sincerely,  


Chandra Smiley, MSW  
Chief Executive Officer

**Jackson Street Main Site**  
2315 West Jackson Street  
Pensacola, FL 32505  
T 850.436.4630 F 850.436.2095



October 23, 2024

Lori Serino  
Director, Jacksonville Field Office  
Community Planning and Development  
US Department of Housing and Urban Development  
Charles Bennett Federal Building  
400 W. Bay Street, Suite 1015  
Jacksonville, FL 32202

Subject: Leveraging Healthcare Resources Commitment

Dear Ms. Lori Serino:

On behalf of Community Health of Northwest Florida, I submit this letter indicating our commitment to the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) project submitted through the FY2024 and FY2025 Continuum of Care Competition (FR-6800-N-25) released on 7/31/2024. The project name is listed within the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) as "Reducing Homelessness by Enhancing Rapid Re-housing" as written in e-snaps.

Community Health is committed to providing quality, comprehensive healthcare services to the medically underserved people of the Pensacola Bay Area and surrounding regions of Escambia and Santa Rosa counties, Florida. Our center offers preventative care and chronic disease management for underserved and underinsured individuals, including those experiencing homelessness. We provide access to healthcare treatment services for all program participants who qualify and choose to utilize the services.

The breakdown of the commitment is as follows:

In-Kind: Health care services valued up to \$24,573.33 for one year. Services include case management, therapy, peer-support, primary care, dental, and pharmacy for an estimated minimum of participants totaling 42 adults and 60 persons in families. The total estimated value of this in-kind contribution will be available upon commencement of the "Reducing Homelessness by Enhancing Rapid Re-housing" project, which is anticipated to start on or before October 1, 2025. The resources will be available for this project's full one-year grant term.

Sincerely,

A handwritten signature in black ink that reads "Chandra Smiley". The signature is fluid and cursive.

Chandra Smiley, MSW  
Chief Executive Officer



October 21, 2024

Lori Serino  
Director, Jacksonville Field Office  
Community Planning and Development  
US Department of Housing and Urban Development  
Charles Bennett Federal Building  
400 W. Bay Street, Suite 1015  
Jacksonville, FL 32202

Subject: Leveraging Healthcare Resources Commitment

Dear Ms. Lori Serino:

On behalf of Lakeview Center, I submit this letter indicating our commitment to the "Reducing Homelessness by Enhancing Rapid Rehousing" project submitted through the FY 2024 and FY 2025 Continuum of Care Competition (FR-6800-N-25) released on 8/29/2025. The project name is listed within the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) as "Reducing Homelessness by Enhancing Rapid Re-housing" as written in e-snaps.

Lakeview Center is a community behavioral health center serving Escambia and Santa Rosa counties. Lakeview Center offers comprehensive behavioral health services including inpatient, outpatient, and addiction treatment. We provide access to behavioral health services for all program participants who qualify and choose to utilize the services.

The breakdown of the commitment is as follows:

In-Kind: Behavioral health services valued up to \$24,011.33 for one year. Services include mental health counseling, psychiatric treatment, emergency mental health and addiction evaluations, and case management for an estimated 42 adults/60 families as participants. The total estimated value of this in-kind contribution will be available upon commencement of the "Reducing Homelessness by Enhancing Rapid Rehousing" project. The resources will be available for this project's full one-year grant term.

Sincerely,

A handwritten signature in blue ink, appearing to read "Shawn Salamida".

Shawn Salamida  
President  
Lakeview Center, Inc.



October 23, 2024

Lori Serino

Director, Jacksonville Field Office

Community Planning and Development

US Department of Housing and Urban Development

Charles Bennett Federal Building

400 W. Bay Street, Suite 1015

Jacksonville, FL 32202

**Subject: Leveraging Healthcare Resources Commitment**

Dear Ms. Lori Serino:

On behalf of Health and Hope Clinic, I submit this letter indicating our commitment to the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) project submitted through the FY2024 and FY2025 Continuum of Care Competition (FR-6800-N-25) released on 7/31/2024. The project name is listed within the Consolidated Application of Pensacola/Escambia, Santa Rosa County CoC (FL-511) as "Reducing Homelessness by Enhancing Rapid Re-housing" as written in e-snaps.

Health and Hope Clinic is a healthcare center serving Escambia and Santa Rosa Counties. Our center provides preventative care and chronic disease management for underserved and underinsured individuals, including those experiencing homelessness. We provide access to healthcare treatment services for all program participants who qualify and choose to utilize the services.

The breakdown of the commitment is as follows:

In-Kind: Health care services valued up to \$24,011.33 for one year. Services include case management, therapy, peer-support, primary care, dental, and pharmacy for an estimated minimum of participants totaling 42 adults and 60 persons in families. The total estimated value of this in-kind contribution will be available upon commencement of the "Reducing Homelessness by Enhancing Rapid Re-housing" project, which is anticipated to start on or before October 1, 2025. The resources will be available for this project's full one-year grant term.

Sincerely,

A handwritten signature in blue ink that reads "Sally Bergosh".

Sally Bergosh

Executive Director