

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: NJ-508 - Monmouth County CoC

1A-2. Collaborative Applicant Name: County of Monmouth

1A-3. CoC Designation: CA

1A-4. HMIS Lead: New Jersey Housing and Mortgage Finance Agency

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

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

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

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

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

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

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

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

(limit 2,000 characters)

- The Homeless System Collaborative (HSC), the CoC, holds quarterly meetings & monthly subcommittee meetings which are open to all interested stakeholders. Any interested person or agency may request membership in the CoC on a rolling basis. In order to become a member, participants must submit a request to be approved at the full membership meeting. Once the full membership approves the nomination for general membership the request is sent to the Exec Committee (EC) for review & approval.
- Meeting notices are sent out via email to human service listservs & meeting dates & locations are posted on the CoC website. The CoC has the membership process posted on the CoC website which is an accessible format for those with disabilities so interested parties can initiate the process at any time. The CoC has switched to all virtual meetings in the past year to ensure health & safety of participants.
- The EC has also worked to develop a racial equity project that is driven by an advisory board (AB) of those with lived experience of homelessness. The CoC

partners were asked to refer homeless or formerly homeless persons that would be interested in participating. Each referral was asked to refer any peers they thought also might be interested. The AB currently consists of 3 members that are paid to provide their expertise to the CoC. The AB is evaluating the system & making recommendations to improve access for all homeless persons.

- The CoC has done outreach & invited agencies that serve culturally specific communities experiencing homelessness in the area to participate in the CoC. During the February 2021 CoC meeting the EC introduced a racial equity project being funded by the county to support the development of an AB of persons with lived experience as well as bringing training & education on racial disparities to the CoC. Racial equity training have been conducted with the CoC to address racial disparities in homelessness & home ownership in the county.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

- 1.The CoC has the membership process posted on the CoC website which is an accessible format for those with disabilities so interested parties can initiate the process at any time.
2. In addition, during the CoC meetings the CoC discussed the membership process and issued an open request for new members. Subcommittee chairs and Exec Committee members continually petition key stakeholders to consider membership in the CoC on a regular basis throughout the year.
- 3.The Exec Committee reviews CoC membership and works to identify gaps in representation around the planning table on an annual basis. The Committee identifies stakeholders to fill those gaps and members conduct individualized outreach to encourage stakeholder participation in the CoC. The CoC has worked to engage hospital systems and develop an advisory board of formerly homeless persons to work with the Exec committee.

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

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

	1. that your CoC’s local competition was open and accepting project applications;
	2. that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
	3. about how project applicants must submit their project applications;
	4. about how your CoC would determine which project applications it would submit to HUD for funding; and

5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.
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(limit 2,000 characters)

1. There was an announcement at the CoC meeting on February 8, 2021 that the CoC anticipated releasing RFPs. Agencies were notified that the Exec Committee was accepting proposals for both new & renewal projects on March 10th, 2021 via email and the announcement was publicly posted on the CoC website.
2. A technical assistance (TA) training was held on March 22nd, 2021. The CoC Lead Agency was available to answer questions about completing the local application process from any agencies (both currently funded & those not previously funded) prior to the final submission deadline, which was 1 month after the RFP was posted.
3. The apps were to be submitted electronically by email or fax or a hard copy mailed to the CoC Lead Agency office. This was on the public announcement that went out on March 10th and was posted on the website. This was also stated during the TA session that was held March 22nd.
4. The CoC announcement included the scoring tool which would be utilized to score all new and renewal projects. During the TA session these materials were provided and the criteria for eligible projects as well as the CoC's funding priorities were explained to all applicants. For those that could not attend the TA session it was recorded and sent out and questions were directed to the review committee and CoC lead from any applicants.
5. The RFP materials were sent out electronically in PDF & Word format via email & posted on the CoC website.

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

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

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

In the chart below:

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

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

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

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

(limit 2,000 characters)

1. The Monmouth County Office of Community Development (MCOCD) is the designated con-plan jurisdiction & ESG recipient in the region. MCOCD is a member of the CoC Executive Committee (EC). As a member of the EC, MCOCD integrates CoC identified needs & strategies into the ESG plan development & often brings ESG specific issues to the CoC table for discussion & strategy development. The NJ Department of Community Affairs (DCA) is the other ESG funded recipient funding projects in the CoC region. DCA hosts a public comment conference call after they have developed their funding priority recommendations for ESG funds annually. In addition, DCA hosted a CoC specific meeting to discuss how ESG funds could best be used in the community. The CoC participated in the meeting to provide feedback about the best ways to target ESG funding. All projects requesting funding through DCA ESG process must obtain a letter of support from the CoC. The CoC EC reviews all proposals requesting funding through the DCA ESG program & issues letters of support to those projects that are in line with local funding priorities & that demonstrate an ability to work with the CoC in ending homelessness. The CEA hosts monthly case conferencing calls to monitor the ESG-CV RRH funded agencies to ensure referrals come from the CEA agency & prioritization list. The CEA & CoC lead monitor the process to ensure no referrals are denied & all homeless persons have access to the vouchers.

2. The CoC Funding Review Committee served as the committee to make all funding decisions for ESG-CV in 2020-2021. MCOCD uses the CoC funding priorities to formulate the funding priorities for ESG & uses the same performance standards as approved by the CoC to evaluate ESG funded program outcomes & performance.

3. The CoC lead provided the PIT & HIC data to MCOCD when working on the consolidated plan.

4. MCOCD & the CoC lead made all information available to con plan jurisdictions.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

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

(limit 2,000 characters)

1. The LEA hosted a regional meeting for all homeless liaisons & providers in the area. Homeless liaisons for every school attended & homeless providers made a brief presentation as to what services were offered & client eligibility. There was time for liaisons to ask questions & to gather any resources for present or future referrals.
2. The CoC Executive Committee (EC) nominated a member who is the McKinney- Vento liaison for Monmouth, Ocean, & Middlesex Counties. The full CoC general membership approved this nomination. This EC member provides regular updates on the needs in the school & works with the homeless providers to ensure the schools have all the resources available for any children in need. The McKinney Vento LEA also works to ensure homeless providers are aware of the services available you school aged children & their rights & understand how to connect them to those services offered in the schools. The CoC also has formal agreements with Child Care & Head Start programs in the county.
3. Members of the CoC participate in the Children's Interagency Coordinating Council (CIACC) which meets regularly to address the needs of youth with special needs including homeless youth. The CIACC includes participation from juvenile justice, behavioral health, McKinney-Vento Local Education Agency representatives, child welfare representatives, youth service providers, local government, & education & employment services for youth.
4. The Regional McKinney Vento liaison is a member of the exec committee of the CoC & represents the CoC at statewide meetings. The liaison will include the CoC lead in any statewide meetings addressing housing insecurity & homelessness for youth & students.
5. The CoC conducts an annual training for the homeless liaisons in the local

schools in the region to inform them of the services available through the homeless service system, how to access services & the PIT count process including training for administering the PIT survey.

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

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

(limit 2,000 characters)

The CoC written standards require programs serving school aged children to address the educational needs of the children in the household through services provided by case management staff or through connecting the household to community agencies specializing in education services.

All providers complete household assessments when families enroll in their programs. As part of the assessment, providers review current connections to school and other education related services for the household. Case managers work with households to identify if additional services are needed and provide support in helping the household connect to services available through the school system or community agencies. the CoC monitors the implementation of these activities during the on-site monitoring every other year.

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

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

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

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

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

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

(limit 2,000 characters)

1. The CoC has developed a training schedule that includes a training on working with survivors of domestic violence. The DV training occurred during the Fall 2019 meeting conducted by 180 Turning Lives Around, the designated DV provider, for the region. The training covered recognizing DV cases, understanding safety concerns, providing trauma-informed services and basics of safety planning. All CoC funded programs including the Coordinated Entry staff are required to attend all CoC trainings including the training by 180. 180 Turning Lives Around (180), the DV provider in the region is a member of the CoC executive committee. As such, the agency alerts the CoC to trends and issues in serving survivors of domestic violence. The agency is also an active member of the coordinated systems committee, data committee, case conferencing, and full membership CoC committee. In these roles 180 provides insight in the needs of victims of domestic violence experiencing homelessness.

2. The Coordinated Entry staff work directly with 180 to serve the needs and address safety issues for survivors of DV. 180 provides completed prioritization assessments that are deidentified to protect the survivors safety for the CE program. The survivors of DV are placed on the CE prioritization list and considered for all permanent housing opportunities. CE staff works directly with case managers from 180 to link survivors to safe permanent housing solutions. The 180 case managers, that are formally trained in trauma informed care, act as the liaison between CE staff and the survivors so as to protect the survivors anonymity and safety. The CE staff and 180 meet monthly during case conferencing meetings and 180 provides monthly updates on best practices and trends, formal trainings are conducted annually and more frequently if there is an identified request or need.

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

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

(limit 2,000 characters)

180 Turning Lives Around (180), the DV provider in the region is a member of the CoC executive committee. As such, the agency alerts the CoC to trends and issues in serving survivors of domestic violence. The agency is also an active member of the coordinated systems committee, data committee, case

conferencing, and full membership CoC committee. In these roles 180 provides insight in the needs of victims of domestic violence experiencing homelessness.

In addition to committee membership, 180 submits de-identified client level data to the CoC Lead Agency monthly pulled from their HMIS comparable database. This information is combined with data pulled from HMIS to evaluate system trends and the scope of need in the community. The monthly data reports review subpopulation numbers (including survivors of domestic violence), average length of homelessness, program utilization, and destination at program discharge to evaluate how effectively the system is serving persons experiencing homelessness as a whole as well as specific subpopulations, such as victims of domestic violence.

180 is a key member of the PIT planning committee and coordinates the data collection and data entry process for the PIT count every year. The agency completes surveys for all homeless persons served on the day of the PIT count and submits de-identified data for inclusion in the PIT. Data from the PIT is analyzed and includes a subsection regarding the needs and trends for those reporting DV experience in the final PIT report.

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

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:	
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1.180 is the DV provider offering services: shelter, TH-RRH, and RRH, PSH and safety planning services to DV survivors funded through DOJ, CoC, ESG & ESG-CV, DFD, and HHS funding. When a client identifying DV experience connects with any agency they are referred to 180 through the DV hotline for an assessment of safety needs. If 180 identifies an immediate safety need the household is placed in the DV shelter. If space is unavailable at the shelter, households are referred to other DV programs throughout the state or other community shelters. Households have a choice in sheltering programs. If there is not an immediate safety need the household is referred to a community shelter program.

2.The county has implemented an emergency transfer plan. The plan establishes that the safety of the consumer is most important, and the agency must work quickly to relocate the consumer in the event that their safety is threatened.

3.180 completes assessments for all clients they serve in their ES and TH programs and any homeless households they encounter through referral. The assessments are de-identified and sent to the CE agency for inclusion in the CoC housing prioritization list, the CE contacts 180 to inform them of housing opportunities for clients prioritized on list. 180 works with the client to complete the housing referral and placement process. If the client chooses not to take

advantage of the housing opportunity their name remains on the list and they are eligible for the next housing opportunity.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
New Jersey Department of Community Affairs		Yes-HCV	Yes
Monmouth County		Yes-HCV	Yes

You must enter information for at least 1 row in question 1C-7.

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

Describe in the field below:

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

(limit 2,000 characters)

1.The CoC Executive Committee worked to develop relationships with housing authorities during the 2020-2021 year. The Exec Committee met with two housing authorities to discuss the development of a homeless preference and

joining the CoC. One housing authority has approached the CoC for support in a potential housing development project and the other has expressed interest in collaborating with the CoC. The County PHA established a homeless set aside in 2018 and the CoC continues to work to fill those vouchers with through the Coordinated Entry Agency (CEA) from the prioritization list. The DCA PHA was awarded EHV vouchers through the American Rescue plan and the CoC is working to submit individuals that meet eligibility criteria on the prioritization list for those vouchers. The CEA has signed an MOU with DCA to work on referring homeless individuals.
2.n/a

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

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

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

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

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

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

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

(limit 2,000 characters)

1.The Monmouth County PHA has a homeless set aside established. The PHA staff work directly with the Coordinated Entry Agency (CEA) to communicate any vacancies or turnover in these vouchers. The CEA will provide referrals from the top of the prioritization list to the PHA to fill these vacancies. The PHA staff attend monthly case conferencing meetings hosted by the CEA. At these meetings all housing units and voucher vacancies are reported. The CEA will

also go through the top portion of the prioritization list, utilizing, de-identified information, and direct referrals will be made during this meeting.
2.The Monmouth County PHA has an MOU with the CEA for the homeless set aside units and the preference is documented in the PHA site administrative plan.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

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

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

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

(limit 2,000 characters)

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

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

PHA
State of NJ Depar...

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

Name of PHA: State of NJ Department of Community Affairs

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	11
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	11
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC local selection application requests that all new and renewal projects describe their projects approach to the housing first model. New project applicants are also asked to describe the project accessibility and any screen in/out criteria for program participation. The project is also asked to describe

any termination criteria for participants. For Renewal Projects each project is requested to provide information as to whether they screen out potential referrals for the following: having too little or no income, active or history of substance abuse, criminal record with exception for state-mandated restrictions, and history of DV. They are also asked to identify if they following criteria are reasons for termination: failure to participate in supportive services, failure to make a service plan, loss of income or failure to improve income, being a victim of DV, or any other activity not covered in a lease agreement typically found in the project's geographic area. The project scoring tool dedicates 20/105 points to housing first and program accessibility. The CoC monitors each project annually to determine if participants are being discharged to temporary housing situations or back to homelessness to ensure termination from the project is not due to any of the above stated reasons.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1. Mental Health Association (MHA) operates outreach teams in the CoC region, the PATH Team and the Housing Navigation Program (HNPTeams identify locations to target through reports from community partners (police, hospitals, churches etc) and work with clients they serve to discover additional locations that may be known only to other unsheltered persons. MHA expanded their outreach team in 2021 through ESG-CV funding to respond to the need in the community. The outreach teams work collaboratively to cover the entire CoC.

2. Both teams cover 100% of the geographic area targeting known locations, responding to calls for assistance/reports of unsheltered persons from community members, and visiting key locations where unsheltered persons frequent such as libraries, soup kitchens, hospitals etc.

3. MHA directs the unsheltered PIT count annually. They conduct outreach 5 days a week with on-call staffing after hours and on the weekends.

4. Outreach teams work with community liaisons to engage those who don't seek services connecting with religious and civic institutions serving different communities to help improve access to services. Teams use bi-lingual staff and translation services as necessary when working with persons with limited English proficiency. Additionally both teams are mobile enabling them to

respond to clients wherever their need is.

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

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

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

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	65	141

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

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

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

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

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

(limit 2,000 characters)

1.The Division of Social Services (DSS) is an active member of the CoC, both executive and general CoC meetings. DSS provides updates at all meetings of resources available or changes in Mainstream Benefits. Due to COVID 19 DSS altered operations and began accepting referrals virtually or via phone. DSS allowed for more flexibility with documentation and extended benefits to ensure everyone in need had access to shelter.

2.DSS informs the CoC of availability of benefits at bimonthly exec committee meetings, monthly subcommittee meetings, and quarterly general meetings.

3.The CoC works collaboratively with healthcare systems to provide access to health care benefits as well as successful discharge planning. The coordinated systems subcommittee worked to engage healthcare systems this past year and have worked to engage substance abuse treatment programs to connect their services to the shelters. The MCO housing navigator did a presentation at the December 2020 CoC meeting and educated the CoC on how to enroll clients in Medicaid and what services were available as well as eligibility criteria.

4.The CoC has a number of agencies that in addition to providing housing also provide services. The case management available to consumers ensures that they stay stable in the community, attends all physical/mental health appts, and consumers are connected to all eligible benefits including Medicaid. NJ Helps is a website available to anyone in the state to complete an online, 5-10 minute screening tool to determine basic eligibility for food stamps, general assistance, TANF, and Medicaid. This is a tool the CoC refers clients to utilize when trying to apply for benefits.

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

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1. The Coordinated Entry Agency (CEA), MHA, completes vulnerability assessments for all households referred through DSS, ES, TH & outreach teams. The CEA covers the entire CoC geographic region. Through connection to community partners & use of the outreach teams the process covers the geographic region & connects with those least likely to engage in services.

2.MHA will meet consumers in the community if they are unable to utilize public transport to get to the office, they will also complete phone assessments if necessary. All PH providers notify MHA when they have a vacancy. CoC recognized the need for more outreach during the pandemic & ESG-CV funded the expansion of the CEA program with 2 additional outreach workers specifically aimed at engaging the unsheltered. There was also funding included to work specifically to engage landlords to work with the CoC.

3.MHA assists households through the referral process working to collect documents, complete applications & assist with landlord negotiations. The locally developed assessment reviews homeless history, disabling conditions, etc. MHA staff organize the prioritization list according to chronic homeless status, vulnerability score & length of time homeless.

4. The CEA features a Centralized Intake point (DSS) for access to shelter & services, & a centralized exit point for connection to PH resources to assist anyone facing homelessness. DSS assesses households for eligibility for mainstream programs & other resources for which they may be eligible. When diversion is not possible, they assess clients for shelter eligibility & place clients in shelters with which they have direct placement authority &/or refer to community shelters. The sheltering agencies can complete the assessment in HMIS, or they can fax a paper copy to MHA to add to the prioritization list. The DV agencies complete the assessments & send de-identified assessments for inclusion on the prioritization list.

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

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

Select yes or no in the chart below to indicate the findings from your CoC’s most recent racial disparities assessment.	
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1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	No
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	No
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

The CoC engaged with a consultant to implement the Community Led Planning Development project in 2020-2021. This project was implemented to analyze racial disparities in the community, provide training on racial inequities to the CoC, and to develop an Advisory Board of persons with lived experience that represent the cultural makeup of the homeless population. The CoC recognizes that there are significant racial disparities in the homeless service system as the county is made up of approximately 7% persons identifying as black or African American but they make up 42% of the homeless population. To address these disparities in homelessness the CoC has developed the Advisory Board which began meeting in April of 2021 to evaluate policies and procedures of the homeless service system as a whole with the goal of making policy

recommendations to the CoC exec committee by the end of the year. The Monmouth ACTS (Assisting Community Through Services) which serves as the human services advisory council and sits within the same office as the CoC lead has also identified areas in which racial disparities need to be addressed. The Positive Youth Development subcommittee worked in collaboration with CIACC, Brookdale Community College and Mental Health Association of Monmouth County to have a virtual youth town hall which is took place on January 28th focused on racial justice. A youth committee has now been formed called "Time to Shine." This group is extremely involved and recently hosted a youth talent show. Another focus of the hub has been to develop a trauma informed environment and build resilient communities. They worked on Asbury Park's Healing Together, which is a pilot program funded by the Nicholson Foundation working to build a trauma informed resilient community.

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

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

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

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

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes

6.	Other:(limit 500 characters)	

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

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

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

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

(limit 2,000 characters)

The CoC implemented a number of safety protocols to ensure the safety of staff and consumers during the COVID-19 pandemic. The CoC lead worked directly with the health department to ensure best practices were being followed and all homeless individuals were being served in all settings.

1. The unsheltered homeless continued to be outreached through the Housing Navigation team and PATH to work to determine eligibility for non-congregate sheltering options. Many of the unsheltered homeless feared going into congregate settings during this time. Outreach teams provided PPE, hand sanitizer, and assisted the unsheltered in accessing vaccines when available. The County funded a non-congregate shelter for anyone that was unsheltered and homeless and had symptoms or tested positive for COVID-19.
2. The congregate shelter, Affordable Housing Alliance (AHA), was sponsored to run the non-congregate shelter option for the county and was able to reduce capacity at the shelter to ensure social distancing and manage to keep capacity by supplementing with non-congregate shelter beds. AHA connected healthcare services to the non-congregate shelter to monitor those that were Covid positive or symptomatic and ensure they had transport to any and all health care appts.
3. The CoC's transitional housing programs were able to continue to operate at capacity and received financial assistance through ESG-CV to enhance health and safety protocols to ensure the safety of families residing in the facilities. Families and staff were able to socially distance and continue to receive services through the use of PPE and barriers placed.

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

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

(limit 2,000 characters)

Throughout the 2020-2021 year the CoC was forced to address a number of unprecedented health and safety concerns for the homeless residing in a number of emergency shelter, transitional housing, unsheltered, and permanent housing placements. The CoC was able to strengthen relationships with the health department and healthcare agencies in the county to organize and implement a number of vaccination events made available to the homeless in the community. The CoC also worked with the health department to implement safety protocols to keep staff safe while continuing to serve the homeless face to face in agency offices as well as in the community. Those in CoC permanent housing were still able to meet with case managers to get all service needs met in a face to face environment as well as providing virtual or telehealth support when appropriate. The CoC worked with the Department of Social Services to implement virtual screening for benefits so that those in need did not have to come into the office face to face to apply. These virtual strategies will be utilized as a hybrid model going forward to continue to address barriers such as transportation when accessing services as well as any other future public health emergencies.

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

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

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

(limit 2,000 characters)

The CoC funding review committee did not meet or evaluate projects during the FY2020 CoC funding cycle due to the public health emergency and the automatic renewal of funding implemented by HUD. The Monmouth County Office of Community Development (MCOCD) oversees the ESG allocation and CV funding that comes into the community and requested that the CoC funding committee be utilized to make decision in regards to priorities for the ESG-CV funding as well as to make the funding decisions. The CoC funding committee made the decisions for both allocations of ESG-CV funds received by MCOCD. The funding committee allocated funds to:

1. Address safety measures and ensure that all emergency shelters in the community had appropriate funding for PPE and staffing to continue operations throughout 2020-2021. The committee funded the transitional housing projects as well as the DV emergency shelter to ensure that all three were able to operate at capacity throughout the pandemic. The adult shelter was able to

utilize county funding to reduce congregate capacity and utilize non-congregate shelter options so as to continue to serve the same number of persons and was often times over capacity.

2.The ESG-CV funding supported the Coordinated Entry Agency to hire 4 more staff to conduct housing search and direct outreach to those that were unsheltered homeless in the community to ensure everyone in the CoC was being served. The funding also supported approximately \$900,000 in rapid-rehousing for those currently experiencing homelessness.

3.The ESG-CV funds provided over \$600,000 in eviction prevention to the community

4&5. Healthcare supplies and sanitary supplies were an eligible cost for all agencies that applied for emergency shelter funds. The DV shelter and family transitional housing program were both awarded ESG-CV funding to continue operations at capacity and provide necessary healthcare supplies, PPE, and sanitary supplies for staff and consumers.

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

(limit 2,000 characters)

1.The CoC coordinated with the three hospital systems that have 5 hospitals in the CoC’s geographic region to decrease the spread of COVID-19. The CoC Lead Agency worked with the county to set aside funding for a COVID-19 positive non-congregate sheltering options. This funding was awarded to the county-sponsored sheltering agency to run. This agency, Affordable Housing Alliance (AHA), sits on the Exec committee and was involved in all safety planning with the CoC lead. The CoC lead agency and AHA worked to outreach all the local emergency departments and hospital discharge planning teams to inform them of the COVID positive sheltering program. This allowed anyone who did not have a safe place to return to that was covid positive but no longer in need of hospitalization to go to a hotel where healthcare providers in the community provided daily check ins, monitoring, transport to doctors appts, medication management, wellness checks, and meals until they were able to return to their previous living situations. For those that were homeless AHA worked to connect those in the shelter to the Coordinated Entry process and RRH opportunities through ESG-CV or permanent housing opportunities so that they did not return to homelessness.

2.The CoC had the health department provide training during the October 2020 meeting about best practices and safety protocols all homeless service agencies should be taking. Updated materials were shared by the health dept to the CoC lead regularly and those emails were disseminated to the full CoC list serv via email and the county human services website and social media.

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

(limit 2,000 characters)

The CoC communicated information on safety measures, changing local restrictions, and vaccine implementation through monthly meetings, regular emails to the CoC list serv, and human services website and social media. The CoC lead also developed flyers with updated information about any changing restrictions, vaccination events, or funding opportunities that were disseminated to all the non profit, social service, and faith based agencies serving the homeless or those in need that continued to see consumers in their offices or interact with them virtually to be able to pass along updated information. The CoC lead worked with the health department and other health care agencies to organize vaccination events in places where the homeless continued to gather such as soup kitchens, food pantries, and churches.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
NOFO Section VII.B.1.q.		
Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.		

(limit 2,000 characters)

The CoC worked with non profit agencies and social services to identify persons experiencing homelessness that were currently engaged in the system. These agencies were able to educate individuals on the health benefits and accessible vaccination events in the community. The agencies also assisted in registration, when necessary, for any events and would assist in transporting persons to get their vaccines. The outreach teams worked to engage the unsheltered population in places they were staying such as train stations, under the boardwalk, woods, etc as well as at food pantries, soup kitchens to ensure they were educated on the availability of vaccines and had access if they wanted. The non profit agencies worked to provide transportation to anyone in need to get to vaccination events as well as coordinated events to occur at weekly soup kitchens or events that the homeless would regularly attend.

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

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

(limit 2,000 characters)

During the pandemic, 180 saw a reduction in calls to the Domestic Violence hotline, while also seeing an unprecedented increase in the number of domestic violence victims coming to the Safe House. Anecdotal information from victims indicates that hotline calls may have been lower because the victim was afraid of being discovered or overheard seeking help. Families remained at home during the pandemic, with less privacy and greater fear of discovery by the abuser. However, the shelter had 201 victim intakes during the period July 2020 through June 2021, a 31% increase over the numbers in each of the previous two years. In addition, affordable housing was also especially difficult to find during the pandemic, with few or no evictions and clients generally preferring to stay in their current homes. As a result, shelter stays were longer than ever before in 180's history, totaling 15,299 bed nights over the year, compared with only 8700 bed nights during each of the previous 2 years. To accommodate this volume of clients, while following COVID safety precautions, 180 was able to safely house victims at local hotels to first quarantine before they entered the shelter, when a space became available. Some clients however, had to continue to stay at the hotels for longer periods, due to shelter space limitations. Nevertheless, all were safely housed and all received the same services as victims housed in the shelter, including referrals for rental assistance for permanent housing.

As affordable housing units begin to open up again, funding to place clients into sustainable permanent housing is especially critical to help reduce the length of shelter stays and to move clients as quickly as possible into permanent housing.

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

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

(limit 2,000 characters)

The Coordinated Entry Agency, Mental Health Association (MHA), recognized that the program was in need of more support to best be able to serve those that were homeless during the health pandemic. They applied for and were awarded ESG-CV funds to support 4 additional staff. MHA dedicated one of those staff persons to landlord engagement and one to direct outreach to unsheltered individuals to provide more intensive case management and engagement to that population. MHA utilized the other two staff, in addition to the 3 existing case managers, to complete prioritization assessments, facilitate referrals, and provide case management to ensure those on the prioritization list were able to successfully access housing and shelter opportunities. MHA informed the CoC lead that access to affordable housing opportunities continues to be a barrier to successful housing placement and is going to be

receiving ERAP funds to utilize to subcontract with a realtor to enhance landlord engagement efforts. The CoC lead and MHA have met with a realtor that has experience with HUD vouchers and an understanding of the CoC so that they can best facilitate and cultivate new relationships with local landlords to be more willing to work with voucher programs.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	03/10/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	03/10/2021

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	No
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

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

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

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

(limit 2,000 characters)

1. The CoC provided additional points to projects that were 100% dedicated to the chronically homeless & had adhered to housing first policies. The CoC also provided points for projects that were accessible & addressed an imminent need in the community. The CoC allocated funds to 3 projects serving the needs of survivors of domestic violence during the FY2021 cycle. The CoC recognized an increase in the need for this population due to the public health pandemic & the rise of unemployment, telework, virtual schooling. The CoC focused particularly on housing those that are currently homeless in the system with existing resources recognizing there will be a population becoming homeless when the eviction moratorium ends. The CoC supported projects that targeted housing placement for those that are chronically homeless or those that are highest priority on the coordinated entry (CE) list. Individuals that score highest are the most vulnerable & may have some or all of the following barriers: poor credit, past evictions, active substance abuse, long term or chronic homeless status, little or no income, criminal histories, victims of abuse, mental illness- treated or untreated.

2. In evaluating the data entry for the CE project the CoC lead & review committee recognized poor outcomes, data missing, long stays on the prioritization list, loss of contact with program participants. The CoC recognizes that the CE staff have very loose criteria for termination & will make multiple attempts to engage with persons prior to terminating them from the program. The staff work with consumers that often are moving from sheltered to unsheltered locations or from staying family or friends back to homeless situations & communication is not always possible. The funding committee recognizes that the housing first principles employed by the CE & the multiple attempts to engage may lead to poorer performance outcomes but that the service is vitally important to the community.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The CoC worked to diversify the funding committee that serves to develop and approve all local applications and scoring tools during FY2021. The CoC

brought on 3 new members that are advocates in the community and work for consumers in volunteer as well as professional capacities. This engagement included diversification based on race and gender to more equitably serve the CoC.

2.The CoC funding committee included persons of different races that represents the homeless population. The exec committee invited the Advisory board, made up of those with lived experience that also includes persons of diverse backgrounds to participate, the Advisory board reported not feeling comfortable enough in their knowledge of the CoC and funding streams at this time to participate as the committee was just formed in April 2021. The CoC lead will provide support to ensure the Advisory Board will actively participate next year.

3.3. The CoC plans to make changes to the monitoring tool for renewal applications in the upcoming monitoring to address the racial breakdown of projects and whether or not that is reflective of the current homeless population. For projects that do not reflect racial equity the CoC will develop trainings and policies for programs to implement to effect change.

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

Describe in the field below:

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

(limit 2,000 characters)

1.The review committee (RC) reviews all applications submitted based on the approved funding priorities & applications tools released for the local process. Projects are evaluated on fit with funding priorities, ability to serve vulnerable populations, participation in planning process, program impact & agency health. The RC scores all projects and determines level of funding based on application score, monitoring and performance Reviews. The Exec committee (EC) may empower the RC to make final funding decisions or the RC recommendations may be sent to the EC for approval

2. There were no projects identified for reallocation this year

3. The CoC did not identify any low performing or less needed projects in 2021

4. The CoC reallocated from projects with significant number of unspent funds in FY2019; in evaluating the program monitoring from FY2020 a number of improvements had been made by projects that were identified as lower performing and a financial review showed that all projects had or were on track to spend more than 80% of their funds for FY2021 so no monies were determined to be reallocated

5. In the local selection application and funding announcement all agencies are informed of the possibility of reallocation based on scoring and program need and new projects will be considered for funding through reallocation as well as

bonus funding. These announcements are sent via email, communicated at the TA session, and posted on the CoC website.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/30/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/30/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	
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You must enter a date in question 1E-6.

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/11/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

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

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

(limit 2,000 characters)

1. The DV agency in the CoC geographic area is 180 Turning Lives Around, 180. 180 utilizes osmium for data entry which is a HMIS comparable database. 180 is the recipient of two CoC funded projects and submits annual APRs to HUD as well as monthly reports to the CoC Lead for review and inclusion in data analysis.
2. 180 submits de-identified system performance reports on a monthly basis as well as APRs for annual system monitoring.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	88	45	43	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	131	20	111	100.00%
4. Rapid Re-Housing (RRH) beds	141	75	66	100.00%
5. Permanent Supportive Housing	628	164	421	90.73%
6. Other Permanent Housing (OPH)	0	0	0	

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

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

(limit 2,000 characters)

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

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

1. The CoC worked closely with the community development office to strategically analyze the data of those entering the homeless service system and ensure that CARES Act resources were being utilized to address the needs of those at risk of homelessness and homeless in the community.
2. The CoC funding review committee served as the funding review committee for all ESG-CV funds allocated and were able to allocate the majority of funds to prevention and RRH. Agencies that receive the ESG-CV funds meet monthly to case conference with the Coordinated Entry Program to ensure funds are being utilized efficiently. The CoC is also working with the court system to identify households that are at risk of homelessness so that outreach and education on prevention resources can be provided prior to the end of the eviction moratorium. The county has the Emergency Rental Assistance Program (ERAP) which is aimed to assist households in preventing homelessness and getting current on their rent. The CoC has been integral in the planning and implementation of this program. The CoC Lead has been a liaison with the court system to provide information, flyers, and program details to all households that have an eviction filed through the courts. Non-profit agencies in the community have partnered to assist in completing these applications so that all households in need are able to access the funding. Outreach has also been done to landlords as they are able to apply for their tenants to receive the funding and drop eviction charges.
3. The CoC Lead and Executive Committee is responsible for overseeing these strategies.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC is working to reduce the length of time (LOT) homeless through prioritization in the Coordinated Assessment (CA) process. The CA Agency, Mental Health Association (MHA), prioritizes households by CH status, vulnerability score & LOT homeless. Through this households with the longest histories of homelessness are the first connected to PH opportunities. MHA works to connect individuals as quickly as possible & will assist consumers in document collection & completing housing applications. MHA has been working diligently to connect PH opportunities to the system working with Low Income Housing Tax Credit Projects, Affordable Housing Developers & Private landlords in addition to CoC funded PSH. MHA is working to secure preference for referrals from all housing providers getting those agencies to sign MOUs detailing the referral & preference process. Due to the COVID-19 pandemic there has been delays in assisting homeless households into permanent housing (PH). This is due to lack of housing stock & low turnover rates in existing units due to the eviction moratorium. The CoC has been working to combat these issues by utilizing funding from the American Rescue plan to hire a realtor to assist in engaging new landlords to partner with non-profit agencies to lease units to consumers that hold vouchers. The realtor will be subcontracted through MHA & will work in coordination with housing navigators to quickly fill units & facilitate PH opportunities for homeless households.

2. The CoC utilizes the CEA & the prioritization list (PL) to identify those experiencing homelessness the longest. The CEA also has outreach case managers that continuously work in the community to engage & meet homeless people where they are to ensure they are connected to the PL, PH opportunities, & services

3. The CoC Lead Agency & the CEA work together to develop and implement strategies to reduce the LOT persons are homeless in the community.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

- | | |
|----|---|
| 1. | emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and |
| 2. | permanent housing projects retain their permanent housing or exit to permanent housing destinations. |

(limit 2,000 characters)

Strategies include:
 1. Working with ES and TH programs to ensure all clients are assessed & entered on the Housing Prioritization List. Effective July 1st, 2019 all sheltering agencies complete the assessment in HMIS or fax to MHA to ensure connection

- to the prioritization list.
2. Use of the assessment tool to understand household needs & works with clients to ensure the housing placement plans consider the needs of the households. MHA aids with connecting households to appropriate housing.
 3. MHA hosts monthly case conferencing meetings to discuss difficult placement cases. The case conferencing calls also provide an opportunity to share information about new housing opportunities. MHA meets weekly as a team to go over cases.
 4. The PH committee and MHA are working to increase the housing options connected to the system by reaching out to healthcare systems
 5. Two PHA's in the county have adopted a homeless preference in reaction to the outreach efforts by the exec committee.
 6. MHA is working to contract with a realtor to assist in landlord engagement and to bring new landlords to the CoC to be willing to work with nonprofits and accept vouchers

The PH committee is working to improve PSH retention rates through the following strategies:

1. The PH committee has worked to foster collaboration between service providers to expand services available to PSH clients.
2. The review committee evaluates program access, service provision and termination procedures annually to ensure compliance with the Housing First model. Technical assistance is provided to agencies not meeting housing first criteria to assist them in adjusting program procedures to be more in line with housing first.

The PH committee, MHA and Exec committee are responsible for implementation and oversight

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

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

(limit 2,000 characters)

CoC Lead Agency is able to use client IDs to determine which clients returned to homelessness and generate client level reports that look at income, service needs, length of homelessness and other factors to determine what trends, if any, impact returns to homelessness. The Executive Committee reviews system performance reports quarterly. The Coordinated Systems committee is responsible for developing strategies to reduce returns to homelessness.

1. The CoC identify projects with high rates of returns to homelessness and works with program staff to understand program policies and identify problematic service or termination procedures impacting returns to homelessness
2. The Coordinated Entry agency (CEA) conducts assessments on all persons served in outreach, ES and TH programs to best understand household needs and ensure households are connected to the appropriate type of housing based

on their needs.
3.The CoC Lead agency has been instrumental in implementing the ERAP program which brought approximately \$17 million in prevention dollars into the community. The lead agency worked with the court system to identify households at risk of homelessness and worked to connect them with the program to ensure there were no returns to homelessness.
The Coordinated Systems Committee and Housing Navigator Agency are responsible for implementing strategies related to reducing returns to homelessness. The CoC Lead Agency provides oversight and assistance with implementation.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
	1. your CoC's strategy to increase employment income;	
	2. how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and	
	3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,000 characters)

During the COVID-19 health pandemic it was very difficult for many households to increase or even maintain their income. The CoC worked diligently with partner agencies to assist households that lost jobs due to the pandemic to access financial resources such as unemployment that they may be eligible for. The CoC also worked with households that had to adjust to virtual environments to ensure they were able to continue to do their work from home. This included access to internet, technology that was needed to continue with virtual meetings/work, access to childcare resources. The financial recovery initiative (FRI) was developed by the Monmouth County Human Services Advisory Committee. The Financial Recovery Initiative organizes a structure at the County level to make connections among local communities, families and individual residents and government funding opportunities and other organizations providing financial support.

- 1.The CoC worked with the Workforce Development program, childcare resources, unemployment, and the division of social services to provide households with the support they needed. Case managers for PSH programs continued to work in person, face to face with households that needed the support, taking proper safety precautions. The health dept was also a partner in this effort in ensuring homeless, formerly homeless, and at risk households had access to COVID-19 testing and vaccines when they were available.
- 2.The CoC Lead agency and the FRI oversee this strategy

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	
	Describe in the field below how your CoC:	
	1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and	

2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.
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(limit 2,000 characters)

The financial recovery initiative (FRI) was developed by the Monmouth County Human Services Advisory Committee. The Financial Recovery Initiative organizes a structure at the County level to make connections among local communities, families and individual residents and government funding opportunities and other organizations providing financial support. FRI comprises:

- A Task Force made up of local community and business leaders
- A “Clearinghouse” for information sharing and access to financial recovery support
- A dedicated Financial Recovery Warm Line: 732-683-8959
- The Monmouth ACTS Financial Recovery Network – an organized system of services and benefits to assist with financial recovery
- Coordination of local, state and federal resident recovery efforts

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

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

(limit 2,000 characters)

The Coordinated Assessment (CA) process is set up with the Div. of Social Services (DSS) as the primary access point. Any persons experiencing homelessness are referred to DSS where they are assessed for eligibility for all of DSS’s services prior to being referred to the CA agency. Persons that are not referred to CA through DSS will be referred to DSS in order to access mainstream benefits. Due to COVID-19 DSS was forced to alter their protocols during 2020-2021. The agency began accepting & completing applications via phone & email to ensure the safety of consumers & staff. As necessary, case management staff accompany individuals to their appointments to assist in the application process. Case conferencing now occurs on a monthly basis & case management staff from DSS & homeless service agencies all attend to ensure effective communication & support for all households being assisted.

DSS requires those applying for cash assistance to apply for SSI to find out if persons utilizing assistance are eligible for SSI. Case managers are familiar with the process to apply for SSI & will assist clients in scheduling appointments if in person application is necessary or will assist in completing on line applications. NJ Helps is a website available to anyone in the state to complete an online, 5-10 minute, screening tool to determine basic eligibility for food stamps, general assistance, TANF, & Medicaid. DSS provides updates to program changes at CoC meetings & encourages all agencies to refer & assist clients with connecting to benefits. DSS restructured their internal procedures to create a hub for persons experiencing homelessness. The homeless intake unit facilitates connection to all benefits for which persons may be eligible as well as

connection to community providers & the CA process to minimize barriers for clients accessing services.
The Exec committee is responsible for oversight of this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

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

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

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

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

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

(limit 2,000 characters)

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

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

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

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	15
2.	Enter the number of survivors your CoC is currently serving:	14
3.	Unmet Need:	1

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

Describe in the field below:

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

(limit 2,000 characters)

Between September 2019 and 2021, we have placed 35 households into permanent housing. Of these, 14 are still receiving some level of rental assistance, and 21 no longer receive assistance. 15 additional households are currently seeking housing. Our HUD funding for rental assistance was depleted in March 2021, meaning we could not assist any new survivors with rental assistance. These 15 households represent the current need, and new households are added monthly.

Seekers will stay longer at the shelter if funding for rental assistance is not available, or they try to live with friends or family temporarily. These are at risk of returning to homelessness when temporary arrangements are no longer viable; hence it is critical that we find the funding to quickly house current seekers. Sufficient funding for rental assistance, as well as the limited pool of affordable housing in the county are the two greatest barriers to serving all in need as quickly as possible.

Personally Identifying Information of domestic violence (DV) victims must be kept confidential according to Violence Against Women Act provisions, so 180 enters client data into a "HMIS-like" HUD-approved database called Osnum and reports to the County Homeless Systems Collaborative (HSC) monthly. In addition, we keep a spreadsheet of all client households who are seeking housing and who have been placed, as well as the length of time and amount of rental assistance provided for each placed client.

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

Applicant Name
180 Turning Lives...

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

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

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

1.	Applicant Name	180 Turning Lives Around, Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	70.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	94.00%

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

Describe in the field below:

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

(limit 1,000 characters)

Our source of data is our Osnium database and the spreadsheets listing all client households assisted since September 2019, referred to earlier, as well as those currently seeking housing.

We have 35 households already placed and another 15 seeking housing; hence 35/50 or 70% of Domestic Violence survivors who were in need of permanent housing were placed in housing. With additional funding, our placement rate would be higher.

Regarding housing retention rates, out of 35 households placed in housing since September 2019, 33 retained housing (94%). Of the 21 who no longer receive rental assistance, all have retained housing, after receiving rental assistance for a period averaging 14 months.

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

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
----	--

2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

Once a domestic violence survivor enters our emergency shelter, we connect them with the County’s Central Intake Unit, which assigns prioritization for housing for all homeless in our community through the HSC. They are then referred to the County’s Housing Navigator who, assists families in accessing appropriate housing through 180’s shelter and Rapid Rehousing Program, or other programs in the community.

Upon intake at 180, a service plan is created and revised periodically as needed. 180 adheres to the Housing First model in order to reduce barriers to housing and the amount of time that families reside in emergency shelter. Once a household is assessed to require assistance with permanent housing, we work with the client and landlords to ensure placement. We have established good working relationships with a number of landlords/housing developers/housing developments, which has helped to reduce the time that survivors are seeking housing, if rental assistance funding is available. Our Rapid Rehousing Case Managers also organizes and tracks services provided, which may include assistance with clothing, food, utilities payment assistance programs, child care, school supplies, budgeting or financial stability assistance, and transportation. Regular contact is maintained with the client, including weekly check-ins, monthly case management calls, and quarterly assessments to see how services and rental assistance can be adjusted to ensure client success. When assessment reveals the client is ready to retain housing sustainably, the rental assistance ends, but follow-up continues for three more months to ensure clients are able to retain housing as originally assessed. Should additional needs become evident after that, the client may always contact 180 again for help. This process works well to ensure long-term housing stability and reduces the number who return to homelessness.

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

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

(limit 5,000 characters)

180 works closely with the HSC Centralized Intake and Housing Navigator to

receive referrals of assessed families. Safety planning begins with initial contact, typically conducted by phone, where staff, trained in the use of the Danger Assessment tool, collect information to determine safety needs.

The emergency shelter, as all 180 facilities, has surveillance cameras, panic buttons, double entry doors, alarm systems and other security measures to help insure survivor safety. Intake spaces are private offices and “white noise” devices are used as needed to insure privacy of conversations in those offices. When a survivor is interviewed it is always in a safe, confidential location with all necessary protection for their ability to speak freely, openly and with confidence that their conversations are private and confidential. Also, all 180 buildings are locked, secure and managed so that we are certain of who is allowed in our buildings. Clients are only met in the most secure circumstances, both internally and through secure, external controls protecting access to our sites. The location of the shelter is kept confidential, as is the location of any permanent housing placements.

When ready for placement in permanent housing, each survivor develops their own safety plan with guidance from staff, identifying what is safe for them in terms of housing location and type of rental unit. 180 staff inspects units to ensure safety and also encourages survivors placed in these units to utilize Forever Your Overwatch; a non-profit organization with the mission to help protect, train, and empower anyone living in fear of a violent abuser in New Jersey. The agency visits client homes and secures their houses with doorbell cameras, motion sensors, intrusion alarms, door security bars, and much more so they may obtain some peace of mind while in their own home. They also provide safety planning, strategizing, and self-protection training.

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

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

(limit 2,000 characters)

The client safety plan is reviewed, not only during the shelter stay, but before a client leaves the shelter or enters rental housing. The review includes a discussion of the possibility that a threat level can change at any time, and includes a review of support systems, how clients can vary their routines, and how to conduct safe child exchanges if they have children in common with the abuser. Our personnel also review at intake and program exit whether clients have increased knowledge about resources available to them and safety planning. When clients leave our programming, 97% report knowing more about safety and resources than when they entered. These are two primary outcomes we know to be most valuable to a client’s long-term success and safety.

The Rapid Rehousing Case Manager maintains contact with clients through weekly, monthly and quarterly assessments, and the client will also call the case manager with any emerging concerns. Through this contact, we know that of the 35 households successfully housed, only 2 were again victimized by the

abuser while they were in housing. Despite precautions to keep housing location confidential and other security measures, the problem nevertheless occurred during child exchanges. When the courts grant abusers access to the children, we encourage victims to do these child exchanges at police stations or shopping malls rather than at their home. In both cases, this advice was not followed.

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

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

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

(limit 5,000 characters)

1. The project follows a Housing First model, where families are assisted in locating affordable permanent housing as quickly as possible, with as few barriers as possible, and in keeping with client preferences. Continuing in the Rapid Rehousing Program is not contingent on participating in case management or other services, although staff are trained in trauma-informed approaches should clients choose services while in housing. Substance abuse/use is also not a reason for termination, and in general, no other punitive measures are used if the client does not meet staff expectations.

2.180 works closely with clients to identify where they want to locate their housing based on a number of criteria, including their safety, support systems/networks, employment, their and/or their child’s school, etc. We then assist survivors in locating appropriate rentals. All interactions with participants are victim-centered and are designed to help empower victims to become survivors. Leadership and program supervision use a trauma-informed approach and practices so that all who participate in our programs and services are treated as equal partners in their well-being, safety and success.

3.180 provides information and education to all victims on the impact and long-term effects of trauma. Victims learn of the dynamics of abuse and recognize its acceleration, through education and information sharing with an intake counselor and individual and group supportive counseling as well. This includes making the victim aware that they did nothing wrong but were, in fact, abused and the victim of a violent and unlawful act. Victims learn their rights under the Prevention of Domestic Violence Act and are referred to resources for further information as needed. Staff and direct service volunteers receive a

minimum of 40 hours of domestic violence-specific training in addition to regular and on-going in-service trainings. Staff have received training in several trauma-informed models including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Instinctual Trauma Response (ITR) and Eye Movement Desensitization and Reprocessing (EMDR).

4. The path forward for all survivor/participants depends upon making the best use of their strengths and the resources that work best for them. Case management uses a strengths-based approach, and emphasizes the participant's role in co-creating individualized goals and service plans with staff, so there is complete, mutually agreed upon buy-in from the survivor. 180's work with clients breaks the isolation that victims experience and helps them find their voice, their strengths, and their opportunities.

5. All 180 staff receive training in cultural competency, most recently through a series of trainings ending in June 2021, and through ongoing supervision. All program participants seeking support for the crimes of domestic violence are treated with compassion in a culturally competent framework so that they can understand and genuinely benefit from the support. 180 staff understand that reported incidents of domestic violence are far outstripped by actual incidents, so that cultural competency is key to building trust. Marginalized and underserved victims have additional barriers to seeking support. Culturally inclusive and victim-centered services remove many of the roadblocks to support that these community members have traditionally faced.

6. 180 maintains an active relationship with community partners so that we may refer participants, as needed, or as they request services not directly delivered through 180 programming. These may include help with employment, credit repair, child care, utilities assistance or other needs. Group sessions at 180 allow for peer-to-peer support, guided by fully trained and experienced 180 staff personnel during these sessions. All resources, referrals and information that is available is shared with participants throughout their time in 180 programming.

7. 180 staff strive to identify gaps in parenting skills; parenting groups and individual sessions are held as needed. Much of 180's SAGE (Support Advocacy Guidance and Empowerment) groups are devoted to parenting issues unique to domestic violence survivors. SAGE focuses on key topics that all survivors need to move forward – safety, DV resources, legal rights, the dynamics of DV and the effect it has on parenting and children. Additionally, Amanda's Easel, 180's trauma-informed art therapy program, often pairs parents and children together, and then provides separate parent meetings to discuss how to enhance parenting for children who have experienced trauma.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

180 provides supportive services that include referrals for assistance with food, utilities payments, child care, employment skills, job search, while providing its own supportive services as well. The latter includes counseling and case

management, budgeting and credit repair, parenting classes, legal advocacy and transportation. The following are two case examples (names changed to ensure confidentiality).

Debbie, fleeing from her abusive husband, reached out to the emergency Safe House. She arrived with her very young child, and after an initial assessment, along with the development of a plan for her future, she began to feel hope that she would one day be able to live a life without abuse. The client was worried about moving out on her own, because of her low income and bad credit score, the result of the financial abuse she endured. The client was referred for financial counseling by 180 to begin to fix her credit score and create a budget she could manage. Her hope of living independently became a reality once she was accepted into the Rapid Rehousing Program and was assured temporary rental assistance.

The client was assisted with securing an apartment and paying for a security deposit. Both the client and her child are now residing safely in her apartment. Along with rental assistance, she is receiving comprehensive case management to address her multifaceted needs, including counseling, and further assistance with employment that will enable her to build a better life for her family that is also free from abuse.

2) Sonia was fleeing from her abusive boyfriend and reached out to the emergency Safe House. She was aware that this was only a temporary solution and that she needed to find a place of her own to live safely with her young child. This was easier said than done, since not only did she not have a job and money, but her immigration status posed a big challenge in finding both a job and a safe apartment. The client received immigration counseling and Visa assistance through 180's Family Justice Center, and also received assistance finding employment. Sonia finally did get a job, but at a low wage that would not allow for sustainable rent payments. She was nevertheless referred for housing assistance and was able to secure an apartment, with initial rent and security deposit paid through 180's Rapid Rehousing Program. She is currently residing there in safety with her young child, and continues to receive comprehensive case management to address her multifaceted needs that include short-term skills training for better employment, and assistance with child care.

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

Provide examples in the field below of how the new project will:	
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;

5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1.The project will continue to follow a Housing First model, since this approach best ensures that families are housed as quickly as possible and with as few barriers as possible. The program will continue to work with clients to honor their preferences in terms of housing, goals, and service needs.

2.The project will continue to ensure that those in need of housing do not undergo punitive measures if they do not meet expectations. Rather, staff will continue to engage in collaborative interactions, which ensures mutual respect, equality and client participation in the setting of their own goals, action steps and service plans.

3.All staff is already trained in trauma-informed approaches for counseling and case management, and any new hires or replacements will also be trained. This will include the 40 hour Domestic Violence training, Trauma focused CBT, Trauma Response and when appropriate, EMDR. 180 will continue to provide education for victims on the cycle of domestic violence, safety planning and resources to empower clients to turn their lives around.

4.180 has always used a strengths-based approach to counseling and case management, since this works best to empower the client to take all necessary steps to become self-sufficient and sustainable maintain housing. In setting their own goals and pathways, the client does not work to please anyone but is empowered to attain their own goals, buying into all steps that lead to success.

5.180 will continue to ensure that all current and especially new staff receive onsite training in cultural competency, as most recently completed through the multi-session Diversity Training that focused on cultural sensitivity, racism and nondiscrimination provided online by TK Lane LLC. 180 strongly feels training to ensure staff treat clients with dignity, respect and cultural sensitivity will lead to a greater ability to trust the helper, share needs and goals that eventually lead to client success.

6.180 will continue to maintain active relationship with community partners such as Child Care Resources, Community Affairs and Resource Center, Coastal Communities, Brookdale’s Displaced Homemaker program, Fulfill and county welfare agencies. We will continue to provide group sessions for peer-to-peer support, guided by fully trained and experienced 180 staff and share information about resources through all of 180’s programs.

7.180 will continue to provide parenting groups and individual counseling sessions as needed, as well as services through Amanda’s Easel, the therapeutic, trauma-informed art program for children.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

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

Attachment Details

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/07/2021
1B. Inclusive Structure	11/07/2021
1C. Coordination	11/11/2021
1C. Coordination continued	11/08/2021
1D. Addressing COVID-19	11/11/2021
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	11/08/2021
2B. Point-in-Time (PIT) Count	11/08/2021
2C. System Performance	11/08/2021
3A. Housing/Healthcare Bonus Points	11/08/2021
3B. Rehabilitation/New Construction Costs	11/08/2021

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3C. Serving Homeless Under Other Federal Statutes	11/08/2021
4A. DV Bonus Application	11/07/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required