Before Starting the CoC Application

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

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

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

- 1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
- 2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
- 3. All information provided to ensure it is correct and current.
- 4. Responses provided by project applicants in their Project Applications.
- 5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

appeal HÚD's funding determination.

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578; FY 2022 CoC Application Navigational Guide; Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MI-506 - Grand Rapids, Wyoming/Kent County

CoC

1A-2. Collaborative Applicant Name: Heart of West Michigan United Way

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Salvation Army

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
 - FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.
	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Vo Elec	oted, Including cting CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes		Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes		Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes		Yes
4.	Disability Advocates	Yes	No		Yes
5.	Disability Service Organizations	Yes	No		No
6.	EMS/Crisis Response Team(s)	No	No		No
7.	Homeless or Formerly Homeless Persons	Yes	Yes		Yes
8.	Hospital(s)	Yes	No		No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tronganizations)	ibal Nonexistent	No		No
10.	Law Enforcement	Yes	No		No
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes		Yes
12.	LGBTQ+ Service Organizations	Yes	Yes		No
13.	Local Government Staff/Officials	Yes	Yes		Yes
14.	Local Jail(s)	No	No		No
15.	Mental Health Service Organizations	Yes	Yes		Yes
16.	16. Mental Illness Advocates		Yes		Yes
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17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	No
19.	Organizations led by and serving people with disabilities	Yes	Yes	No
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	No	No	No
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

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

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- 1) The CoC conducts an annual effort to recruit new members via email, public postings on the CoC website and social media pages, and personal appeals to organizations and individuals with knowledge of or an interest in preventing and ending homelessness in Kent County. When CoC staff receive inquiries about its mission and work via email, the CoC's website, or social media, these community members are invited to attend a future CoC membership meeting and join the CoC membership, if appropriate.
- 2) At all CoC membership and committee meetings, information is communicated through handouts, presentations by representatives from member agencies, and documents sent to members and posted on the website ahead of and after meetings. All electronic documents sent to CoC members and posted on the website are in accessible PDF format. All CoC meetings are held in ADA-compliant buildings near bus lines when in person or through Zoom, with the ability for use of closed captioning when held virtually. The CoC also provides translation services to other languages as requested.
- 3) The CoC partners with equity-focused agencies, such as the Hispanic Center of West MI, the Grand Rapids Urban League, the Grand Rapids Pride Center, and local neighborhood associations as members of the CoC. These agencies recently participated in the CoC's strategic planning process and in the development of the CoC's Equity Index, a composite indicator that measures racial and ethnic equity across a handful of metrics. They are also invited to participate on the data analysis committee, where disaggregated data is shared and reviewed regularly to develop recommendations on addressing disparities.

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.

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 All CoC membership meetings and CoC Steering Council (leadership board) meetings are open to the public. All meetings and times/dates/locations are posted in advance on the CoC's website and sent to the body's email list, as well as shared with other sectors and convening partners through their meetings, emails, and newsletters. The CoC partners closely with other local systems conveners including those that focus on equity, workforce development, transportation, food and nutrition, and energy efficiency, which allows for a broad community reach to ensure diverse stakeholder engagement. 2) CoC members and staff solicit feedback from a variety of stakeholders in the geographic area. In addition to membership and leadership meetings, CoC staff also give presentations and hold informational meetings, where individuals and organizations with knowledge of or a vested interest in preventing or ending homelessness are personally invited to attend CoC meetings, join the CoC, and present their opinions to the CoC membership. 3)The CoC's Steering Council utilizes public feedback to make critical decisions about the direction of the CoC with respect to funding, strategic planning, and other efforts. For example, public feedback on racial disparities in homelessness led to the Steering Council approving an ongoing evaluation project with a local systems convener to analyze data and develop strategies for alleviating disparities. Additionally, planning consultants engaged with more than 100 community stakeholders and held various focus groups during 2021, which led to the creation of a redefined mission, vision, and values. The input from stakeholders also led to the development of objective key results focused on building an equity index, advisory council, as well as a full set of objective key results as defined in our Coalition's Compass. Coalition members were then invited into the implementation team of the strategic plan to ensure

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.
	NOFO Section VII.B.1.a.(4)
	Describe in the field below how your CoC notified the public:
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications-the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,500 characters)

accountability and progress.

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- 1-2) Each year, CoC staff develop an RFP for project proposals and application documents (including the application and scorecard for new/bonus/domestic violence projects). These documents are distributed via email to the full CoC membership and are posted on the CoC website and linked on the CoC Facebook page. The email and website postings both specifically mention that the CoC is accepting new, bonus, and domestic violence project applications from all interested and qualified parties, including those that have not previously received funding. The local application RFP provides applicants with detailed information on how to complete and submit applications, as well as provides the scorecards that funding review committee members use to rank and prioritize applications. The CoC encourages partner organizations to also distribute the RFP opportunity to their constituent groups.
- 3) All applications are reviewed to ensure that they meet HUD eligibility requirements and are budgeted at the approved Annual Renewal Amount or HUD-prescribed amounts for bonus/domestic violence bonus projects. Those that pass the initial screening process are reviewed by CoC staff and the CoC's Funding Review Committee, which is comprised of community members not affiliated with organizations applying for CoC funding. The committee reviews and ranks applications in priority order based on project performance, alignment with community needs and priorities, cost effectiveness, data quality, expenditure of funds, participation in Coordinated Entry, and other factors. Committee decisions are reviewed and approved by the Steering Council.

 4) Local applications are sent and posted in PDF format, with all directions and guidelines in simple text form for easy conversion for those using screen readers. The CoC staff also make themselves available to answer any questions, for clarification, or to provide another format if requested.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

 - 24 CFR part 578;- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.
	NOFO Section VII.B.1.b.
	In the chart below:
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistentif the organization does not exist within your CoC's geographic area.

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

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18.	
1C-2.	CoC Consultation with ESG Program Recipients.
	NOFO Section VII.B.1.b.
	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1) City of Grand Rapids ESG/ESG-CV funds are allocated in support of activities identified in the CoC's Strategic Plan. The CoC's Funding Review Committee reviews responses to the RFQ and recommends eligible service providers for ESG funding based on agency performance & capacity. These recommendations are forwarded to the Grand Rapids City Commission for consideration & approval following a requisite public comment opportunity. CoC service standards are incorporated into contractual agreements executed between the City & service providers.

State (MSHDA) ESG-CV funds were allocated through an RFP process. Recommendations of specific project types for the RFP were formulated through collaborative efforts between the City of Grand Rapids, Kent County, & City of Wyoming based on current trends, needs identified through community conversations & data analysis, as well as expected funding projections. MSHDA ESG funds are also allocated based on current trends, needs identified through community conversations & data analysis, as well as expected funding projections.

2) The CoC's Steering Council regularly reviews a monthly ESG Financial Assistance Report that identifies the status of ESG-funded activities. CoC staff also provide the City of Grand Rapids & Kent County with data for CAPER reports, plus PIT counts and additional HMIS data as needed. CoC staff additionally work with the MSHDA subrecipients to evaluate & report on project performance for MSHDA ESG funding, including monthly ESG Financial Assistance Reports, with regular updates made to the CoC Steering Council. CoC staff regularly submit financial status reports to MSHDA & make recommendations on whether funding needs to be reallocated if funds are not being expended expediently.

3-4) ČoĆ staff provides HMIS, PIT, and HIC count data for all Consolidated Plan updates. CoC members from local municipalities also facilitate information gathering on community needs to incorporate into the plan updates. This includes consulting with providers and residents through focus groups, individual consultations, resident surveys, and public hearings on causes of homelessness, service needs, and gaps in services.

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

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

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

1C-4. CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.

NOFO Section VII.B.1.d.

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

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

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

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

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The local LEA's McKinney-Vento Coordinator is the current Vice Chair of the CoC and she is an active member of the CoC through both Steering Council (the CoC's leadership governing board) and the Youth Committee to this day. Kent Intermediate School District (Kent ISD) serves as our local LEA and is a regional educational service agency that provides instructional and administrative services to more than 300 schools, 20 public school districts, 3 non-public school districts, as well as other school academies within the boundaries of the county. They collaborate and support the CoC by identifying youth and families experiencing homelessness, connecting with community agencies, and provide academic supports such as transportation to school, credit accrual, recovery programs, and school supplies for both accompanied and unaccompanied homeless youth.

This partnership allows for direct coordination between the regional school districts in our county, the homeless liaisons, and the CoC. There is a signed partnership agreement between the LEA and the CoC to support efforts to end youth homelessness and to ensure active participation in CoC planning efforts. Kent ISD brings information about services, resources, and coordination efforts back to the school districts for direct dissemination with its youth education providers. Additionally, CoC staff present to local providers semi-annually about the community's efforts to end youth and family homelessness and answer any questions providers may have.

CoC staff also communicate regularly through email, newsletter, and meetings with local districts about opportunities and resources that benefit families who are experiencing or at risk of experiencing homelessness. Recently, the CoC staff participated in the strategic planning efforts of the Grand Rapids Public School District (the largest district in the county) and also invited members of the district to participate in the strategic planning efforts of the CoC. In addition, the CoC maintains an MOU with the Michigan Dept. of Health and Human Services who works with local agencies to implement local Public Child Welfare Agency (PWCA) responsibilities. PWCA responsibilities include maintaining membership within the CoC and its governance body, identifying areas of support needed to discharge youth to safe and secure housing options, and clearly articulating the housing needs for youth under 18 and for youth 18-24.

1C-4b. Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.

NOFO Section VII.B.1.d.

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

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The McKinney-Vento district leader is an active member of the CoC, participating in many committees, and has signed on as a formal member of the CoC. CoC staff meet at least annually with school liaisons to explain the system and process for assisting homeless families and youth. The CoC has adopted a policy regarding homeless youth and their educational service eligibility and each partner has a process for ensuring that youth are properly connected with these services. Housing providers and emergency shelter providers connect with school liaisons regularly. The CoC also adopted Coordinated Entry Policies and Procedures that specifically state, "Projects that serve homeless families with children and/or unaccompanied youth must have policies and practices in place that are consistent with the laws related to providing education services to children and youth. These recipients must have a designated staff person to ensure that children and youth are enrolled in school and receive education services. Homeless families with children and unaccompanied youth must be informed of their eligibility for McKinney-Vento education services and other available resources. Recipients shall maintain documentation in the participant's case file to demonstrate that these requirements have been met and that applicants and participants understand their rights.

1C-4c. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

NOFO Section VII.B.1.d.

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	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–Collaborating with Victim Service Providers.

NOFO Section VII.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1. update CoC-wide policies; and

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2. ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

Domestic violence/victim service providers are voting members of the CoC and attend meetings of the full CoC membership (bimonthly meetings) and CoC Steering Council (monthly meetings), where they share expertise and insights into the needs of the community's DV populations.

- 1) CoC staff solicit feedback from DV providers when updating applicable CoC policies to ensure the policies take into consideration the unique needs of survivors. In addition, staff from two local DV providers (YWCA West Central Michigan and Safe Haven Ministries) are represented on the CoC's Steering Council (leadership body) and Coordinated Entry Committee which allows for consistent sharing from the perspective of DV expertise in the development and adoption of CoC-wide policies and processes.
- 2) Staff from local DV providers participate in the CoC's Coordinated Entry Committee, population-specific committees, and workgroups and share knowledge on best practices and strategies for serving DV survivors. They also advise on the unique needs of DV survivors during conversations around processes. For example, the CoC's Family Functional Zero Committee developed a working group with DV providers and coordinated entry staff to develop system processes that incorporate the needs of families fleeing domestic violence.

In addition, the community's domestic violence/victim service providers are invited to conduct an annual training for the entire CoC membership on best practices, safety and planning protocols, and trauma-informed, victim-centered approaches for serving survivors of domestic violence, dating violence, sexual assault, and stalking.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

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- 1) Each year, the CoC's Steering Council invites the community's domestic violence/victim service providers to conduct training for the entire CoC membership on best practices, safety and planning protocols, and traumainformed, victim-centered approaches for serving survivors of domestic violence, dating violence, sexual assault, and stalking. YWCA West Central Michigan (DV provider), Safe Haven Ministries (DV provider), the Kent County Human Trafficking Task Force (coalition of local agencies focused on combatting human trafficking in the county), and the Domestic Violence Community Coordinated Response Team (team of local DV professionals that provide coordination and collaboration around DV issues) additionally provide specialized training to member organizations by request on these subjects. Trainings are provided to project staff at least annually. When available, community training opportunities around trauma-informed and best practices when interacting with survivors of domestic violence are also shared with CoC members and the general public via the CoC's weekly newsletter. CoC staff also promote self-paced, online trainings offered for free through the Michigan Victim Advocacy Network as a resource
- 2) The CE agency (Salvation Army Social Services of Kent County) engages with DV service providers on a quarterly basis at minimum to coordinate housing needs and assessment processes for those experiencing DV. This includes ongoing training of CE staff by DV providers. Topics include general awareness and trauma-informed care.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
		=
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

- 1) DV providers maintain statistical data on survivors of domestic violence, dating violence, sexual assault, and stalking that access emergency shelter, transitional housing and rapid rehousing programming including client-level PIT count data. This data is maintained in databases with comparable rigor and confidentiality standards to HMIS.
- 2) Data is provided on an aggregate and client level in a de-identified format to the CoC including the CoC's Steering Council, Data Analysis Committee, and general membership meetings for determining community needs and strategy from a client-centered, trauma-informed perspective. Data points considered include volume of requests for shelter compared with provider capacity, exits into permanent housing from shelter and transitional housing, all APR data for transitional and rapid rehousing housing exits, and shelter length of stay. Perhaps more critical than aggregate data itself, is the robust participation of DV/SA programs in general as members of the CoC membership and its various committees. DV providers advocate for and ensure that all analysis, protocol development and strategic planning is done from a client-centered, trauma-informed perspective focused on the specific needs of DV survivors. Providers prioritize the integration of specialized recovery, advocacy and safety focused services with the critical provision of safe and secure housing.

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1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

The CoC maintains an Emergency Transfer Plan that requires all CoC and ESG funded permanent or transitional housing programs to permit DV survivors to request an emergency transfer to a new unit in full compliance with 24 CFR Part 5. Any eligible household can request an emergency transfer by notifying their housing provider and submitting a written request for a transfer. The plan includes the process program participants should follow to request an emergency transfer and associated forms. Per the CoC's Policy, all covered housing providers must provide a copy of the plan information and regarding the process for requesting an emergency transfer to all participants in a covered program upon program entry.

The CoC's subrecipient monitoring process includes a file review which includes confirming whether program participants certify that they received information on the Emergency Transfer Plan and process.

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

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The CE agency screens for DV early in the assessment process using traumainformed, victim-centered screening protocols that prioritize safety needs, ensure participant choice, and accommodate the unique circumstances of each person. If DV needs are identified, the household is offered the option of connecting with DV service providers for further risk assessment, and safety planning. Households complete the Coordinated Entry assessment and are prioritized based on the community's agreed-upon prioritization processes for housing resources aligned with their needs (including CoC and ESG-funded programs). This may include placement in joint transitional housing/rapid rehousing projects, rapid re-housing projects, or permanent supportive housing projects, which may also include dv specific housing resources and projects. Households connected to or who requested services directly from DV providers participate in immediate risk assessment and safety planning. Following this immediate triage, clients are eligible for all available housing resources within the Coordinated Entry system. While completing the assessment clients can indicate whether they would like to keep their personally identifiable information confidential from agencies outside of the CE lead agency. Households are then prioritized based on the community's agreed-upon prioritization processes for housing resources aligned with their needs (including CoC and ESG-funded programs). Again this may include placement in DV-specific transitional housing, DV-specific or general joint transitional housing/rapid re-housing projects, rapid re-housing projects, or permanent supportive housing projects. No one is denied access to housing or services in the CoC based on their status as fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

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The CE agency screens for DV early in the assessment process using traumainformed, victim-centered screening protocols that prioritize safety needs, ensure participant choice, and accommodate the unique circumstances of each person. If DV needs are identified, the household is offered the option of connecting with DV service providers for further risk assessment, safety planning, and emergency shelter as needed. Those requesting services directly from DV providers participate in immediate risk assessment and safety planning, complete the CE assessment, and are prioritized for housing resources aligned with their needs (including CoC and ESG-funded programs). This may include placement in emergency DV shelter, DV-specific transitional housing, or development of a housing/safety plan, with wrap-around DV supportive services offered. An example of a local DV-specific resource is YWCA West Central Michigan's Project HEAL, which receives Department of Justice (Office on Violence Against Women), Department of Health and Human Services (TANF), and HUD (CoC Program) funding to provide transitional housing, inclusive of case management, counseling, and advocacy. The CoC also maintains an Emergency Transfer Plan that requires all CoC and ESG funded permanent or transitional housing programs to permit DV survivors to request an emergency transfer to a new unit in full compliance with 24 CFR Part

CE staff are trained to assist clients in making informed choices that prioritize safety and confidentiality, while upholding client self-determination and autonomy. During the CE process, staff provide clients with contact information for DV resources, but never make decisions or speak on behalf of the client; this empowers survivors to act as self-advocates and protects confidentiality as agency records need not be shared. Clients are also empowered to complete safety plans with a DV provider, regardless of what type of housing they select.

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	3.	your CoC's process for evaluating compliance	e with your CoC's anti-discrimination p	olicies; and		
	2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;				
	1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;				
		Describe in the field below:				
		NOFO Section VII.B.1.f.				
	1C-6a.	Anti-Discrimination Policy–Updating Policies–Compliance–Addressing Noncompliance.	Assisting Providers–Evaluating			
	l.	Did your CoC conduct annual CoC-wide trainin Accordance With an Individual's Gender Identifi Identity Final Rule)?	g with providers on how to effectively in Community Planning and Develop	Implement Equa	al Access in s (Gender	Yes
		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
	1.	Did your CoC implement a written CoC-wide a families receive supportive services, shelter, ar	nti-discrimination policy ensuring that L nd housing free from discrimination?	.GBTQ+ individ	uals and	Yes
		NOFO Section VII.B.1.f.				
IC-6.		Addressing the Needs of Lesbian, Gay, Bisex Policy and Training.	rual, Transgender and Queer+–Anti-Di	scrimination		

4. your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

- 1) The CoC adopted an updated Anti-Discrimination and Fair Housing Policy in June of 2022 which orders that all CoC and ESG projects must operate in compliance with federal nondiscrimination and equal opportunity requirements, including the Fair Housing Act, Title VI of the Civil Rights Act, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and HUD's Equal Access to Housing Final Rule and Equal Access in Accordance with Gender Identity Final Rule. Policy development was informed by multiple stakeholders including a local fair housing organization, service providers, and local government.
- The CoC's Anti-Discrimination and Fair Housing policy includes appendices that provide guidance for providers for the creation or revision of their antidiscrimination policies. This includes reference to the required elements of HUD's Equal Access Rule and Equal Access in Accordance with Gender Identity regarding participant access, regardless of sexual orientation, gender identity, family composition, or marital status. The Fair Housing Center of West Michigan (FHCWM) is a CoC member and staff sit on the Steering Council (leadership body). FHCWM staff are available for consultation and provide training regarding non-discrimiantion laws and how they pertain to housing programs to the CoC membership on an annual basis. In addition, CoC staff make themselves available to provide technical assistance to providers. 3) As part of the local funding process, applicants for CoC and ESG funds are asked to demonstrate how they ensure clients are provided information on their Fair Housing rights through the intake process and submit applicable Fair Housing policy(ies). In this year's local competition, 3% of the points awarded were based on whether projects demonstrated how they provide information on Fair Housing rights to all consumers through the intake process. If an agency did not submit their Fair Housing policy, they lost 5 points on each project application, equivalent to 5-6% of all points depending on project type) 4) Projects found to be in violation of the policy and federal regulations would be asked to work with the FHCWM to address noncompliance. If the project was unable to resolve the issues, it would not be eligible for renewal in future funding rounds.

1C-7. Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.

NOFO Section VII.B.1.g.

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

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name

Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry

Does the PHA have a General or Limited Homeless Preference? Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?

Michigan State Housing Development Authority	100%	Yes-HCV	Yes
Grand Rapids Housing Commission	94%	Yes-HCV	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	
	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

The CoC continually engages in conversations with the largest local PHA, the Grand Rapids Housing Commission (GRHC), to discuss the benefits of instituting a homeless preference, which has resulted in GRHC planning to adopt this policy with their 2023 waiting list for additional programs including FYI, Mainstream, VASH, HCV or PBV. The CoC has also worked with the Michigan State Housing Development Authority (MSHDA) on its general homeless preference, which has been adopted and reports are sent to the CoC from MSHDA monthly with the total number of individuals on the list, as well as the number of pulls over the month. As stated in MSHDA's Annual PHA Plan, "MSHDA is dedicated to serving the needs of the homeless, very low and extremely low-income Michigan residents. This is demonstrated in its administration of the Housing Choice Voucher Program via the on-going efforts: designating a homeless preference for county HCV waiting lists... The CoC has written a section on homeless preference for Housing Choice Vouchers (HCV) into its Coordinated Entry Policies and Procedures, which outlines the steps persons experiencing homelessness would take to join the waitlist for the vouchers: "Coordinated Entry schedules literally homeless households for an appointment to complete an HCV application with an HCV Navigator. HCV application appointments are scheduled at various locations to be as accessible as possible to applicants. Eligible applicants are entered on the waiting list at the time of appointment if all required documentation is presented'

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

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

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

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E				
5.				
1C-7c	. Include Units from PHA Administered Program	ms in Your CoC's Coordinated Entry.		
	NOFO Section VII.B.1.g.			
	In the chart below, indicate if your CoC include CoC's coordinated entry process?	les units from the following PHA progra	ms in your	
	oo o ooo amaa oo ay piooooo.			
4	Francisco Hausing Vausbars (FUN)		Yes	
	Emergency Housing Vouchers (EHV)		No	
	Family Unification Program (FUP) Housing Choice Voucher (HCV)		Yes	
		D //ven/		
	HUD-Veterans Affairs Supportive Housing (HU	D-VASH)	Yes	
	Mainstream Vouchers		No No	
	Non-Elderly Disabled (NED) Vouchers Public Housing		No	
	Other Units from PHAs:		INU	
o.	Outer Office Hoffi FFIAS.			
L				
10-70.	. Submitting CoC and PHA Joint Applications f NOFO Section VII.B.1.g.	or runding for respie Experiencing flo	oniciossiless.	
1.	Did your CoC coordinate with a PHA(s) to sul or jointly implement a competitive project sen homelessness (e.g., applications for mainstre (FUP), other programs)?	ving individuals or families experiencing	ו ב	
	(· · // · · · · · · · · · · · · · · · ·		Progra	m Funding Source
2	Enter the type of competitive project your Cod application for or jointly implement.	C coordinated with a PHA(s) to submit		
1C-7e	. Coordinating with PHA(s) to Apply for or Impl	ement HCV Dedicated to Homelessnes	ss Including	
	Emergency Housing Voucher (EHV).		-	
	NOFO Section VII.B.1.g.			
Did Voi Pla	l your CoC coordinate with any PHA to apply fouchers dedicated to homelessness, including van?	or or implement funding provided for Ho ouchers provided through the American	ousing Choice Yes	s
			<u> </u>	
1C-7e 1	List of PHAs with Active MOUs to Administer	the Emergency Housing Voucher (FH)	/) Program.	
	Not Scored–For Information Only	and and a second (Elli)	. ,	
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	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
PHA		
Michigan Housing		
Grand Rapids Hou	JS	

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

Name of PHA: Michigan Housing Development Authority

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

Name of PHA: Grand Rapids Housing Commission

1D. Coordination and Engagement Cont'd

10	D-1. Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	
	Select yes or no in the chart below to indicate whether your CoC actively coordinates wi systems of care listed to ensure persons who have resided in them longer than 90 days discharged directly to the streets, emergency shelters, or other homeless assistance pro	are not
1. Foster Care		Yes
2. Health Care		Yes
3. Mental Health Care		Yes
4. Correctional Facilities		Yes
1[D-2. Housing First–Lowering Barriers to Entry. NOFO Section VII.B.1.i.	
	THO TO COCCUST VILLE. T.I.	
	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coord entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 Co Program Competition.	dinated 17 oC
	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coord entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 Co Program Competition that have adopted the Housing First approach.	dinated 17 oC
	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Co Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry prioritizing rapid placement and stabilization to permanent housing.	Listing in
1D-	2a. Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	
	Describe in the field below:	
	1. how your CoC evaluates every recipient–that checks Housing First on their Project Appl determine if they are actually using a Housing First approach;	ication-to
	2. the list of factors and performance indicators your CoC uses during its evaluation; and	
	3. how your CoC regularly evaluates projects outside of the competition to ensure the projection and a Housing First approach.	ects are

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The CoC Funding Review Committee and CoC staff review projects annually to ensure all Housing First Criteria are met during the local application process. Projects are required to indicate whether they enroll participants with barriers including income, substance use, criminal record, and history of victimization and whether they terminate participants for failure to participate in supportive services or make progress on a service plan, loss of income or failure to improve income, or any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area. Projects that are found to have service participation or preconditions would not be eligible for renewal. In addition, the CoC has adopted Housing First as part of its methodology for ending homelessness.

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

(limit 2,500 characters)

1) The CoC has a robust outreach workgroup with outreach staff from multiple agencies that meets at least once a month. The group coordinates services by connecting persons with agencies or providers that best suit their needs. Recently, the group adopted an outreach policy to establish shared community standards and procedures for conducting outreach, including to provide outreach coverage throughout the county. They use a digital map that is protected and limited to those within the sharing agreement of the CoC to maintain locations of encampments.

Street outreach programs conduct housing-focused outreach and engagement to include locating, identifying, and building relationships with unsheltered persons living in places not meant for human habilitation and assist them in accessing emergency shelter, physical and behavioral health services, permanent housing through linkage to the community's Coordinated Entry system, and additional supports based on individual need.

2-3) The CoC has outreach coverage available six days a week and provides coverage throughout the entire county which is 100% of the CoC's geographic area. Teams coordinate their schedules regularly.

4) Outreach providers utilize a person-centered approach, provide people experiencing homelessness multiple opportunities to say "no" and makes repeated offers of assistance through engagement, receive regular training in evidence-based practices, employ outreach staff with lived experience, provide warm handoffs to Coordinated Entry or shelter, housing, and service providers, and above all are respectful and responsive to the beliefs and practices, sexual orientations, disability statuses, age, gender identities, cultural preferences, and verbal needs of all individuals. All outreach staff have access to communication services to assist with those who may have limited English proficiency, be hard of hearing, and/or blind.

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1D-4. Strategies to Prevent Criminalization of Homelessness.

NOFO Section VII.B.1.k.

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

	2021	2022
Enter the total number of RRH beds available to serve all populations as reported in the HIC-only enter bed data for projects that have an inventory type of "Current."	226	383

1D-6. Mainstream Benefits-CoC Annual Training of Project Staff.

NOFO Section VII.B.1.m.

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	No
2.	SSI–Supplemental Security Income	No
3.	TANF-Temporary Assistance for Needy Families	No
4.	Substance Abuse Programs	No
5.	Employment Assistance Programs	No
6.	Other (limit 150 characters)	

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1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.
	NOFO Section VII.B.1.m
	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1) CoC staff ensure that information about mainstream benefits is disseminated through email newsletters and expert presentations at CoC meetings. CoC staff and Steering Council members keep apprised of changes in eligibility or availability of benefits through informational meetings, notices, and webinars offered through the appropriate public agencies, and communicate this information to CoC providers as it arises via email and at CoC provider meetings.

New information is presented at bimonthly CoC meetings based on feedback and suggestions from CoC members, as well as research by CoC staff.

Updates on changes to benefit programs – such as the continuation pandemic-EBT benefits in MI – are sent out via email and announced at CoC meetings.

2) The CoC facilitates partnerships between housing providers and health care navigator projects through Priority Health and Health Net of West Michigan, which assist clients participating in housing programming with enrolling in

Medicaid and other health insurance options/programs.

3) SOAR is promoted in coordination with the Michigan Department of Health and Human Services' SOAR Navigator for the region and the 9 agencies with certified SOAR practitioners (18 total) in Kent County. The regional SOAR navigator attends CoC meetings and maintains connections with existing practitioners and other key stakeholders in the Kent County area.

4D.7	Increasing Canacity for Non Canarageta Sheltering	
10-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

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The COVID-19 pandemic and resulting use of non-congregate shelter showed the value of utilizing a non-congregate shelter, especially as used for isolation and quarantine to prevent the spread of infectious disease and for family households.

Preventing the spread of infectious disease: During the COVID-19 pandemic, the CoC coordinated with shelter providers and local health care entities to provide space to those in need of isolation to prevent the spread of COVID-19. When possible, hotel/motel rooms were used for isolation with healthcare services provided on-site to further prevent spread.

Family households: Since 2020, CoC shelter providers have increased available non-congregate units for family shelter and continue to move toward a non-congregate sheltering model for all family households. Strategies for increasing non-congregate shelter space for families include collaboration between local shelter providers and partnership with the Department of Education. The CoC anticipates increasing the number of permanent shelter rooms for families from 33 to a total of 90 by the end of 2024.

Other populations: The community's largest emergency shelter provider for single adults and youth is currently undergoing renovations to reduce congregate shelter space and provide suite-style rooms for all guests. While there are limited resources available for the renovation and/or creation of emergency shelter units, the CoC plans to continue to increase available noncongregate space for all populations as feasible in the coming years.

	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
	develop 0.0 odda gallele and gazardona to gazard to left offers discount to a sufficient	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	

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1) CoC Policies: The CoC Director collaborates with the local county health department and receives ongoing guidance regarding infectious disease outbreaks and how to formalize policies and procedures - these are shared widely with providers and will also be used to inform the development of future CoC specific policies. Shelters and CoC housing providers created internal processes to address the ongoing pandemic and future infectious disease outbreaks. The CoC expects for CDC guidance to continue to be followed. Additionally, the CoC in coordination with the local health department are developing a group for the creation of a coordinated community response plan in the event of a public health emergency so that such a plan may be immediately referenced at the onset of a future crisis when needed.

2) Prevent Infectious Disease Outbreaks: Technical assistance from both the county health department and the city of Grand Rapids is provided to assist in infectious disease prevention and mitigation in shelters.

Additionally, community wide vaccine clinics are held with local shelter providers and a local community health center with targeted outreach to persons experiencing homelessness. Providers ensured vaccine information was readily available for anyone coming into the system and communicated information regarding clinics, as well as identifying and assisting with transportation needs to clinics if needed.

Congregate shelters have identified spaces for isolation for either CV positive individuals or others who may be in need.

Street outreach teams and shelter providers continue to provide prevention information to individuals experiencing homelessness regarding disease prevention.

The City of Grand Rapids placed handwashing station and porta-potties in locations unsheltered homeless are known to congregate.

During the onset of COVID, family shelter transitioned from a congregate shelter model to a motel shelter model, which allowed families to shelter in place safely without risk of COVID transmission.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

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1) Sharing information: Throughout the COVID-19 pandemic, the CoC served as a hub for distributing resources released by state and federal agencies, including the CDC, HUD, and National Health Care for the Homeless Council. This includes guidance on limiting spread in congregate settings and vaccine guidance and informational materials for shelter and housing providers. Currently, though our community has not seen a large number of monkeypox cases, CoC staff proactively shared resources in recent communications to all CoC members including a fact sheet on Monkeypox and people experiencing homelessness paired with considerations for reducing transmission in congregate settings.

Communication regarding influenza and other infectious diseases are also disseminated widely and regularly as available.

2)Facilitating communication between public health agencies and homeless service providers: During the COVID-19 pandemic, the CoC Director served as a liaison between the local health department and service providers to coordinate testing and isolation protocols and disseminate information on best practices for preventing and mitigating spread.

Representatives from the local healthcare agencies and local health department participated in weekly meetings coordinated by the CoC. These meetings provided vital information to decrease the spread of COVID-19 and ensure proper safety measures were implemented. Meetings were recorded and made available publicly.

The Michigan Department of Health and Human Services has initiated a data matching protocol, which cross matches those with medical vulnerabilities and displays a person's level of health risk based on multiple risk factors without revealing any specific medical information. This will be communicated back to the CoC and can be incorporated into prioritization and case conferencing.

1D-9.	Centralized or Coordinated Entry System-Assessment Process.
	NOFO Section VII.B.1.p.
	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

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- 1) The CE system covers the entirety of Kent County (100% of the CoC's geographic area), including urban, suburban, & rural areas.
- Ž) The CoC assesses individuals through CE, which specifically identifies risk factors including domestic violence, sexual assault, risk of harm, chronic homelessness, physical health, and trauma. In recognition of the different needs and experiences of different subpopulations, tailored assessment tools are used for family and youth households. All tools are used to create a score summarizing the individual's needs, with those scoring the highest being prioritized for housing placement.

The CE agency also uses a prioritization process for housing which follows the Chronic Homeless Order of Priority, which requires that the longest homeless, most vulnerable households are prioritized for housing. Along with referring to housing resources, CE staff refer individuals to specific community supports based on their needs and preferences. Organizations that accept these referrals through CE include domestic violence support agencies, educational programs, law enforcement for immediate safety needs, the local community mental health provider, social services for food and health care needs, legal support and others

3) Each year, the CoC undertakes an assessment of the CES and related processes to ensure compliance with federal regulations and alignment with community priorities. Currently, the CoC is undergoing a process to identify a set of assessment questions that best fit the community's vulnerabilities and risk factors outside of the VI-SPDAT, which had historically been used. A group of providers, informed by individuals experiencing homeless - including the Advisory Council and Action Boards - are consulted - to test the assessment questions as the CoC determines what changes to the standardized assessment process are necessary moving forward.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

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- 1) The CoC's outreach providers include agencies that specialize in working with populations such as individuals with mental health concerns, unaccompanied youth, veterans, & rural populations. Outreach providers work with community partners to identify "hot spots" of specific population groups & conduct targeted outreach to complete assessments and refer individuals/families to CE.
- 2) The CoC assesses individuals through CE, which specifically identifies risk factors including domestic violence, sexual assault, risk of harm, chronic homelessness, physical health, and trauma. The tool is used to create a score summarizing the individual's needs, with those scoring the highest being prioritized for housing placement.
- The CE agency also uses a prioritization process for housing which follows the Chronic Homeless Order of Priority, which requires that the longest homeless, most vulnerable households are prioritized for housing. CE staff refer individuals to specific community supports based on their needs and preferences. Organizations that accept referrals through CE include domestic violence support agencies, educational programs, law enforcement for immediate safety needs, the local community mental health provider, social services for food and health care needs, legal support and others.
- 3) Individuals/households experiencing an emergency housing crisis are connected with a support specialist within 24 hours to safety plan and ideally resolve their crisis through a diversion conversation. If the crisis cannot be resolved they remain connected to the support specialist until their episode of homelessness is resolved. If emergency shelter is needed, the support specialist will assist with access. Additionally, the CE lead agency has staff on call during after hours for emergency access. Client choice is a driving force for referrals throughout the CE process.
- 4) To reduce barriers, CE is accessible via phone and in-person. Additionally, family households can take the CE assessment through an online portal and efforts are being made to expand an online assessment option to all households in Kent County.

1D-10.	Promoting Racial Equity in Homelessness–Conducing Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/01/2022

1D-10a.	Process for Analyzing Racial Disparities–Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	f
	NOFO Section VII.B.1.q.	
	Describe in the field below:	
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or	1

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2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

outcomes of homeless assistance, and

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(limit 2,500 characters)

1) The CoC Data Analysis Committee regularly reviews system-level data. disaggregated by race and ethnicity whenever possible. Data sources include the PIT Count, annual count of all households served in HMIS, System Performance Measures, and Stella. The data is reviewed per a calendar schedule that is revised as needed and the committee meets monthly. Most recently, the CoC conducted an analysis by race and ethnicity for the federal fiscal year periods of: 10/1/18-9/30/19, 10/1/19-9/30/20, and 10/1/20-09/30/21. The data sources included: the CoC Racial Equity Analysis Tool 3.0, Core Demographics and System Performance Measures by Subpopulation reports generated from the Michigan HMIS Data Warehouse. The CoC analyzed the following data: race & ethnicity rates in census data, poverty rate, data and 2021 PIT Count data; length of time homeless by race & ethnicity; numbers of persons who experience homelessness once or 2-3 times

and 4 or more times by race & ethnicity; exit destinations by race & ethnicity; returns to homelessness by race & ethnicity.

2) The CoC has identified an overrepresentation of Black/African American households in PIT and annual count data when compared to the population of Kent County, especially among family households. 1 in 6 children of color experience homelessness in Kent County - though only 10% of Kent County is Black or African/American. In the 2021 annualized HMIS data, 40% of individuals were White, 48% Black/African American, 10% Hispanic/Latino. Kent County's demographics are respectively according to the US 2020 Census: 80% White, 10% Black/African American, and 11% Hispanic.

Additionally, from 2019 to 2021 Black/African American individuals experienced a 56% increase in LOT homeless, compared to only a 17% increase for White individuals. Respectively, Hispanic/Latino individuals experienced a 48% increase in LOT.

Concurrently, during the same time period, 48% of Black/African American individuals exited to a temporary or permanent housing destination, compared to 36% of White individuals, and 51% Hispanic/Latino.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.a.	

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

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

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8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

The CoC Data Analysis Committee regularly reviews system-level data and brings providers into conversations about disparities to identify mitigation strategies. One PSH provider has increased acceptance rates into its programs by holding regular meetings with outreach providers to help ensure those who are referred can be contacted, are working to secure documentation, and identify if there is the need for waivers if there are concerns regarding previous criminal history. The provider was able to demonstrate to the committee that by taking the above measures, they not only improved their overall outcomes, but particularly for those who are Black/African American due to the population's overrepresentation in the criminal justice system.

The CoC is an active participant in the Housing Stability Alliance, a collective impact initiative that formed due to the extreme disparities identified for families and children of color in Kent County. Through the Alliance, a roadmap was developed, along with workgroups for strategy development for the entire housing spectrum from "not housed" all the way to "housed by choice." The CoC is developing an Advisory Council, which will differ from the action boards in that the advisory council will work alongside leadership and consists only of those with lived experience with a focus on equity and inclusion throughout the CoC. This structural change was a recommendation of the CoC's two action boards (Veteran and Youth) as members felt they could be more effective and comfortable in a setting that felt less bureaucratic. The CoC's Nominating Committee identifies potential new candidates for the board and committees to increase diverse representation.

The CoC participated with a state-wide initiative to conduct a racial equity analysis & develop a strategic plan with strategies to address racial and ethnic disparities to advance a more equitable approach to ending homelessness. The CoC established a CoC Equitable Results Team (CERT) with diverse membership inclusive of frontline staff, partners with lived expertise, racial equity champions, and system leaders. The group is hosting listening sessions for current and formerly homeless individuals to gather qualitative data on the homeless response system and suggestions for improvement. This data was combined with disaggregated data from FY19-21 System Performance Measures & a system map to develop objectives, strategies and actionable next steps to address inequities.

1D-10d. Tracking Progress on Preventing or Eliminating Disparities.

NOFO Section VII.B.1.q.

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

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The CoC is engaged with the Michigan Coalition to End Homelessness in the creation of a local CoC Equitable Results Team (CERT), which receives technical assistance through C4 Innovations. Progress is measured through the regular review of system performance measures and outcomes, disaggregated by race and ethnicity. A local community foundation recently provided funding to hire a full-time Data Analyst that will be able to track community level data and outcomes and work with other system conveners specifically as it relations to tracking the following measures: # of HH & length of time unsheltered, of HH & length of time in temporary housing, # of HH facing imminent homelessness, proxy: # of # of HH late on electric payments, % of HH paying more than 30% for housing costs.

As part of the Housing Stability Alliance, the following adopted universal goals related to the housing system, are: 1. Ensuring Kent County residents, especially children and Families of Color, achieve stable housing or are Housed by Choice. 2. Eliminating the statistical difference between the racial/ethnic demographics of the county and housing system outcomes (eliminating racial disparities). 3. Dissolving homelessness in Kent County. All measures are disaggregated by race and ethnicity and made available to the community on a community wide dashboard.

Additionally, the CoC adopted a new strategic plan in the summer of 2021, which specifically calls out the goal of the development of an equitable outcomes index by the end of 2022, which is currently underway. The CoC created a Strategic Plan Implementation Team, which is composed of local CoC members, community advocates, and individuals with lived experience, who meet bi-weekly to track progress towards the annual goals and the overall strategic plan goals. They develop quarterly benchmarks and report out to the Steering Council and the CoC regularly on progress.

1D-11. Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.

NOFO Section VII.B.1.r.

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

The Steering Council has 2 held seats for members with lived experience to ensure decisions are made with input of those most likely to be affected by those decisions. The CoC's Nominating Committee, with the support of staff, is responsible for identifying potential new candidates for the board and committees and engages in outreach efforts to ensure people with lived experience are represented on the slate of nominees each year. CoC staff meet regularly with currently or formerly homeless members of the Steering Council to provide context on upcoming agenda items.

When appropriate, the CoC seeks public comment when considering system changes. Comments can be submitted via an online form which is shared through the weekly newsletter sent to all stakeholders, including community members with lived experience. The contents of the weekly newsletter are also shared on the CoC's Facebook page to increase reach. All comments are compiled and provided to the appropriate committee, such as the Steering Council, for consideration.

When leadership opportunities arise, CoC staff reach out to individuals with lived experience to gauge their interest. For example, the CoC is participating with state-wide racial equity strategic planning and established a CoC Equitable Results Team to guide this work. Staff intentionally invited community members with lived experience to participate in this leadership opportunity and an invitation to join this team was sent to all CoC stakeholders through the weekly newsletter. The team is currently hosting listening sessions for current and formerly homeless individuals to gather qualitative data on their experiences in the homeless response system and suggestions for improvement. This will be combined with additional system data to develop objectives, strategies and actionable next steps to address inequities in the homeless response system. The CoC maintains relationships with community-based and population-specific organizations, such as neighborhood organizations, and solicits feedback around decisions impacting that population from staff and/or participants. In addition to intentional outreach efforts, the CoC has a Youth Action Board and Veteran Action Board comprised of youth and veterans (respectively) who have experienced or are currently experiencing homelessness. These boards provide input and assistance with planning and outreach efforts focused on ending youth and veteran homelessness.

1D-11a.	. Active CoC Participation of Individuals with Lived Experience of Homelessness.
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NOFO Section VII.B.1.r.

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	12	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	0
3.	Participate on CoC committees, subcommittees, or workgroups.	12	0
4.	Included in the decisionmaking processes related to addressing homelessness.	12	0

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5.	Included in the development or revision of your CoC's local competition rating factors.	0	0	
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Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
NOFO Section VII.B.1.r.	

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

(limit 2,500 characters)

The CoC has a Youth Action Board (YAB) and Veteran Action Board (VAB) comprised of youth and veterans (respectively) who have experienced or are currently experiencing homelessness. Additionally, the Steering Council (leadership body) has held seats for members with lived experience. CoC staff provide training to new members with a focus on the structure and history of the CoC, including how decisions are made, overall committee structure and process, and action board's role in the CoC. Professional development training opportunities are offered through partner organizations, including a local university, which provides nonprofit board certification training. Additional examples include YAB presentations with the local Young NonProfit Network and engagement opportunities with local providers/businesses. The CoC also works closely with a local convener on the following topics: workforce development, food and nutrition, and transportation and offers members opportunities to participate in those committees; and also ensures members are aware of resources available in those spaces. Action board members also have the ability to seek out additional trainings with financial assistance provided through the CoC and other member agencies.

In addition to professional development, several CoC member organizations intentionally seek applications from persons with lived experience of homelessness (PLEH) for open positions and employ PLEH. For example, Heartside Nonprofit Housing Corporation intentionally connects interested PSH residents with volunteer programming, creating a pipeline for leadership engagement that ranges from board service to employment opportunities.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.
	NOFO Section VII.B.1.r.
	Describe in the field below how your CoC:
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

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One of the core beliefs identified in the CoC's Compass, the document in the strategic plan that serves as the north star and guides the CoC's work, is the belief that "the ongoing engagement of and relationship with individuals with lived experience is paramount to lasting change".

1) Feedback from participants is routinely gathered by agencies receiving CoC and/or ESG funding. Methods for collecting the feedback include regular surveys available to program participants with the option to submit anonymous feedback and the use of support groups and regular community meetings for current or recent program participants to build relationships with staff, share concerns, and provide input to program design.

In the local competition, all agency applicants are asked to respond to how they implemented clear strategies to ensure the meaningful participation of persons with lived experience within homelessness programming or their plan to do so. Agencies can receive up to 4 points of the available 17 points per agency for detailing strategies around meaningful inclusion.

2) Examples of steps taken by provider agencies in response to feedback from persons with lived experience include:

Community Rebuilders' development of a Yoga Partnership to address post - traumatic stress disorder and the effectiveness of specific breathing techniques. Safe Haven Ministries' implementation of web and text chat options to their 24/7 hotline for those fleeing domestic violence

1D-12.	Increasing Affordable Housing Supply.
	NOFO Section VII.B.1.t.
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1. During the summer of 2022, the CoC Director has been in attendance at meetings with local city commissioners and business leaders which discussed the limitations of current land use policies and the steps that would need to be taken to reform zoning.

Additionally, the CoC Direction participated in the Kent County HOME-ARP consultation meeting and directly spoke to the concerns of zoning regulation and land use policies in the out county/suburban areas that have less dense housing supply in a high demand market.

2. The CoC encouraged participation in Kent County ARPA focus groups to speak to the need to increase affordable housing supply in Kent County.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
 FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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1E-1. Web Posting of Your CoC's Local Competition Deadline-Advance Public Notice.	
NOFO Section VII.B.2.a. and 2.g.	
You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	
Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/16/2022
1E-2. Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
1. Established total points available for each project application type.	Yes
 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
 At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness). 	Yes
4. Provided points for projects that addressed specific severe barriers to housing and services.	Yes

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1E	-2a. Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.		
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.		
	You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.	7	
	Complete the chart below to provide details of your CoC's local competition:		
1.	What were the maximum number of points available for the renewal project form(s)?		97
2.	How many renewal projects did your CoC submit?		19
3.	What renewal project type did most applicants use?	PH-PSH	
1E	-2b. Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section VII.B.2.d.		
	1101 0 0001011 VII.B.2.d.	_	
	Describe in the field below:		
	how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;		
	2. how your CoC analyzed data regarding how long it takes to house people in permanent housing;	1	
	 how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and 		
	 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. 	ו	

With respect to the review and ranking process, the CoC's Funding Review Committee specifically reviews each project based on its score performance metrics and takes multiple factors into consideration when reviewing projects, including the project's impact on outcomes for the most vulnerable individuals. The committee develops the final Project Priority Listing with the goal of ensuring that the most vulnerable populations with the most severe needs have access to high-quality programming. Performance metrics for renewal applications include: participant connection to cash and non-cash income, increases in cash income, participant connection to health insurance, exits to permanent destinations or retention in PSH, returns to homelessness within 6 months, and the length of time from project start date to housing move-in date. All data was reported based on a calendar year 2021 annual performance report from HMIS or comparable database for DV providers to ensure a comparable time period. Full points are awarded only to projects performing in the top 50% of each metric. In total, these performance metrics made up 75% of the project score for PSH and RRH projects and 62.5% of the project score for TH and TH-RRH projects.

The ranking and review process for new project applications also includes the goal of ensuring that the most vulnerable populations with the most severe needs have access to high-quality programming. As part of the local application process, new projects describe their plan to assist participants in securing and maintaining permanent housing that is safe, affordable, accessible, and acceptable to their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing) and how participants will be assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply to maximize their ability to live independently. The CoC's Funding Review Committee reviews responses and awards full points to projects who demonstrate a robust plan to ensure participants have access to high-quality programming. These metrics account for 12% of total available points for new projects.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.
	NOFO Section VII.B.2.e.
	Describe in the field below:
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

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1-3) The Funding Review Committee is responsible for making changes to the local review process, including determining the rating factors for scoring, selection and ranking of applications. 14% of the Funding Review Committee's membership is represented by people of color, which is consistent with Kent County's demographics (10.6% Black or African American).

4) As part of the local competition, all projects were required to submit their Annual Performance Report, which includes the demographics of all persons served. CoC staff and Funding Review Committee reviewed the reports to determine how program participants mirrored the CoC's homeless population demographics. In addition, all applicants responded to questions in a supplemental application. These questions were related to agency policies and strategies in regard to eliminating racial and ethnic disparities and inclusion of persons with lived experience. This included asking agencies whether they reviewed or had a plan to review program participant outcomes with an equity lens and to describe findings and steps the agency plans to take to eliminate disparities. Agencies received full points on this question only if they demonstrated they have reviewed or have a plan to review program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender, and/or age. An agency's score on this supplemental application was applied to all their new and renewal projects.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.
	NOFO Section VII.B.2.f.
	Describe in the field below:
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

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Project: MI-506 CoC Registration FY 2022

1)The CoC's reallocation policy requires that projects be selected as potential candidates for reallocation based on project performance, with consideration given to HMIS data, HUD Annual Performance Report data, PIT & HIC count data, cost per household served, & HUD CoC system performance measurements. Reallocation is discussed following the submission of project applications for the CoC Competition by the Funding Review Committee, CoC staff, & CoC-funded agencies. Agencies may voluntarily reallocate a project & either submit a new project with reallocated funds or make funds available as new project funding.

The decision to reallocate is made if it is determined that a project's performance issues are not likely to be rectified, or if data shows that other community needs are more pressing & funds would be more effectively spent on a new project with a different focus. Projects are identified as low-performing if they score low on renewal applications relative to other projects with respect to project performance and utilization, cost effectiveness, data quality, expenditure of funds, participation in CE, alignment with HUD regulations and policy priorities, and other areas. Projects are classified as having less need if HMIS & other community data indicate that the project is not serving an identified community need.

Following the close of the program competition, the CoC plans to review its current Reallocation Policy to ensure continued alignment with community priorities. The anticipated date for approval by the CoC's Steering Council is early 2023.

2-4) The CoC underwent a rigorous reallocation process in the years 2015-2017 and did not reallocate any funding this year. There was 1 PSH project identified to have further discussions with & monitor over the next year to prepare for potential grant transfer or reallocation in the next program competition. Additionally, the CoC has restructured its local application process and will continue to do so, including implementing threshold scores for projects in the future.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	
		_
	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
1	E-5. Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	
		_
1.	Did your CoC reject or reduce any project application(s)?	No
2.	2. Did your CoC inform applicants why their projects were rejected or reduced?	
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	

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	a. Projects Accepted–N	lotification Outside of e-snaps.		
	NOFO Section VII.B.	2.g.		
	You must upload the	Notification of Projects Accepted attachment to the	4B. Attachments Screen.]
rai ap	nked on the New and F oplicants on various dat	notified project applicants that their project applicati Renewal Priority Listings in writing, outside of e-snap es, enter the latest date of any notification. For exar c, 06/27/2022, and 06/28/2022, then you must enter	os. If you notified mple, if you notified	09/08/2022
1E-5t	b. Local Competition S	Selection Results-Scores for All Projects.		
	NOFO Section VII.B.	2.g.		
	You must upload the Screen.	Final Project Scores for All Projects attachment to	the 4B. Attachments	
2. 3. 4.	Applicant Names; Project Names; Project Scores; Project Rank-if accept Award amounts; and	ed;		
6.	Projects accepted or re	ejected status.		
6.	Projects accepted or re	of CoC-Approved Consolidated Application.		
6.	Projects accepted or re	of CoC-Approved Consolidated Application.		
6.	projects accepted or reconstruction. 1E-5c. Web Posting NOFO Section VII.B.	of CoC-Approved Consolidated Application. 2.g. Web Posting—CoC-Approved Consolidated Application	ation attachment to the 4B.	
1E-50	Projects accepted or reconstruction. 1E-5c. Web Posting NOFO Section VII.B. You must upload the Attachments Screen Attachments Screen there the date your CoC untrier's website—which is the CoC Application; a	of CoC-Approved Consolidated Application. 2.g. Web Posting—CoC-Approved Consolidated Application. posted the CoC-approved Consolidated Application included:	on the CoC's website or	09/28/2022
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1E-50	Projects accepted or recovery accepted or recovery accepted or recovery accepted or recovery accepted accepted or recovery accepted accept	of CoC-Approved Consolidated Application. 2.g. Web Posting—CoC-Approved Consolidated Application. posted the CoC-approved Consolidated Application included: allocation forms and all New, Renewal, and Replace Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	on the CoC's website or	

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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578; FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.		
	Not Scored–For Information Only		
Ente	er the name of the HMIS Vendor your CoC is	currently using.	WellSky
2A-2.	HMIS Implementation Coverage Area.		
	Not Scored–For Information Only		
Sele	ect from dropdown menu your CoC's HMIS co	verage area.	Statewide
			I
	T		1
2A-3.	HIC Data Submission in HDX.		
	NOFO Section VII.B.3.a.		
Ente	er the date your CoC submitted its 2022 HIC d	ata into HDX.	04/27/2022
			·
2A-4.	Comparable Database for DV Providers–CoC Data Submission by Victim Service Providers	and HMIS Lead Supporting Data Col	lection and
	NOFO Section VII.B.3.b.		
	In the field below:		
1.	describe actions your CoC and HMIS Lead he providers in your CoC collect data in databas requirements; and	ave taken to ensure DV housing and s es that meet HUD's comparable datab	ervice ase
2.	state whether your CoC is compliant with the	2022 HMIS Data Standards.	
		_	
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(limit 2,500 characters)

- 1) The CoC HMIS Administrator has provided the HMIS data standards to the DV providers to ensure the comparable databases that are used collect the same data elements. DV providers have committed to the collection and reporting of those data elements to the CoC. Those data elements reported to the CoC to be included in the CoC's analysis of its overall system performance measures.
- 2) The CoC is complaint with 2022 HMIS Data Standards

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	911	67	844	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	224	111	90	79.65%
4. Rapid Re-Housing (RRH) beds	383	0	383	100.00%
5. Permanent Supportive Housing	1,076	0	816	75.84%
6. Other Permanent Housing (OPH)	232	0	112	48.28%

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.	

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TH Beds - The CoC worked diligently over the past year with a youth TH provider to try and ensure at least 85% HMIS coverage. This provider did start entering into HMIS and we were expecting to meet our target. Unfortunately, since then there has been 1 provider with a TH project that is no longer in HMIS and is actually considered an inactive TH program in the community that should no longer be included in the HIC.

PSH Beds - Currently, the HUD VASH beds are not in HMIS. The CoC has been working with the provider to have those entered. However, the ongoing challenge with the VA is that they cover multiple regions and have indicated this could be an issue with data entry. Additionally, they have experienced staff turnover during the pandemic.

OPH Beds - The CoC has 1 PHA provider who administers Emergency Housing Vouchers (EHVs) and does not enter the vouchers into HMIS. The CoC Director is working to address this directly with the PHA as the PHA has already indicated they are willing and able to provide homeless preference and use HMIS moving forward.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
 - FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	
		_
Ente	er the date your CoC conducted its 2022 PIT count.	02/23/2022
2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	
		_
Ente	er the date your CoC submitted its 2022 PIT count data in HDX.	04/15/2022
2R.3	PIT Count–Effectively Counting Youth.	
25-0.	NOFO Section VII.B.4.b.	
		_
	Describe in the field below how during the planning process for the 2022 PIT count your CoC:]
1.	engaged stakeholders that serve homeless youth;	1
2.	involved homeless youth in the actual count; and	1
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.	
	•	_

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1) The CoC established a PIT count planning team prior to the 2022 count to develop strategies to ensure a robust count of the unsheltered population. This included the identification of locations where unsheltered individuals may stay on the night of the count. Agencies represented on the planning team included outreach providers, 2 of which are providers serving youth and unaccompanied youth (ages 10-24). The sheltered count was conducted using HMIS. The HMIS Administrator contacted all agencies prior to the count, including agencies that serve youth, to provide instructions on entering data on the night of the count. 2-3) CoC staff met with the CoC's Youth Action Board (composed of youth ages 18-24 with lived experience) during the planning leading up to the 2022 count. Youth provided feedback including on questions asked during the unsheltered survey and suggested locations where youth may stay for outreach teams to visit during the unsheltered count.

2B-4.	PIT Count-Methodology Change-CoC Merger Bonus Points.
	NOFO Section VII.B.5.a and VII.B.7.c.
	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

- 1) There were no changes to the CoC's methodology for the sheltered count from 2021 to 2022.
- 2-3) In 2022, the CoC performed a survey-based unsheltered count. Previously in 2021, the CoC's unsheltered PIT count was observation based due to the COVID-19 pandemic. In 2022, outreach staff conducted short interviews with unsheltered individuals to collect demographic data including race, ethnicity, age, household type, disability status, and other HUD required metrics. This increased the CoC's ability to report on these subpopulations and analyze changes from previous counts. In addition, the CoC introduced a new strategy for increasing the ability to collect data from unsheltered family and youth households, which have historically been difficult to count. Providers serving family and/or youth households were provided PIT Count survey forms. Staff at the provider agencies completed the forms with any household they encountered who reported experiencing unsheltered homelessness on the night of the count.

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2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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- 1) HMIS data is analyzed by the CoC's Data Analysis Committee to identify trends and barriers that contribute to first-time homelessness. The primary risk factor for first-time homelessness is income that does not match increases in cost of living including for housing and basic needs such as food, transportation, and childcare. This is consistent with data showing that 35 percent of households in Kent County lack the income to afford basic needs (United Way Worldwide, 2021).
- 2) The CoC partners with a variety of local systems and organizations to advocate for at-risk populations and address systemic issues contributing to first-time homelessness. This includes partnering with multiple district courts to expand eviction prevention services throughout the county and participating in the efforts of community systems impacting basic needs, including a collaborative which convenes community stakeholders to address basic needs including food security, transportation, employment, & environmental issues; workforce development collaborative of local employers; the Kent regional school district for Kent County; and other community partners. During 2021, the CoC coordinated with partners to set up the process for the CERA (COVID Emergency Rental Assistance) program. Information about available resources were made available through billboards, postcards, social media, radio interviews, and local partners. Census tracts with the highest poverty rates & households undergoing the eviction process were given highest priority to ensure that populations most at risk and historically marginalized were prevented from becoming homeless. As CERA and other COVID-related benefit programs fade, CoC staff convened community partners including 211 and the CE lead agency, to discuss the coordination of prevention funds to ensure limited resources reach the most vulnerable households. The CoC has also coordinated with partners across the state to raise awareness on the benefits of source of income protection, which is currently under review at the state
- 3) The CoC's Steering Council & CoC staff are responsible for overseeing this strategy.

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

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1) The CoC's Coordinated Entry (CE) process quickly refers individuals and families to housing resources in the community, using an assessment tool that prioritizes individuals/families for housing placement based on level of vulnerability. The CE process provides wrap-around services while individuals and families are in shelter or waiting for housing resources to reduce the length of time homeless; this includes referrals to food assistance, health care, employment services, etc. to address barriers and issues contributing to the housing crisis, as well assistance with building natural supports to self-resolve the housing issue.

The CoC maintains benchmark goals to reduce the length of time individuals and families remain homeless, including: The CE agency will make referrals to program openings within 48 hours of each bed/unit opening; Outreach teams target long-term stayers in emergency shelters (in shelter for 30 or more days) for housing assessments to determine eligibility for permanent housing programming.

2) The CE assessment tools ask how long individuals/families have lacked permanent stable housing and the number of times they have been homeless in the last three years. This information, along with targeted efforts by the community's outreach teams, helps the CoC identify individuals & persons in families with the longest length of time homeless. The CE Lead uses a prioritization process that follows the Chronic Homeless Order of Priority, which requires that the longest homeless, most vulnerable households are prioritized for housing.

The CE committee also maintains 4 functional zero workgroups for veterans, families, youth, and chronic. These workgroups use dashboards that measure the inflow and outflow in real time and include the average LOT for the subpopulation. The workgroups then make recommendations on adjustments needed in the prioritization process to address potential flow issues.

3) The Steering Council & Coordinated Entry Committee are responsible for this strategy.

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

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1)The CoC's primary strategy to increase exits to permanent housing is increasing permanent housing resources, including the number of Housing Choice Vouchers with a homeless preference and permanent supportive housing (PSH) units. The CoC encourages acceptance of Coordinated Entry referrals for PSH units and provides support for Low Income Housing Tax Credit (LIHTC) applications. In 2022, Woda Cooper secured LIHTC for a project to include 20 PSH units set aside for the top 10% of the CoC's list of households experiencing chronic homelessness.

Secondly, housing providers connect project participants with resources to assist them in exiting to permanent housing, including case management, mental health supports, education, employment training, and permanent housing referrals. This includes expansion of a diversion pilot project designed to prevent families from entering shelter using light touch supports (both financial and the creation of a housing plan) to what is now the CoC's enhanced coordinated entry system. Enhancements include a web-based platform that connects persons to a specialist within 48 hours. The specialist works with the household to help resolve their housing crisis until the episode is resolved and for at least 90 days using a progressive engagement model.

2)The CoC facilitates referrals to ensure clients have needed support to either obtain or maintain their housing. Providers share best practices and make referrals to connect clients with housing stability resources, including case management, food assistance, mental/physical health services, substance use treatment, and employment/financial assistance. The CoC also has access to a network of health and social service providers using technology to collaborate in real time to make referrals, track outcomes, and measure social determinants of health to ensure households have the support they need.

3) The Steering Council & Coordinated Entry Committee are responsible for this strategy.

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

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1) The CoC's strategy for identifying individuals and persons in families who return to homelessness is to utilize data identified in APR and System Performance Measure (Measure 2) reports, with analysis by the CoC's Data Analysis Committee to identify trends and barriers. Front-line staff from local providers also share their observations on trends and common factors at meetings of the general CoC membership and CoC Steering Council. Inadequate income to meet rising housing costs and younger age groups (25-34) have been identified as common factors for returns to homelessness. In 2022, the CoC added returns to the homeless response system within 6 months of project exit as a performance criteria scored for all permanent housing project types in the local competition.

2) The CoC's strategy to reduce returns to homelessness focuses on facilitating training, best practice-sharing, and resource referrals among providers to increase client access to supports for maintaining housing stability and building self-sufficiency. In 2021, the CoC doubled the number of trained SOAR (SSI/SSDI Outreach Access and Recovery) case managers, which has increased the community's capacity to assist individuals in accessing income from SSI/SSDI benefits. Providers also regularly make referrals to connect clients with resources to ensure housing stability, including case management, food assistance, mental and physical health services, substance use treatment, employment assistance, peer mentoring programs, financial assistance, and leadership programs.

In addition, 13 of the 14 non-infrastructure projects funded through the CoC Program are permanent housing project types. These projects ensure longer-term housing stability and help prevent returns to homelessness by connecting individuals and families with necessary supports and immediately stabilizing them in housing.

3) The Steering Council of the CoC is responsible for this strategy with the support of CoC staff.

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

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- 1) The CoC's strategy to increase employment income consists of facilitating referrals between providers and community partners to assist clients in learning transferable skills and obtaining employment in growing fields. Examples of local training programs include local nonprofit WMCAT's Adult Career Training Program, which provides vocational training in medical billing, medical coding, and pharmacy technology, as well as Grand Rapids Community College's vocational programs, which provide training and certification in fields including food service, health care, and construction.
- 2) The CoC's housing providers maintain referral networks with local workforce development and employment agencies to assist clients in obtaining employment and completing vocational training. Partners include Goodwill Industries, West Michigan Works!, Grand Rapids Community College, and Michigan Rehabilitation Services, among others. CoC staff regularly notify CoC members of job fairs held by committee partners. Many providers also assist clients with job searching, resume-building, and skills development. CoC providers also work with private employers to offer employment opportunities to clients.

In addition, the CoC maintains a partnership with the Kent County Essential Needs Task Force's Economic and Workforce Development Committee, a collaborative of local employers and employment-focused agencies. Over the last two years, the CoC has partnered with the committee to initiate pilot projects to improve access to work opportunities for unemployed/underemployed individuals and adults in families. This has included educating employers about the impact of increasing income. As a result of this partnership, several employers have engaged in discussions around increasing employee wages.

3) The CoC Steering Council and CoC staff are responsible for this strategy.

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

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 The CoC's strategy for increasing non-employment cash income is to work with providers to ensure that clients are connected with public benefits and services for which they are eligible. Housing agencies maintain relationships with mainstream benefit providers and assist residents in signing up for services, navigating interactions with benefit providers, and comprehending and completing required follow-up documentation. CoC staff and Steering Council members additionally keep apprised of changes in eligibility or availability of benefits through informational meetings, notices, and webinars offered through the appropriate public agencies, and communicate this information to CoC providers as it arises via email and at CoC provider meetings. Providers work with clients and partner with local agencies to assist clients in accessing non-employment cash sources. This includes providing case management services that connect clients with mainstream benefits through the Kent County Department of Health and Human Services and other local agencies. Examples of these cash sources include SSI/SSDI income. SNAP/WIC benefits, and TANF benefits. In addition to these partnerships, there are 18 SOAR Certified Practitioners in Kent County which provides additional opportunities for individuals to increase their non-employment cash income. The community's SOAR-certified practitioners attend quarterly meetings to share best practices and relevant updates to SSI/SSDI benefits. The Michigan Department of Health and Human Services' SOAR Navigator for the region attends CoC meetings and maintains connections with existing practitioners and other key stakeholders in the Kent County area. 2) The CoC Steering Council and CoC staff are responsible for this strategy.

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3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

Housing: As You Are

- 24 CFR part 578;- FY 2022 CoC Application Navigational Guide;

Joint TH-RRH

- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-	1. New Pl	H-PSH/PH-RRH Project-Leveraging H	ousing Resources.		
	NOFO	Section VII.B.6.a.			
	You mu Screen		mmitment attachment to the 4B. Attach	nments	
ho	ousing uni	applying for a new PH-PSH or PH-RF ts which are not funded through the Co g homelessness?	RH project that uses housing subsidies oC or ESG Programs to help individual	or subsidized s and families	Yes
_					
3A-	2. New Pl	H-PSH/PH-RRH Project–Leveraging H	ealthcare Resources.		
NOFO Section VII.B.6.b.					
	You mu	ust upload the Healthcare Formal Agre	ements attachment to the 4B. Attachm	ents Screen.	
		applying for a new PH-PSH or PH-RF and families experiencing homelessne	RH project that uses healthcare resourss?	ces to help	Yes
•					•
3A-3. Le	everaging	Housing/Healthcare Resources–List o	f Projects.		
N	OFO Sect	ions VII.B.6.a. and VII.B.6.b.			
lf pi	you select	ted yes to questions 3A-1. or 3A-2., us ication you intend for HUD to evaluate	e the list feature icon to enter informati to determine if they meet the criteria.	on about each	
Project Name		Project Type	Rank Number	Leverage ⁻	Гуре

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Both

3A-3. List of Projects.

1. What is the name of the new project? Housing: As You Are

2. Enter the Unique Entity Identifier (UEI): MLL4S1G4GCK8 d. Address Street 1: 320 State

St. SE Street 2: City: Grand Rapids County: State: Michigan Country: United States Zip / Postal Code: 49503 e. Organizational Unit (optional) Department Name: Division Name: f. Name and contact information of person to be contacted on matters involving this application Prefix: Ms. First Name: Krista Middle Name: Last

Name: Josephson Suffix: Title:

3. Select the new project type: Joint TH-RRH

4. Enter the rank number of the project on your 20

CoC's Priority Listing:

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578; FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs-New Projects.	
	NOFO Section VII.B.1.s.	
		•
Is ye for t	our CoC requesting funding for any new project application requesting \$200,000 or more in funding nousing 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.	

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	
proj	our CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component ects to serve families with children or youth experiencing homelessness as defined by other eral statutes?	No
3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	
		•
	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.	
	If you answered yes to question 3C-1, describe in the field below:	
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and	
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.	

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4A. DV Bonus Project Applicants

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;

 - 24 CFR part 578;- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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4	A-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
4.4	-1a. DV Bonus Project Types.		
	NOFO Section II.B.11.e.		
	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 2022 Priority Listing.		
	D. C. C.	7	
	Project Type		
1.	SSO Coordinated Entry	No	
2.	SSO Coordinated Entry PH-RRH or Joint TH and PH-RRH Component	Yes	
You n	SSO Coordinated Entry	Yes	
You n	SSO Coordinated Entry PH-RRH or Joint TH and PH-RRH Component nust click "Save" after selecting Yes for element 1 SSO Coordinated to view questions 4A-2, 4A-2a. and 4A-2b. A-3. Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in	Yes	
2. You n	SSO Coordinated Entry PH-RRH or Joint TH and PH-RRH Component nust click "Save" after selecting Yes for element 1 SSO Coordinated to view questions 4A-2, 4A-2a. and 4A-2b. A-3. Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	Yes	1,352
2. You n	SSO Coordinated Entry PH-RRH or Joint TH and PH-RRH Component nust click "Save" after selecting Yes for element 1 SSO Coordinated to view questions 4A-2, 4A-2a. and 4A-2b. A-3. Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area. NOFO Section II.B.11.(e)(1)(c)	Yes	1,352 558

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4A-3a. How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)
	Describe in the field below:
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

- 1) The calculation was derived from the total number of DV survivors requesting housing or housing services at one of the county's two DV providers in the 2021 calendar year and the number served (YWCA West Central Michigan and Safe Haven Ministries).
- 2)The data source for the calculation was the HMIS comparable databases utilized by the county's DV providers.
- According to the PIT Count data collected in Kent County on February 23, 2022 Kent County saw a 24% increase in the number of persons in emergency shelters, including domestic violence shelters, since 2021. Emergency safe shelter is often the safest and only option for individuals fleeing domestic violence, but once the immediate danger issues and other safety concerns are addressed, the options for housing after emergency safe shelter are limited. One of the main barriers faced by survivors seeking to flee domestic violence is the extremely competitive and often unaffordable rental market. Survivors often struggle to secure affordable and sustainable housing after their shelter stay due to the high demand for rental properties and lack of resources to maintain housing. Expensive and non-accessible childcare, unreliable transportation, expensive connectivity, non-living wages in the service sectors, and credit issues related to the debt and behavior of the assailant are all additional barriers to survivors accessing and maintaining safe independent housing of their own choosing. Based on data collected by RentCafe in the first half of 2022, Grand Rapids ranked number 6 in the country for the most competitive rental market. For survivors who have experienced any form of abuse and are essentially starting from the ground up, securing income sufficient to afford rent in the current competitive market is extremely challenging. The Kent County community has a great need for DV-related housing and support services including transitional housing and rapid rehousing.

	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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.

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Applicant: Grand Rapids/Wyoming/Kent County CoC **Project:** MI-506 CoC Registration FY 2022

MI 506 COC_REG_2022_192225

Applicant Name

Safe Haven

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

Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)	

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 2022 Priority Listing:

1.	Applicant Name	Safe Haven
2.	Project Name	Housing Services for Domestic Violence Survivors (HSDVS)
3.	Project Rank on the Priority Listing	21
4.	Unique Entity Identifier (UEI)	HBFGSAKBYGD3
5.	Amount Requested	\$534,851
6.	Rate of Housing Placement of DV Survivors–Percentage	61%
7.	Rate of Housing Retention of DV Survivors–Percentage	100%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section II.B.11.e.(1)(c)
	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below
1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

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When measuring progress towards stable housing, we look for indicators such as applying for a housing voucher, actively searching for housing, or applying for housing. Some milestones of housing include receiving a housing voucher, moving into housing, achieving consecutive months of stable housing. Safe Haven tracks exit status and rental assistance in EmpowerDB. The exit status categories have been updated as of 7/1/2022 to ensure that client exits are being reported using HUD exit types.

For 2021, 75 households exiting shelter reported their exit status as:

27% Family and Friends

23% Own apartment

7% Permanent Supportive Housing

9% Hotel

4% Transitional housing

3% Shelter (Non-domestic violence shelter)

5% Returned to abuser

9% Other

13% Unknown

Safe Haven began providing case management at two 3-bedroom TH-RRH units that are currently being privately funded. For these two TH-RRH units, we have 100% retention.

Safe Haven uses a HMIS comparable database (Empower DB) for data collection to protect confidentiality and remain in compliance with federal statutes as a DV provider.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section II.B.11.e.(1)(d)
	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

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SHM has been working in the field of domestic violence for over 30 years, utilizing best practices for comprehensive support services rooted in traumainformed principles & safe housing solutions. As a place of natural coordinated entry for DV survivors, we provide housing advocacy as a core component of our work. Safe Haven has been a sub-recipient of HUD funding through Community Rebuilder's PACT program. During this time, we placed 9 families in rapid rehousing, exceeding program goals, while utilizing a Housing First model. SHM has demonstrated success with a low-barrier intake process & successfully supports survivors with many barriers (i.e. substance abuse, criminal histories, zero income). To ensure clients are quickly moved into safe, affordable housing, SHM implemented programmatic strategies, including: 24/7 hotline & and chat so survivors can receive initial intake immediately; a commitment to not use a waitlist, as this can delay a client's connection to the needed resource; & flexibility in appointment times to ensure clients have equitable access to housing assessments. To ensure clients can quickly secure housing, SHM has also built trusted relationships with property owners & landlords.

This project will utilize a "no wrong door approach" modeled after another successful Coordinated Entry program. A core philosophy of this model, SHM has utilized self-referral and minimal eligibility requirements across all of its programs. Safe Haven serves domestic violence survivors, the priority population in this project. Uncovering supportive services that a client needs begins at a client's first point of contact with SHM. During the assessment & intake process, clients drive their interaction with SHM by identifying the goals & barriers they face to these goals. As a comprehensive provider, supportive services extend beyond safety planning & domestic violence psychoeducation to also include support around financial empowerment, childcare, transportation & mental health support. Survivors have access to additional support through the following access points: centralized intake; 2-1-1; shelter; housing providers; community partner agencies; & street outreach programs.

SHM is an active member of at least 6 task forces that foster stronger partnerships between agencies & ensure clients' diverse needs can be resourced within SHM's networks.

Once housed, a client is encouraged to meet weekly with a Housing Advocate. During these case manage

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section II.B.11.e.(1)(d)
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and

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 taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1.All services are confidential & include survivor led safety plans. Dedicated and private advocacy rooms are provided for direct service staff. During the intake and interview process, advocates help clients understand their right to confidential services and ensure that clients are able to make informed choices related to their engagement in services.

2.SHM determination and placement into safe housing will be survivor-led and empowers the participant to select the housing placement that suits their needs. SHM's Housing Advocate will assist the survivor in assessing their safety needs by completing a lethality assessment for developing their safety plan and assessing their safety needs. Ultimately, SHM will provide the necessary tools to allow the survivor to make a well informed decision on their placement. 3.SHM ensures that all client information adheres to the standards set by VAWA and HUD, ensuring the electronic databases are HMIS comparable with double encryption and non-identifying information released when reporting data. Client files are stored behind two locked doors and access to the client file information is limited to staff working directly with clients and the relevant program directors. Additionally, staff are trained on best practices for maintaining the confidentiality of client information at all times and not sharing information about a client in communal areas. Case review and consultation is also confidential.

4.All SHM staff, interns and volunteers are required to complete a series of trainings on confidentiality practices, including: MI Division of Victim Services approved training on Understanding the Confidentiality Requirements of VOCA, FVPSA, and VAWA, New Entry training which addresses the strict confidentiality practices when serving victims/survivors, MCEDSV 40-hour training which includes best practices and confidentiality for serving survivors, annual and required internal professional development on VAWA compliant confidentiality measures.

5.To allow clients to enter their unit quickly and safely, each entry point is equipped with a keypad entry, and codes are confidential between client and advocate. For the safety of a client and their family, they can request security cameras for entryways. SHM does not have any video recording devices inside client units. Window and door alarms can be provided at client request. Advocates also educate clients around safety issues related to cell, internet and social media use.

4A-3d.1. Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.

NOFO Section II.B.11.e.(1)(d)

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

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Safety is the primary focus when all domestic violence survivors connect with Safe Haven.

As part of each intake assessment at Safe Haven a lethality assessment is conducted. This assessment scores the level of likely assault or lethality on the victim of domestic violence presenting for services. Based on the score from this assessment, a case manager determines if immediate emergency safe shelter is needed. While emergency safe shelter is not part of this project, it is available to clients at Safe Haven.

If emergency safe shelter is not needed, the case manager works with each client on an individualized safety plan. This plan includes both personal safety and safety of the housing they are living in. Typically, advocates from domestic violence and sexual assault programs are among the few service providers with specialized expertise in developing potentially life-saving safety plans. Throughout case management, the client learns about threats to their safety and has the opportunity to speak into their safety needs. The safety plan is a tool developed with the victim, which is designed to identify known issues within their relationship and increase their physical and emotional safety. Safety plans can be either formal documents or informal discussions about risk factors and ways to stay safe. Safety plans consider various scenarios the victim may encounter with their abuser, and identifies plausible steps which can be taken to minimize the likelihood they will be victimized in the future. Safe Haven's management team regularly reviews each case to further ensure the safety of DV survivors being served. If when in PH-RRH, safety improvements are needed, funding is available to make these safety improvements.

4A-3e	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section II.B.11.e.(1)(d)
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
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 the effects of trauma;
4	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

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1)Safe Haven Ministries understands that survivors of domestic violence specifically have unique safety and trauma related needs that must be addressed through safe and survivor centered housing advocacy. Building on Safe Haven's success as a sub recipient of the HUD-funded PACT project, this new project will utilize the Housing First model, prioritizing housing to people experiencing homelessness and domestic violence, to end homelessness.Our collective approach is person-centered and ensures client choice in housing selections, offering supportive solutions that meet self-determined goals, and connection to a vast array of community resources to help ensure retention of permanent housing. Case management of each client is trauma informed and person centered.

2)Safe Haven's culture is one of agency and mutual respect, and our mission, vision and values are lived out daily in our work. Our staff and management team ensure that participant staff interactions offer the following; goal plans and subsequent case management is truly survivor centered and reflected in individual goal plans, safety as a basic human right, equity and belonging to ensure that our team and facility is safe and welcoming to all. All staff receive training on agency philosophy and protocols to ensure power differentials are minimized. Eligibility criteria and decisions to exit are never based on punitive frameworks. Safe Haven accepts all regardless of substance use, active or past criminal history, credit scores, or other attributes.

3)An important part of case management is helping a client gain more understanding around trauma, abuse and control tactics, and of course, safety planning. Many on our team of case managers come from a social work background, where this training is inherent in their college education. Committed to best practices in trauma informed and person centered care, our team has monthly professional development for two hours each month to continue our own learning on trauma-informed care.

4)Safe Haven is a place of empowerment. Our management team actively uses a strengths based model in weekly supervision meetings. Modeling this approach among staff is a powerful strategy to create a culture of asset based development among both staff and clients. Safe Haven has a positive reputation for meeting people where they are and accepting each person through active listening and a person centered trauma informed response.

5)While domestic violence impacts communities across all social, economic, and racial lines, communities of color as well as gender and sexual minority groups face increased barriers and challenges. Moreover, marginalized groups often experience increased levels of violence and more prolonged exposure to violence in large part due to the lack of culturally-appropriate and affirming domestic violence support services.

Safe Haven is committed to the utilization of an anti-oppression framework and centering the project's design and implementation around the needs and lived experiences of our community's most underserved and under-resourced communities. Moreover, an emphasis on culturally appropriate support services are developed with direct input from program participants. Cultural and linguistic competencies, including ADA accessibility and language resources are prioritized.

At hire, staff are engaged in 52 hours of training, addressing topics such as: intersectionality; anti-oppression framework for service delivery; and structural racism and its impact on victims. Safe Haven is committed to the principles of diversity, equity and inclusion. Services are accessible regardless of race, religion, color, sex, ancestry, gender, gender identity, sexual orientation, age, disability, national origin, medical condition, veteran/military status, family status, or socio-economic status.

6)Psycho-educational support is available for groups and individuals, adults and children. Our staff use a research-based trauma informed curriculum for children, I Feel Better Now. Referrals for community-based resources around life skill development, mental health, health, addiction, and other supports are provided as needed. As a Christian-based organization, spiritual guidance is available upon client request.

7)Safe Haven staff offer parents a group psycho-education sessions around children's needs after they have experienced abuse and trauma. This group meets regularly to discuss the dynamics an abuser uses specific to parent-child relationships. Childcare partners include the YMCA of Grand Rapids & Milestones Childcare Center. Being person-centered, a client may choose other childcare providers & request financial support. In addition, our staff connect qualified applicants to childcare benefits through MDHHS. Safe Haven advocates receive regular professional development to assist clients navigating the legal system. Advocates also connect clients to community resources such as Legal Aid & Immigrant Rights Center.

AA-3f. Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.

NOFO Section II.B.11.e.(1)(d)

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

- A. Child custody—SH project assisted DV survivors to pursue child custody by making legal services available through its partner Legal Aid and Migrant Legal Aid, provided transportation, and provided a support group for others experiencing similar challenges. Safe Haven ensures that the survivors' safety needs were addressed by maintaining confidentiality, using harm reduction. B. Bad Credit History—Safe Haven uses case management to quickly assess whether survivors needed credit repair services, provided through our partners, ICCF and Mercantile Bank, which specializes in assisting survivors to restore their credit, which is often necessary to obtain affordable housing for survivors whose credit has been damaged. Basic banking skills, budgeting, debt reduction, and predatory lending practices are all educational pieces delivered to clients.
- C. Housing Search and Counseling—The Grand Rapids housing market is ranked the 6th most competitive in the nation. Vacant rental properties in Grand Rapids and the surrounding area are filled within 32 days, three days faster than the national average, according to RentCafe. To better assist survivors with their housing search, Safe Haven employs a Housing Advocate. The Housing Advocate provides trauma-informed, individualized housing service plan to support clients in their housing search. This may include assisting with vital documentation recovery, completing housing applications, exploring funding sources and connecting directly to landlords or property managers. With the support of the Housing Advocate, Safe Haven saw a 26% increase in the number of survivors entering safe housing after fleeing domestic violence or human trafficking.
- D. Crisis DV Services Safe Haven employs advocates and shelter assistants who maintain a 24/7 DV Crisis Helpline, which includes phone, webchat and text. Webchat now translates to 25 different languages. Staff provide traumainformed support, including safety planning, emergency shelter, and assistance in other client-identified needs. Safe Haven received 2,072 unique crisis contacts in FY22, a 47% increase year over year.
- E. Housing Stability Safety Planning When a client has stable housing, they can start to focus on other aspects of their lives, such as pursuing education or physical wellbeing. Safe Haven works with program participants to develop long-term housing plans in preparation for the participant exiting the project. This planning often includes education around self-advocacy, systems advocacy, legal support, and community referrals. Affordable housing is a key component of moving from crisis to stability.
- Any person who is fleeing or attempting to flee domestic violence who qualify as homeless under paragraph (4) of the homeless definition at 24 CFR 578.3. is eligible for TH/RRH services. Safe Haven will have a no wrong door approach to accepting new applicants including through Coordinated Entry, community referrals and current clients. Clients will have the opportunity to stay engaged in TH/RRH for up to 24 months. The process for exiting clients will be survivorlead and based on the clients need for assistance and advocacy. Safe Haven's Housing Advocate will encourage engagement in services and will encourage open communication with survivors. Termination of services will only be considered as a last resort.
- F. Education Services— Safe Haven has a close working relationship with the childcare facilities, local school districts, community college, tech programs, GED assistance programs and local colleges and universities. Safe Haven makes educational referrals for survivors and their dependents as needed. Last year, Safe Haven provided 20 recorded school referrals for minor children in shelter, often connecting the household to the district's homeless liaison to ensure continuity in school. Additionally, adult survivors often identify continuing

education as a long-term goal once they have established their safety and are able to secure housing. Safe Haven assists survivors with establishing goals around education and connecting survivors to the appropriate resources.

4A-3g. Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-
RRH Component DV Bonus Projects.
NOFO Section II.B.11.e.(1)(e)
Provide examples in the field below of how the new project will:
1. prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
 establish 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. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
 emphasize program participants' strengths-for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor- defined goals and aspirations;
 center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6. provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

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1.Once eligibility is determined, clients will be presented with all housing options that are offered & will be placed based on their preference & needs. This includes assessing geographic areas of interest & connecting them with landlords that meet clients' needs. To maintain housing stabilization, SHM clients can choose to meet weekly with its Housing Advocate. They will use strengths-based service plan that allows clients to identify goals. By utilizing this form, clients have an opportunity to troubleshoot barriers & continue to work towards their goals around maintaining housing.

2.SHM philosophy includes an empowerment model that maintains an environment of agency & mutual respect. This model is based on trust, collaboration, & self-determination to establish a plan for housing stabilization. The mutual respect established would look like the engagement with the participant being led by the participants strengths & their individualized service plan not scripted by the Housing Advocate. The advocate maintains a non-judgemental posture & recognizes the dignity of each individual. For example, the advocate being mindful of individual differences, including cultural & ethnic diversity. For example, recognizing the spiritual holiday of a participant that is not federally recognized. Due to this awareness & respect, the advocate would not request a meeting on that holiday.

3.All new staff funded will be required to participate in a 52-hour training focused on trauma. The training will be evaluated to ensure the intersection of domestic violence, trauma, & housing security are adequately addressed. By equipping staff with a strong understanding of trauma, their practices & program deliverables offer an opportunity for clients to receive trauma-informed care & also learn about the impacts of trauma. The policies & protocols created for this program will be designed through a trauma lens. For example using a non-punitive approach to unhealthy coping mechanisms & ongoing education & resource connection to supports that can help survivors heal through their trauma. If for example, a program participant is re-engaging with their abuser (i.e. allowing the abuser to stay in the home), this would not be an automatic exit from the program. Instead, the Housing Advocate would work with the client to prioritize safety & provide emotional support, normalize the potential feelings for the abuser, & continue to work towards the goals the client established at the onset of programming.

4.A strengths-based approach aligns with the empowerment framework which recognizes the agency of each participant & their capability to guide their goal formation & define their aspirations. This aligns with on-going goal development initiated by the participants aspirations toward economic empowerment & supported by the advocate. During ongoing case management sessions, the Housing Advocate will incorporate strengths identification & utilization of their strengths into their goal setting, as well as celebration of accomplishments.

5.SHM centers all services with a value commitment to equity & belonging. All SHM team members will receive training on anti-oppression & our cultural responsiveness is demonstrated in multi-cultural staffing & board leadership. An ongoing feedback loop between client & SHM, will give participants an opportunity to identify needs that are not being met by the program. SHM is committed to flexibility in program structure & design & is rooted in a deep commitment to survivor-driven programming.

6.SHM will offer a variety of opportunities for connection, including groups, peer-to-peer support & opportunities for dependent children to also receive connection & support with other children in our programs. For domestic violence victims, their connection to community & other support systems is a crucial protective factor against future violence, & when present, enhances a survivor's ability to secure & maintain long-term housing. To address barriers that might

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make community connection hard, Safe Haven will help address childcare & transportation barriers, while also being willing to offer as many services directly to the client in their home.

7.SHM would create additional partnerships in the community to increase opportunities for clients to secure childcare & seek additional funding to offset the cost of childcare for program participants. Moreover, the Residential Lead Advocate will implement a new children's programming model, which would allow this advocate to meet with parents & children in SHM's housing programs. Different from the Housing Advocate, the Residential Lead Advocate has additional training & expertise around supporting parenting survivors & can offer support to the parent on things such as trauma-informed parenting, additional support for children that have witnessed domestic violence& enhancing children's healthy coping mechanisms.

Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

Safe Haven's values include a commitment to survivor centered service and policy. The empowerment model recognizes the full agency of survivors and that the support given to survivors comes at the survivor's request. Therefore Safe Haven has a Survivor Advisory Committee which engages monthly with the agency and is a peer led model. Along with the empowerment based engagement a trauma informed approach guides the committee in recognizing the strength of peer support and establishing trustworthiness and transparency with the Safe Haven team and projects. There is mutual respect and collaboration so that survivors lead the feedback loops and establish the methods and mechanisms for interaction with Safe Haven's policy and program development. There is also attention given to the intersectionality of multiple lived experiences from cultural and gender frameworks, while taking into account historical inequity. All survivors served through Safe Haven services also have the opportunity to give feedback through self-surveys that are confidential and anonymous. Further Safe Haven's commitment to an empowerment model means that there are Survivor Leaders on the Board of Directors and serving within the agency as volunteers and staff. Safe Haven's policies and program development have multiple touch points with many different survivors who both inform and lead agencies policies and programs.

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4B. Attachments Screen For All Application Questions

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

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

- . We must be able to read everything you want us to consider in any attachment.
- 7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.

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Document Type	Required?	Document Description	Date Attached	
1C-7. PHA Homeless Preference	No	1C-7. PHA Homeles	09/28/2022	
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving	09/28/2022	
1E-1. Local Competition Deadline	Yes	1E-1. Local Compe	09/28/2022	
1E-2. Local Competition Scoring Tool	Yes	1E-2. Local Compe	09/28/2022	
1E-2a. Scored Renewal Project Application	Yes	1E-2a. Scored Re	09/28/2022	
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5. Notificati	09/28/2022	
1E-5a. Notification of Projects Accepted	Yes	1E-5a. Notificat	09/28/2022	
1E-5b. Final Project Scores for All Projects	Yes	1E-5b. Final Proj	09/28/2022	
1E-5c. Web Posting–CoC- Approved Consolidated Application	Yes	1E-5c. Web Postin	09/29/2022	
1E-5d. Notification of CoC- Approved Consolidated Application	Yes	1E-5d. Notificati	09/29/2022	
3A-1a. Housing Leveraging Commitments	No	Housing Leverage	09/28/2022	

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Applicant: Grand Rapids/Wyoming/Kent County CoC **Project:** MI-506 CoC Registration FY 2022

MI 506 COC_REG_2022_192225

3A-2a. Healthcare Formal Agreements	No	3A-2a. Healthcare	09/30/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: 1C-7. PHA Homeless Preference

Attachment Details

Document Description: 1C-7. PHA Moving On Preference

Attachment Details

Document Description: 1E-1. Local Competition Deadline

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a. Scored Renewal Project Application

Attachment Details

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Document Description: 1E-5. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Notification of Projects Accepted

Attachment Details

Document Description: 1E-5b. Final Project Scores for All Projects

Attachment Details

Document Description: 1E-5c. Web Posting–CoC-Approved

Consolidated Application

Attachment Details

Document Description: 1E-5d. Notification of CoC-Approved

Consolidated Application

Attachment Details

Document Description: Housing Leverage Commitments

Attachment Details

Document Description: 3A-2a. Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2022
1B. Inclusive Structure	09/28/2022
1C. Coordination and Engagement	09/30/2022
1D. Coordination and Engagement Cont'd	09/30/2022
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/28/2022
2B. Point-in-Time (PIT) Count	09/28/2022
2C. System Performance	09/27/2022
3A. Coordination with Housing and Healthcare	09/28/2022
3B. Rehabilitation/New Construction Costs	09/28/2022
3C. Serving Homeless Under Other Federal Statutes	09/28/2022

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4A. DV Bonus Project Applicants 09/28/2022

4B. Attachments Screen 09/30/2022

Submission Summary No Input Required

Michigan State Housing Development Authority:
Annual Plan Section

ATTACHMENT A FY 2022-23 ANNUAL PHA PLAN FOR HCV ONLY PHAS MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY (MSHDA) (MI-901)

B. Plan Elements

B.1 Revision of PHA Plan Elements:

Statement of Housing Needs and Strategy for Addressing Housing Needs

MSHDA is dedicated to serving the needs of the homeless, very low and extremely low-income Michigan residents. This is demonstrated in its administration of the Housing Choice Voucher Program via the on-going efforts:

- designating a homeless preference for county HCV waiting lists.
- designating a disabled preference for county HCV waiting lists.
- commitment to the Michigan Campaign to End Homelessness.
- working with partner agencies serving the elderly, families with disabilities, households of various races and ethnic groups.
- working with Continuum of Care groups across the State of Michigan.
- exceeding federal income targeting requirements by establishing that 80% of new admissions must be extremely low-income families and up to 20% of new admissions must be very low-income families.
- administering the HCV VASH Program in partnership with four VA medical facility sites across the State of Michigan (Battle Creek, Detroit, Saginaw, and Iron Mountain).
- administering Non-Elderly Disabled (NED) vouchers.
- administering the Affordable Assisted Housing Program (AAHP), in Macomb and Oakland Counties, which combines an HCV with the Michigan Medicaid Waiver to provide housing as an alternative to nursing home care.
- expanding the 2014-2015 Moving-Up Pilot that partners with the Michigan Department of Community Health (MDCH) and provides a resource for previously homeless populations utilizing Permanent Supportive Housing; MSHDA has committed over 600 vouchers for this pilot program.
- leveraging 100 vouchers with the Section 811 Project Rental Assistance Program.
- creating a State Innovation Model (SIM) Pilot Program that partners with the Michigan Department of Health and Human Services (MDHHS) to provide housing and supportive services to citizens that have very high utilization levels of emergency departments and emergency services that are also experiencing homelessness. MSHDA has committed up to 200 vouchers for this pilot program, which also includes Frequency Utilizers Systems Engagement (FUSE) programs.
- administering nearly 5,000 Project-Based Vouchers in over 200 developments across the state.
- offering a PBV waiting list preference in select PBV properties for Chronically Homeless, United States Veterans, Homeless Frequent Emergency Department Users with Care Needs, Highly Vulnerable Populations and Supportive Housing Populations.
- implementing a recertification of homelessness at the time of PBV waiting list draw, to ensure the applicant still meets the definition of homelessness.
- administrating more than 1,200 Project-Based Vouchers via the Rental Assistance Demonstration (RAD) in 22 properties across the state.
- administering over 180 Project-Vouchers as a result of public housing or multifamily properties converting to new assistance under HUD's At-Risk and Streamline Voluntary Conversions.
- continuing outreach efforts to find affordable and good quality units for voucher holders.
- identifying when to open and close county waiting lists to maintain up to date lists.
- implementing biennial HQS inspections for HCV housing units.
- administering an initiative in partnership with the Michigan Department of Corrections (MDOC) to enhance housing opportunities for persons exiting correctional facilities. MSHDA has allocated up to 200 vouchers for returning citizens that need long-term rental assistance.
- administering the Mainstream Voucher Program. The program provides voucher assistance to nonelderly and disabled households, with a preference granted to those experiencing homelessness, atrisk of homelessness, congregate housing facilities or at-risk of congregate housing placement. MSHDA was awarded 99 vouchers from HUD for this program. An additional 30 Mainstream Vouchers were awarded by HUD via the CARES Act funding.

- administering the Family Unification Program (FUP) in collaboration with the MDHHS. The program
 provides voucher assistance to FUP-eligible families and FUP-eligible youth experiencing housing
 barriers. MSHDA was awarded 81 vouchers from HUD for this program.
- administering Emergency Housing Vouchers (EHV). MSHDA was awarded EHVs and associated service funding from HUD and entered into MOUs with local CoCs and/or Planning Bodies for applicant referrals and delivery of service funding to mitigate barriers to obtain housing.

Deconcentration and Other policies that Govern Eligibility, Selection and Admissions

MSHDA promotes deconcentration of poverty and promotes income mixing in all areas by educating applicants at the time of their briefing on these issues.

Waiting lists exist for all 83 Michigan counties and are opened or closed as necessary. Applications are taken electronically. As of November 23, 2021, there are 28,960 applicants on the waiting lists. Of these, 25,567 are extremely low income; 2,582 are very low income; and 811 are low income. Families with children make up 45% of waiting list applicants; 9% are elderly and 18% are disabled.

MSHDA has a homeless preference and applications are taken from homeless families and added to the homeless preference waiting list when certified. A disability preference is given for those applicants where the head of household, co-head or spouse are disabled. Verification of disability is obtained upon selection from the waiting list.

A county residency preference is given for those applicants who either live or work in the county and can prove residency through a verified current address or verification from an employer. A Michigan residency preference is given for those applicants who either live or work in the state of Michigan and can prove residency through a verified current address or verification from an employer.

PBV applicants must apply through the Lead Agency/HARA or property management staff. Referrals are sent directly to the MSHDA contracted Housing Agent for placement on the PBV Waiting List.

Financial Resources

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2019 grants)		
a) Public Housing Operating Fund	Not applicable	
b) Public Housing Capital Fund	Not applicable	
c) Annual Contributions for Section 8 Tenant-	\$219,487,162	Section 8 Eligible
Based Assistance		expenses
d) Community Development Block Grant (CDBG)	Not applicable	
e) HOME	Not applicable	
Other Federal Grants (list below)		
FSS Program	\$ 1,178,500	FSS Program
Sec 811 Program	\$ 5,516,950	Sec 811 PRA Program
2. Prior Year Federal Grants (unobligated funds only) (list below)	None	
3. Public Housing Dwelling Rental Income	Not applicable	
4. Other income (list below)	None	
5. Non-federal sources (list below)	None	
Total resources	\$226,182,612	

Grand Rapids	Housing	Commission:
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- Contract with Verne Barry Place (Heartside Nonprofit Housing Corporation)
 Verne Barry Place e-Snaps Program Description

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT Office of Public and Indian Housing

SECTION 8 HOUSING ASSISTANCE PAYMENTS MODERATE REHABILITATION PROGRAM

RENEWAL OF HAP CONTRACT

1. BACKGROUND

Previously, the PHA entered into a HAP contract with the owner under the Section 8 Moderate Rehabilitation Program. The HAP contract provided for Section 8 housing assistance payments by the PHA to the owner. The HAP contract identified covered contract units and specified the term of the HAP contract for such units.

The term of the HAP contract expires during federal fiscal year 2001. Under Section 524 of the Multifamily Assisted Housing Reform and Affordability Act of 1997 (MAHRA) (Public Law 105-65, October 27, 1997, 111 Stat. 1344 et. seq.) as amended, HUD is authorized to renew expiring Section 8 contracts. This renewal contract is entered in accordance with Section 524(b)(3) of MAHRA as amended.

The one-year term of the renewal contract commences on the day after the HAP contract expires. The commencement date is specified in the "contract information" attached as an exhibit to this renewal contract.

2. **DEFINITIONS**

<u>Commencement date</u>. The beginning of the one-year renewal term. (The commencement date is specified in the contract information exhibit.)

<u>Contract information</u>. An exhibit attached to and made a part of this renewal contract. The exhibit specifies the amount of budget authority, commencement date of the renewal term, number of units, number of bedrooms and contract rent.

Contract units. The units covered by this renewal contact.

Federal fiscal year 2022. The period from April 1, 2022 through March 31, 2023.

HAP contract. Section 8 Housing Assistance Payments Contract.

<u>HUD</u>. The U.S. Department of Housing and Urban Development.

One year. 365 days.

PHA. Public Housing Agency

Public Housing Agency (PHA). The agency that has entered this renewal contract with the owner.

Section 8. Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f).

3. TERM OF RENEWAL

The expiring HAP contract is renewed for a period of one year (365 days) beginning on the commencement date.

4. CONTRACT RENT

During the renewal term, the monthly contract rents for the contract units described in the exhibit of contract information shall be the amounts specified in the exhibit. The owner shall not receive any other payment or compensation for rental of the units.

Notwithstanding the amounts of the contract rents specified in the exhibit of contract information, contract rents shall in no event exceed the rent levels permitted by Section 524(b)(3) of MAHRA as amended. Such rent levels shall be calculated in accordance with HUD instructions.

During the renewal term, the following provisions of the expiring HAP contract do not apply:

- a. Provisions concerning annual and special adjustments of contract rent.
- b. Provisions concerning base rent.

If the renewal term commences on a date other than the first day of a calendar month, or ends on a date other than the last day of a calendar month, contract rent shall be pro-rated.

5. RENEWAL OF OTHER TERMS

Except as provided in section 4 of this renewal contract, all terms of the expiring HAP contract are renewed.

6. MAXIMUM PAYMENT

Notwithstanding any other provision of the expiring HAP contract or this renewal contract, aggregate payments by the PHA to the owner under this renewal contract shall in no event exceed the amount of budget authority specified in the exhibit of contract information.

(For a HAP contract renewed in stages, aggregate payments for all stages under this renewal contract, shall in no event exceed such amount.)

7. OWNER RESPONSIBILITY

Housing quality standards. The owner warrants that the contract units comply with HUD's Housing Quality Standards, and will so comply at all times during the term of this renewal contract.

Conditions for housing assistance payments. Unless the owner complies with the HAP contract and this renewal contract, the owner does not have a right to receive housing assistance payments.

8. EXCLUSION OF THIRD PARTY RIGHTS

The PHA does not assume any responsibility for injury to, or any liability to, any person injured as a result of the owner's action or failure to act in connection with the implementation of the HAP contract or renewal contract, or as a result of any other action or failure to act by the owner.

The owner is not the agent of the PHA, and the HAP contract or renewal contract does not create or affect any relationship between the PHA and any lender to the owner or any suppliers, employees, contractors or subcontractors used by the owner.

Nothing in the HAP contract or renewal contract shall be construed as creating any right of an assisted family or other third party (other than HUD) to enforce any provision of the HAP contract or renewal contract, or to assert any claim against HUD, the PHA or the owner under the HAP contract or renewal contract.

9. NOTICE

In accordance with Section 8(c)(8)(A) and (B) of the United States Housing Act of 1937, as amended, the owner shall provide, at a minimum, a one year written notice to the PHA and the assisted family to inform the family of the impending HAP contract termination. The term "termination" means the expiration of the HAP contract or an owner's refusal to renew the contract. The notice shall comply with HUD requirements, and other requirements, including any amendments and changes in the law or HUD requirements. If the owner fails to provide this notice in accordance with HUD requirements, HUD may require that the owner permit each assisted family to remain in the unit for the full notice period without increasing the family portion of the rent under the expiring contract.

Signatures:
PUBLIC HOUSING AGENCY
Grand Rapids Housing Commission
Print Name of PHA
Signature Lindsy 5. Rearies Syecutive Director
Print Name and Title of Signatory
Date
OWNER
Print Name of Owner
Ву:
Signature
Print Name and Title of Signatory
0-21-27 Date

CONTRACT INFORMATION

Contract Num	ber: MI073 MR0001	l HAP0004		
Project name:	Verne Barry P	lace		
Address:) South Division	Avenue		
City and State:	Grand Rapids, I	Michigan, 49503	0.	
Budget authori	ty amount: \$	_\$685,248		
Соттепсете	nt date: _April 1,	2022	-	
Number of Units	Number of Bedrooms	Contract Rent (per month)		
86	1 (bedrooms)	\$661		- 10

3B. Project Description

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

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

Verne Barry Place consists of 116 single occupancy units, and since its inception has served hundreds of homeless individuals with disabilities. Verne Barry Place only serves persons where the head of household has a qualifying disability and is in Categories One and Four of the homeless definition as defined under 24 CFR 578.3. Verne Barry Place provides a comprehensive service enriched housing opportunity with available on-site support services - two Resident Services Coordinators are on-site to assist residents with coordination of services. Beginning in FY 2016, Verne Barry Place takes all project referrals from Coordinated Assessment. In addition, the project prioritizes all of its non-dedicated beds for the chronically homeless. 70% of the beds in the project are dedicated beds for the chronically homeless.

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

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

Other: Homeless individuals with disabilities

3. Housing First

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

Renewal Project Application FY2022	Page 28	08/29/2022

ATTACHMENT A FY 2022-23 ANNUAL PHA PLAN FOR HCV ONLY PHAS MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY (MSHDA) (MI-901)

B. Plan Elements

B.1 Revision of PHA Plan Elements:

Statement of Housing Needs and Strategy for Addressing Housing Needs

MSHDA is dedicated to serving the needs of the homeless, very low and extremely low-income Michigan residents. This is demonstrated in its administration of the Housing Choice Voucher Program via the on-going efforts:

- designating a homeless preference for county HCV waiting lists.
- designating a disabled preference for county HCV waiting lists.
- commitment to the Michigan Campaign to End Homelessness.
- working with partner agencies serving the elderly, families with disabilities, households of various races and ethnic groups.
- working with Continuum of Care groups across the State of Michigan.
- exceeding federal income targeting requirements by establishing that 80% of new admissions must be extremely low-income families and up to 20% of new admissions must be very low-income families.
- administering the HCV VASH Program in partnership with four VA medical facility sites across the State of Michigan (Battle Creek, Detroit, Saginaw, and Iron Mountain).
- administering Non-Elderly Disabled (NED) vouchers.
- administering the Affordable Assisted Housing Program (AAHP), in Macomb and Oakland Counties, which combines an HCV with the Michigan Medicaid Waiver to provide housing as an alternative to nursing home care.
- expanding the 2014-2015 Moving-Up Pilot that partners with the Michigan Department of Community Health (MDCH) and provides a resource for previously homeless populations utilizing Permanent Supportive Housing; MSHDA has committed over 600 vouchers for this pilot program.
- leveraging 100 vouchers with the Section 811 Project Rental Assistance Program.
- creating a State Innovation Model (SIM) Pilot Program that partners with the Michigan Department of Health and Human Services (MDHHS) to provide housing and supportive services to citizens that have very high utilization levels of emergency departments and emergency services that are also experiencing homelessness. MSHDA has committed up to 200 vouchers for this pilot program, which also includes Frequency Utilizers Systems Engagement (FUSE) programs.
- administering nearly 5,000 Project-Based Vouchers in over 200 developments across the state.
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- administering over 180 Project-Vouchers as a result of public housing or multifamily properties converting to new assistance under HUD's At-Risk and Streamline Voluntary Conversions.
- continuing outreach efforts to find affordable and good quality units for voucher holders.
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- administering the Mainstream Voucher Program. The program provides voucher assistance to nonelderly and disabled households, with a preference granted to those experiencing homelessness, atrisk of homelessness, congregate housing facilities or at-risk of congregate housing placement. MSHDA was awarded 99 vouchers from HUD for this program. An additional 30 Mainstream Vouchers were awarded by HUD via the CARES Act funding.

The CoC Program Competition NOFO (Notice of Funding Opportunity) has been released. Information regarding the competition and local funding process will be posted here as it becomes available.

The CoC Estimated Annual Renewal Demand (ARD) Report for Grand Rapids/Wyoming/Kent County CoC is as follows:

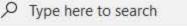
- Preliminary Pro Rata Need (PPRN): \$4,569,615
- Estimated ARD: \$7,376,285
- Tier 1: \$7,007,471
- CoC Bonus: \$368,814
- DV Bonus: \$456,962
- CoC Planning: \$221,289

Local Applications – Due August 30, 2022

The Grand Rapids Area Coalition to End Homelessness (Coalition) invites applications under HUD's FY 2022 Continuum of Care (CoC) Program Competition for renewal, new, and bonus projects at this time. The opening of this local competition for projects serving Kent County is in accordance with the Notice of Funding Opportunity (NOFO) for the 2022 Continuum of Care Program by the U.S. Department of Housing and Urban Development.

The Coalition will concurrently consider both renewal project applications as well as new and bonus projects (including permanent housing bonus projects and domestic violence bonus projects). The Coalition will submit one collaborative "Continuum of Care Application" for 2022 that reflects community-wide planning and performance. The score received for this application will be applied to funding requested for FY

























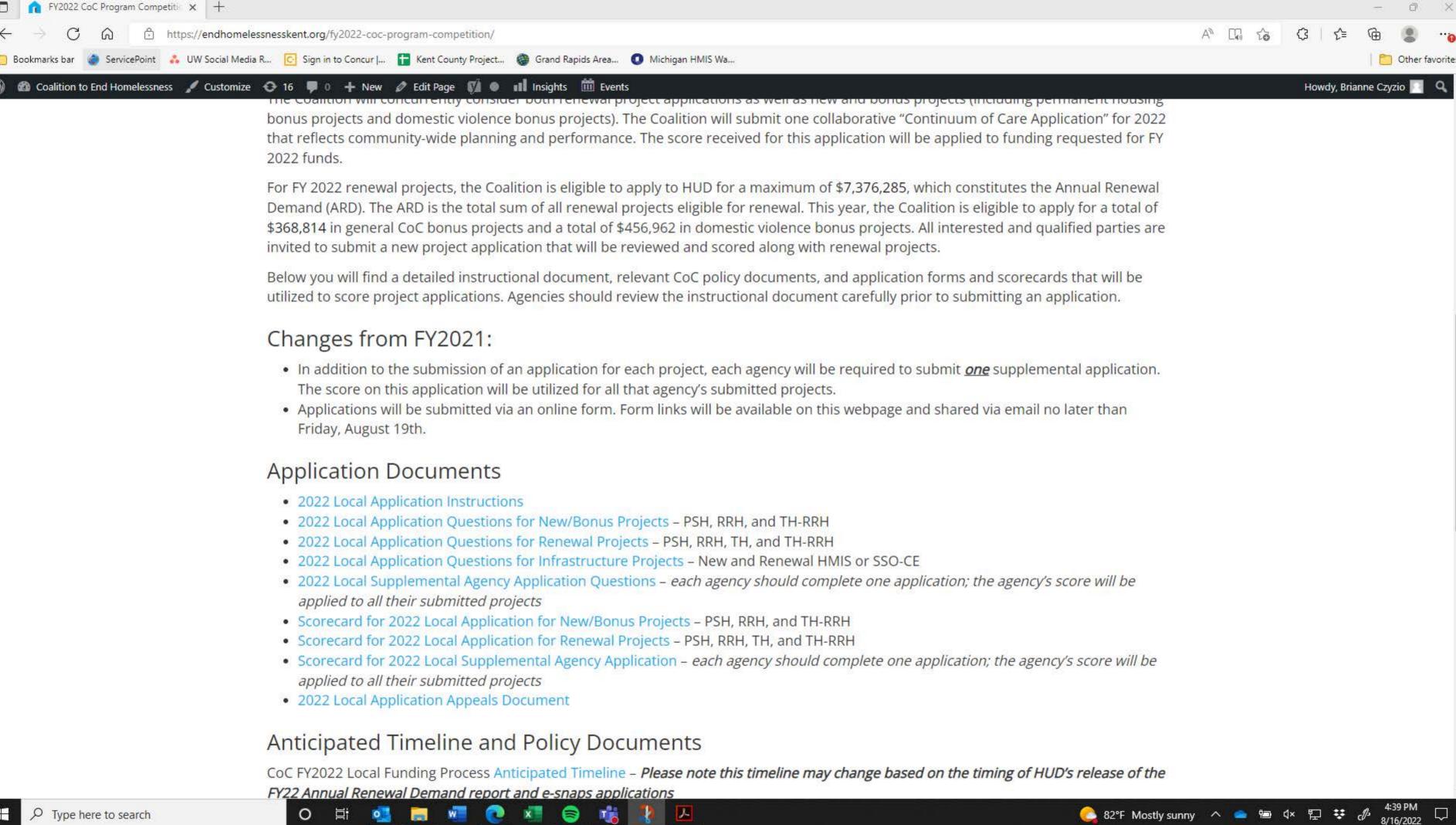


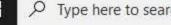


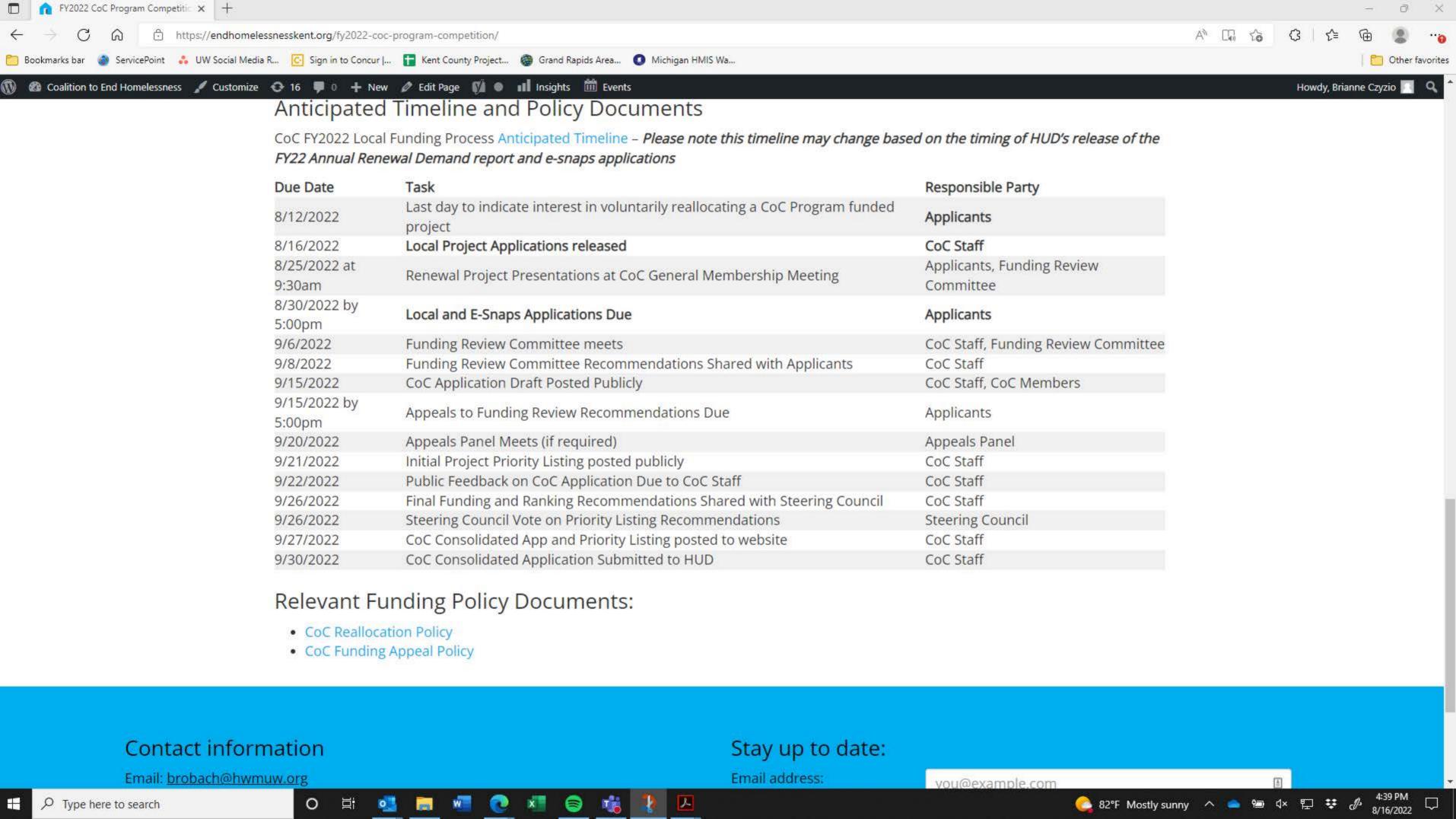














FY2022 HUD COC PROGRAM COMPETITION RENEWAL PROJECT SCORECARD

Applicant and Project Name:				
Rater Name:	Date Reviewed:			
Project Quality Requirements				
Renewal projects must ensure they continue to meet HUD thresholds for funding. Threshold requirements are	Maximum Score Possible			PSH or RRH TH or TH-RRH
pass/fail rather than scored.	Total Project Sco	ore		
	Weighted Rating (Total Project So Maximum Score Possible x 100)	core /		
General Project Information (reviewed by staff and re Funding Review Committee)	eported to	Max ded	points: 0 ductions:	Section Score Staff: FRC:
Does the project meet all eligibility and quality thresho	old requirements? (Pass/Fail)	1 Y F	es	□ No
Is match documentation for at least 25% of program ex expenses of leased units incl	•	1 Y 6	es	□ No
Are budgeted costs allocable and allov	vable? (Pass/Fail)	☐ Ye	es	□ No
Does the project qualify as low b	arrier? (Pass/Fail)	□ Ye	es	□ No
Does the project meet all Housing First cr	iteria? (Pass/Fail)	□ Ye	es	□ No
Were drawdowns made at least quarterly after p	roject execution? (Pass/Fail)	□ Ye	es	□ No
	ch of the below):): Repeat and/or prior audit year. Idings from prior with CoC grants. Idings from prior than CoC grants ctive Action Plan In Plan submitted HUD's approval.	No		
Was the application complete and accurate and attachments are provided? (yes =	•			
Was the application submitted				
	pts, no = -10 pts)			
General Project Information		Possib points bonus	: 10	Section Score:
 The proposed project utilizes healthcare re 	esources to help	10 bor	nus	

individuals and families experiencing homelessness	points	
(If yes and written commitments are included = 10 bonus points)	Possible	Section Score:
Section I: Project Effectiveness	Points: 20	section score.
Efficient Use of Funding:		
3. Percent of funding recaptured in last completed grant year		
7% or less	5	
8% or more	0	
4. What is the project's utilization rate?		
95% or higher	10	
80%-94%	5	
79% or lower	0	
Data Quality (HMIS or alternate database for domestic violence projects)		
5. Percentage of APR Data Quality Elements (6a6d.) with 5% or less null or m	_	
95% or greater	5	
Less than 95%	0	
Section II: Project Performance (PSH and RRH Scoring)	Possible Points: 60	Section Score:
Cash and Non-Cash Income		
6. Leavers with Any Cash Income		
PSH— percentage of adult leavers who leave the project with one or more s	ources of cash inc	come.
80% -100%	5	
40%-79%	3	†
Below 40%	0	†
RRH— percentage of adult leavers who leave the project with one or more s		come.
	T	T
65%-100%	7	_
60%-64% 50%-59%	5 3	_
Below 50%		_
7. Leavers with Any Non-Cash Benefits	0	
PSH - percentage of adult leavers who leave the project with one or more so	urans of non and	a banafita
75% - 100%	5	Denents.
60%-74%	3	_
Below 60%	0	+
RRH - percentage of adult leavers who leave the project with one or more so	-	l h hanafits
35% - 100%	5	ii bellellis.
25% - 34%	3	1
Below 25%	0	1
8. Leavers with Earned Income (Employment) PSH - percentage of adult leavers who leave the project with earned income		
4% - 100%	3	1
1%-3%		+
Below 1%	0	-
RRH - percentage of adult leavers who leave the project with earned income		
40% - 100%	5	1
25%-39%	3	-
Below 25%	0	1
9. Increases in Total Cash Income for leavers & stayers	l 0	1
PSH - percentage of stayers who have an increase in any income		
60%-100%	2	1
10%-59%	1	1
10%-59%	1	

Below 10%	0	
RRH - percentage of leavers who have an increase in any income		
20% -100%	3	
10%-19%	2	
Below 10%	0	
10. Stayers with Health Insurance (PSH only)		
PSH - percentage of project stayers as of 12/31/21 who have health insurance	<u>)</u> .	
80% - 100%	2	
50%-79%	1	
Below 10%	0	
Exits/Retention		
11. Retention in Permanent Housing (PSH only)		
PSH - percentage of participants who either remain in the PSH project as of 12 that project to another permanent housing destination	2/31/2021, or	who have exited
98% - 100%	30	
90%-97%	25	
80%-89%	10	
Below 80%	0	
12. Exits to Permanent Housing (RRH, TH, & TH-RRH)		
RRH - percentage of participants who exit the project to a permanent housing	destination	
85% - 100%	25	
80%-84%	15	
70%-79%	5	
Below 70%	0	
Length of Stay & Returns to Homelessness	-	
13. Length of Time from Project Start Date to Housing Move-In (PSH, RRH only)		
PSH— average length of time it took to move clients into housing in 2021.		Natarasa
RRH— average length of time it took to move clients into housing in 2021.		Not scored
65 days or less	10	
os days of less	10	
66 to 94 days		
66 to 84 days	5	_
85 to 96 days	3	
85 to 96 days More than 96 days		
85 to 96 days More than 96 days 14. Length of Stay (PSH Only)	0	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days.	0	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100%	3 0	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96%	3 0 10 5	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75%	3 0 10 5 0	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent	3 0 10 5 0 : housing	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent PSH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit	3 0 10 5 0 : housing	and returned to the
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75% - 96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent PSH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 9%	3 0 10 5 0 : housing e last 2 years	and returned to the
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent PSH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 9% 10%-15%	3 0 10 5 0 : housing e last 2 years	and returned to the
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent PSH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 9% 10%-15% Greater than 15%	3 0 10 5 0 : housing e last 2 years 3 2	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent PSH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 9% 10%-15% RRH - percentage of clients who exited the project to permanent housing in the system of the system o	3 0 10 5 0 : housing e last 2 years 3 2	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent PSH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 9% 10%-15% Greater than 15%	3 0 10 5 0 : housing e last 2 years 3 2	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent PSH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 9% 10%-15% Greater than 15% RRH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit	3 0 10 5 0 chousing e last 2 years 3 2 0 de last 2 years	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent PSH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 9% Greater than 15% RRH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 3%	3 0 10 5 0 housing e last 2 years 3 2 0 te last 2 years 5	
85 to 96 days More than 96 days 14. Length of Stay (PSH Only) PSH - percentage of leavers that remained in the project more than 180 days. 97% - 100% 75%-96% Below 75% 15. Returns to homelessness within 6 months of exit from project to permanent PSH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 9% RRH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit RRH - percentage of clients who exited the project to permanent housing in the homeless response system within 6 months of that exit 0% - 3% 4% - 5%	3 0 10 5 0 c housing e last 2 years 3 2 0 se last 2 years 5 3	

Section II: Project Performance (TH and TH-RRH Scoring)	Possible Points: 50	Section Score:
Cash and Non-Cash Income		
6. Leavers with Any Cash Income		
TH and TH-RRH— percentage of adult leavers who leave the project with on	e or more sour	ces of cash income.
65%-100%	7	
60%-64%	5	
50%-59%	3	
Below 50%	0	
7. Leavers with Any Non-Cash Benefits		
TH and TH-RRH - percentage of adult leavers who leave the project with one	e or more sourc	es of non-cash
benefits. 35% - 100%	5	
25% - 34%	3	
Below 25%	0	
8. Leavers with Earned Income (Employment)	1 -	
TH - percentage of adult leavers who leave the project with earned income		
50% - 100%	7	
25% - 49%	4	
Below 25%	0	
TH-RRH - percentage of adult leavers who leave the project with earned inco	ome	I
40% - 100%	5	
25%-39%	3	
Below 25%	0	
9. Increases in Total Cash Income for leavers & stayers		
TH - percentage of persons (leavers or stayers) who have an increase in any		ľ
50%-100%	6	
25%-49%	3	
Below 25%	0	
TH-RRH - percentage of persons leavers who have an increase in any income	ı	
20% -100%	3	
10%-19% Below 10%	0	
Exits/Retention		
12. Exits to Permanent Housing		
TH and TH-RRH - percentage of participants who exit the project to a perma	nent housing d	estination
85% - 100%	25	
80%-84%	15	
70%-79%	5	
Below 70%	0	
Length of Stay & Returns to Homelessness	,	
15. Returns to homelessness within 6 months of exit from project to permane	nt housing	
TH-RRH - percentage of clients who exited the project to permanent housing the homeless response system within 6 months of that exit		ears and returned t
0% - 3%	5	
4% - 5%	3	
6% - 15%	1	
Greater than 15%	0	



FY2022 HUD COC PROGRAM COMPETITION NEW/BONUS PROJECT SCORECARD

Applicant and Project Name:					
Rater Name:	Date Reviewed:				
Project Quality Requirements					
All new and bonus projects must pass threshold requirements before being considered for funding on the merit of the project. Threshold requirements are pass/fail	Maximum Score Possible			87	
rather than scored.	Total Project Sco	ore			
	Weighted Rating (Total Project So Maximum Score Possible x 100)	ore /			
General Project Information (reviewed by staff and refunding Review Committee)	eported to	Possib points		Section Sco	ore:
Does the project meet all eligibility and quality threshol	d requirements? (Pass/Fail)	☐ Yes	5	□ No	
Is match documentation for be at least 25% of program exp expenses of leased units inclu		☐ Yes	5	□ No	
Are budgeted costs allocable and allow	able? (Pass/Fail)	☐ Yes	5	□ No	
Does the project qualify as low ba	rrier? (Pass/Fail)	□ Yes	5	□ No	
Does the project meet all Housing First crit	teria? (Pass/Fail)	□ Yes	6	□ No	
Will the project participate in the CoC's Coordinate	d Entry process? (Pass/Fail)	☐ Yes	5	□ No	
Will all participating households served in this project be r or an equivalent database for Domestic Violence, in acco community's Data Quality Stand	ordance with the	□ Yes	5	□ No	
Are there unresolved or outstanding findings in an agence monitoring reports? (-2pts for each second					
 Agency Financial Audit (other than A133 Audit 					
unresolved audit findings from A-133 Audit: Repeat and/or unresolved audit fir 					
audit year associated					
 A-133 Audit: Repeat and/or unresolved audit fir 	•				
audit year associated with federal grants other	than CoC grants				
 HUD CoC Program Monitoring report: No Corre 					
submitted by HUD's deadlines, or Correction Action					
	HUD's approval.				
Was the application complete and accurate and value attachments are provided? (yes = 0	•				
Was the application submitted by the deadline? (yes = 0					
Trus the application submitted by the acadime: (yes = 0	p.c., 110 - 10 p.c.)				

	Possible	Section Score:	
Section I: Project Overview	Points: 19		
1.a. Description of project: Does it meet the needs of the community and pers		homelessness?	
Score according to how well the project design demonstrates the following criteria (3 pts = Well-demonstrated,			
2 pts = Fairly-demonstrated, 1 pt = Poorly-demonstrated; 0 pts = Not at all der		,	
Understanding of the needs of the focus population to be served	3		
Type, scale, and location of housing fits the needs of those to be served	3		
1.b. Description of the plan to assist participants in securing and maintaining permanent housing that is safe, affordable, accessible, and acceptable to their needs.	5		
(5 pts = Extensive Plan; 3 pts = Adequate Plan; 1 pt = Poor Plan; 0 pts = No plan)			
1.c. Description of how participants will be assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply to maximize their ability to live independently. (5 pts = Extensive Plan; 3 pts = Adequate Plan; 1 pt = Poor Plan; 0 pts = No plan)	5		
1.d. The project utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG programs. (If yes and written commitments are included = 10 bonus points)	10 bonus points		
 1.e. The proposed project utilizes healthcare resources to help individuals and families experiencing homelessness (If yes and written commitments are included = 10 bonus points) 	10 bonus points		
2. Describe how the project aligns with the objectives and goals outlined in the CoC Compass. 3 pts = Thorough Alignment; 2 pts = Some Alignment; 1 pt = Little Alignment; 0 pts = No Details)	3		
Section II: Experience	Possible Points: 30	Section Score:	
3. Experience of the applicant and any sub-applicants in working with the prohousing similar to that proposed in the application.		n and in providing	
(15 pts = Extensive Experience; 10 pts = Moderate Experience; 5 pts = Limited Experience; 0 pts = No Experience)	15		
4. Description of experience with utilizing a Housing First approach.			
Score given based on how project design incorporates a complete description Complete description; 1 pt = Incomplete description; 0 pts = No description)	of the following	criteria (2 pts =	
Eligibility criteria	2		
Process for accepting new participants	2		
Process and criteria for exiting participants	2		
Demonstration that there are no preconditions to entry (substance use, income, criminal records, marital status, familial status, actual or perceived sexual orientation or gender identity)	2		
How project addresses situations that may jeopardize housing or project assistance to ensure that project participation is terminated only in most severe cases	2		

5. Description of applicant experience in utilizing federal funds.		
Score according to how well the applicant can demonstrate past proficiency in utilizing federal funds. (5 pts = Extensive Past Proficiency; 3 pts = Moderate Past Proficiency; 1 pt = Limited Past Proficiency; 0 pts = No Past Proficiency)	5	

Section III: Project Effectiveness	Possible Points: 18	Section Score:
6. Description of the determination of type, amount, and duration of rental as:	sistance for partic	cipants.
Score according to how well the response describes the use of the following pl homelessness (2 pts = Complete description; 1 pt = Incomplete description; 0 pt		
Use of the progressive engagement philosophy	2	
Use of the strength-based philosophy	2	
Plans to prevent persons from exiting into homelessness	2	
Plans to prevent persons from becoming homeless post-project exit	2	
7. Description of a plan for rapid implementation of the project, documenting begin housing the first participant. Provide a detailed schedule of proposed act 180 days after grant award.	• •	-
Score according to how extensive the project plan is (5 pts = Extensive Plan; 3 pts = Adequate Plan; 1 pt = Poor Plan; 0 pts = No Plan)	5	
Score according to how detailed the schedules for proposed activities are (5 pts = Very Detailed; 3 pts = Moderately Detailed; 1 pt = Poorly Detailed; 0 pts = No Details)	5	
Section IV: Organizational Capacity	Possible Points: 20	Section Score:
8. Describe agency key staff positions and qualifications of individuals who wil	l carry out the pro	oject
Score according to how detailed key staff descriptions are (5 pts = Very Detailed; 3 pts = Moderately Detailed; 1 pt = Poorly Detailed; 0 pts = No Details)	5	
Score according to how qualified staff are to execute project (5 pts = Very Qualified; 3 pts = Moderately Qualified; 1 pt = Poorly Qualified; 0 pts = Not at all qualified)	5	
9. Describe the agency's financial management system, including financial rep	orting, record kee	eping,
accounting systems, payment procedures, procurement processes, and audit	requirements.	
Score based on completeness of financial management system with respect to each identified component (10 pts = Complete System; 5 pts = Partially-Complete System; 0 pts = None	10	
of financial management system components are described)		



FY2022 HUD COC PROGRAM COMPETITION SUPPLEMENTAL AGENCY APPLICATION SCORECARD

۱qq۸	icant and Project Name:		
Rate	r Name: Date Reviewed:		
	a agency applying for new and/or renewal funding should complete on will be applied across all that agency's submitted projects.	ne supplemen	tal application. Tl
	Section I: Equity	Possible Points: 17	Agency Score:
1.	Number of annual trainings applicant and sub-applicant staff have undergodiversity, equity, and inclusion as it pertains to service provision.	one or will unde	ergo related to
	All front-line staff undergo 2-4 annual trainings	5	
	All front-line staff undergo 1 annual training	3	
	All front-line staff undergo 0 annual trainings	0	
2	 so: Agency has underrepresented individuals in managerial and leadership p Agency ensures they have the ability to meet language needs of the com Demographics of front-line staff reflect the participants served Agency has reviewed internal policies and procedures with an equity len to eliminate the identified barriers Agency has reviewed or has a plan to review program participant outcom the disaggregation of data by race, ethnicity, gender, and/or age. If alreading from outcome review and steps the agency plans to take to eliminate distributions around all 5 topics present. Detailed strategies around 3-4 topics present Detailed strategies around 1-2 topics present 	munity s and has taken nes with an equ dy implemente sparities. 3 2 1 0	ity lens, including d, describe findings
3.	Agency demonstrates that they meet Fair Housing requirements to provid rights through the intake process. Agency demonstrates how Fair Housing information is provided to all consumers:	3	n Fair Housing
	Agency does not demonstrate how Fair Housing information is provided to all consumers	0	
4.	Agencies demonstrates the participation of persons with lived experience Directors or equivalent policymaking entity.	(PWLE) on the	agency's Board of
	Had consumer participation in CY2021	2	
	No consumer participation over the course of CY2021	0	
5.	Agency has implemented clear strategies to ensure the meaningful participhomelessness programming or has a plan to do so:	oation of PWLE	within

- The agency demonstrates a relational process for receiving and incorporating feedback from PWLE for persons served by all homeless/housing projects (not just the project(s) receiving CoC funding)

- The agency demonstrates how PWLE are incorporated into the decision-making structures within the

- The agency demonstrates the extent to which they intentionally hire PWLE within homelessness

- The agency demonstrates how they respond to feedback and input

organization

Detailed strategies around all 4 topics present	4
Detailed strategies around 2-3 topics present	2
1 strategies present and/or limited details	1
No strategies present	0

Internal process used to calculate combined/overall agency score



FY2022 HUD COC PROGRAM COMPETITION COMBINED SCORING CALCULATION

Applicant and Project Name:	

Supplemental Agency Application Score	Possible Points: 17	Agency Score:
Choose one project type:		
PSH or RRH Renewal Project Score	Possible Points: 80	Project Score:
TH or TH-RRH Renewal Project Score	Possible Points: 70	Project Score:
New/Bonus Project Score	Possible Points: 87	Project Score:

Total Points Available	Agency Points: 17	Project Points:	Agency + Project:
Points Received (Score)	Agency:	Project:	Agency + Project:
Weighted Score (points received/total points available)*100			



FY2022 HUD COC PROGRAM COMPETITION RENEWAL PROJECT SCORECARD

Applicant and Project Name: <u>Community Rebuilders –</u>	Housing Solutions (PSH)	
Rater Name:	Date Reviewed: 9/2	/2022
Project Quality Requirements		
Renewal projects must ensure they continue to meet HUD thresholds for funding. Threshold requirements are pass/fail rather than scored.	Maximum Score Possible	80 for PSH or RRH 70 for TH or TH-RRH
,	Total Project Score	88
	Weighted Rating Score (Total Project Score / Maximum Score Possible x 100)	110

General Project Information (reviewed by staff and reported to Funding Review Committee)	Possible points: 0 Max deductions: 23	Section Score: 0
Does the project meet all eligibility and quality threshold requirements (Pass/Fail	YAS	□ No
Is match documentation for at least 25% of program expenses minus the expenses of leased units included? (Pass/Fail	VAC	□ No
Are budgeted costs allocable and allowable? (Pass/Fail	Yes	□ No
Does the project qualify as low barrier? (Pass/Fail	Yes	□ No
Does the project meet all Housing First criteria? (Pass/Fail	Yes	□ No
Were drawdowns made at least quarterly after project execution (Pass/Fail	Yes	□ No
Are there unresolved or outstanding findings in an agency audit or funder monitoring reports? (-2pts for each of the below): • Agency Financial Audit (other than A133 Audit): Repeat and/or unresolved audit findings from prior audit year. • A-133 Audit: Repeat and/or unresolved audit findings from prior audit year associated with CoC grants. • A-133 Audit: Repeat and/or unresolved audit findings from prior audit year associated with federal grants other than CoC grants • HUD CoC Program Monitoring report: No Corrective Action Plan submitted by HUD's deadlines, or Correction Action Plan submitted did not meet HUD's approval.	No	
Was the application complete and accurate and were all required attachments are provided? (yes = 0 pts, no = -5 pts		
Was the application submitted by the deadline (yes = 0 pts, no = -10 pts		
General Project Information	Possible points: 10 bonus	Section Score: 10
1.e. The proposed project utilizes healthcare resources to help	10 bonus	10

		1
individuals and families experiencing homelessness	points	
(If yes and written commitments are included = 10 bonus points)	l	
Section I: Project Effectiveness	Possible Points: 20	Section Score: 20
Efficient Use of Funding:		
3. Percent of funding recaptured in last completed grant year		
7% or less	5	
8% or more	0	5
4. What is the project's utilization rate?		
95% or higher	10	
80%-94%	5	10
79% or lower	0	
Data Quality (HMIS or alternate database for domestic violence projects)		
5. Percentage of APR Data Quality Elements (6a6d.) with 5% or less null or m	1	1
95% or greater	5	5
Less than 95%	0	
Section II: Project Performance (PSH and RRH Scoring)	Possible Points: 60	Section Score: 58
Cash and Non-Cash Income		
6. Leavers with Any Cash Income		
PSH— percentage of adult leavers who leave the project with one or more s	ources of cash in	come.
80% -100%	5	
40%-79%	3	5
Below 40%	0	_
RRH— percentage of adult leavers who leave the project with one or more s	sources of cash in	come.
		1
65%-100%	7	_
60%-64%	5	_
50%-59%	3	_
7 Leavers with Any Non Cash Benefits	0	
7. Leavers with Any Non-Cash Benefits PSH - percentage of adult leavers who leave the project with one or more so	urcos of non cas	h honofits
75% - 100%	5	Denents.
60%-74%	3	3
Below 60%	0	
RRH - percentage of adult leavers who leave the project with one or more so	_	h hanafita
35% - 100%	5	Therients.
25% - 34%	3	+
25% - 34% Below 25%	0	-
	U	
8. Leavers with Earned Income (Employment)		
PSH - percentage of adult leavers who leave the project with earned income		
4% - 100%	3	-
1%-3%	1	3
Below 1%	0	
RRH - percentage of adult leavers who leave the project with earned income		
40% - 100%	5	_
25%-39% Polow 25%	3	4
Below 25%	0	
9. Increases in Total Cash Income for leavers & stayers		
PSH - percentage of stayers who have an increase in any income	1 2	_
60%-100%	2	2
10%-59%	1	

Below 10%	0	
RRH - percentage of leavers who have an increase in any income	<u> </u>	L
20% -100%	3	
10%-19%	2	
Below 10%	0	
10. Stayers with Health Insurance (PSH only)		
PSH - percentage of project stayers as of 12/31/21 who have health insurance.		
80% - 100%	2	
50%-79%	1	2
Below 10%	0	
Exits/Retention		
11. Retention in Permanent Housing (PSH only)		
PSH - percentage of participants who either remain in the PSH project as of 12	/31/2021, or	who have exited
that project to another permanent housing destination	, ,	
98% - 100%	30	
90%-97%	25	30
80%-89%	10	
Below 80%	0	
12. Exits to Permanent Housing (RRH, TH, & TH-RRH)		
RRH - percentage of participants who exit the project to a permanent housing	destination	
85% - 100%	25	
80%-84%	15	
70%-79%	5	
Below 70%	0	
Length of Stay & Returns to Homelessness		
13. Length of Time from Project Start Date to Housing Move-In (PSH, RRH only)		
PSH— average length of time it took to move clients into housing in 2021.		Not scored
RRH— average length of time it took to move clients into housing in 2021.		
65 days or less	10	
66 to 84 days	5	
85 to 96 days	3	
More than 96 days	0	
14. Length of Stay (PSH Only)		
PSH - percentage of leavers that remained in the project more than 180 days.		
97% - 100%	10	
75%-96%	5	10
Below 75%	0	
15. Returns to homelessness within 6 months of exit from project to permanent	housing	1
PSH - percentage of clients who exited the project to permanent housing in the	last 2 years	and returned to the
homeless response system within 6 months of that exit	-	
0% - 9%	3	
10%-15%	2	3
Greater than 15%	0	
RRH - percentage of clients who exited the project to permanent housing in the	e last 2 years	and returned to the
homeless response system within 6 months of that exit 0% - 3%		
1% - 3% 1	5	
	2	
4% - 5%	3	
	3 1 0	

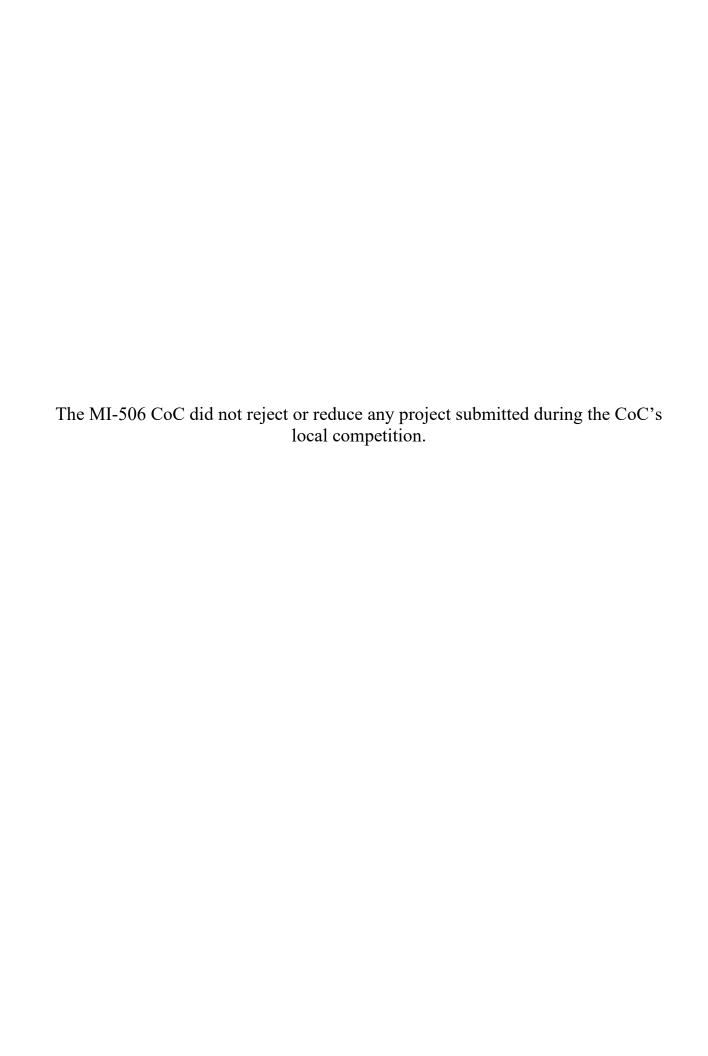


FY2022 HUD COC PROGRAM COMPETITION SUPPLEMENTAL AGENCY APPLICATION SCORECARD

Δnnlicant and	Community Rebuilders Project Name:				
	Lowest	9/04/22			
Rater Name:	Lowest Date Reviewed:	Reviewed:			
	applying for new and/or renewal funding should complete o applied across all that agency's submitted projects.	ne suppleme	ntal application. Th		
	Section I: Equity	Possible Points: 17	Agency Score: 16		
	of annual trainings applicant and sub-applicant staff have undergo, equity, and inclusion as it pertains to service provision.		ergo related to		
	All front-line staff undergo 2-4 annual trainings	5	5		
1	All front-line staff undergo 1 annual training	3			
1	All front-line staff undergo 0 annual trainings	0			
 Agency Demog Agency to elim Agency the dis 	whas underrepresented individuals in managerial and leadership powers they have the ability to meet language needs of the company traphics of front-line staff reflect the participants served whas reviewed internal policies and procedures with an equity lend inate the identified barriers whas reviewed or has a plan to review program participant outcome aggregation of data by race, ethnicity, gender, and/or age. If alread utcome review and steps the agency plans to take to eliminate dispersion of data by race, ethnicity and steps the agency plans to take to eliminate dispersion of the company of the c	munity s and has take nes with an eq dy implemento	uity lens, including		
	Detailed strategies around 3-4 topics present	2			
	Detailed strategies around 1-2 topics present	1			
	Detailed strategies around 0 topics present	0			
rights th	lemonstrates that they meet Fair Housing requirements to provid rough the intake process.	e information	on Fair Housing		
	cy demonstrates how Fair Housing information is provided to all consumers:	3	3		
	does not demonstrate how Fair Housing information is provided to all consumers	0			
	demonstrates the participation of persons with lived experience or equivalent policymaking entity.				
	Had consumer participation in CY2021	2	2		
	No consumer participation over the course of CY2021	0			
5. Agency h	has implemented clear strategies to ensure the meaningful partici	oation of PWLE	within		

- Agency has implemented clear strategies to ensure the meaningful participation of PWLE within homelessness programming or has a plan to do so:
 - The agency demonstrates a relational process for receiving and incorporating feedback from PWLE for persons served by all homeless/housing projects (not just the project(s) receiving CoC funding)
 - The agency demonstrates how they respond to feedback and input
 - The agency demonstrates how PWLE are incorporated into the decision-making structures within the organization
 - The agency demonstrates the extent to which they intentionally hire PWLE within homelessness programming

Detailed strategies around all 4 topics present	4
Detailed strategies around 2-3 topics present	2
1 strategies present and/or limited details	1
No strategies present	0



From: Brianne Robach
To: Becky Diffin

Cc: <u>Tom Cottrell</u>; <u>Courtney Myers-Keaton</u>

Subject: CoC Program: Renewal Award Letter & Attachments

Date: Thursday, September 8, 2022 5:03:00 PM

Attachments: <u>Award Letter - HEAL TH.pdf</u>

Award Letter - HEAL TH-RRH.pdf

22LocalApp SupplAgency Scorecard YWCA Hi.pdf 22LocalApp SupplAgency Scorecard YWCA Lo.pdf Project HEAL TH Renewal Scorecard.pdf Project HEAL TH-RRH Renewal Scorecard.pdf

Good afternoon, Rebecca,

Please see the attached award letters and attachments for the YWCA's renewal projects submitted in the 2022 Continuum of Care Program application process.

Thank you, Brianne

Brianne Czyzio Robach

Pronouns: she/her/hers – what's this?

CoC Associate

Grand Rapids Area Coalition to End Homelessness

e: brobach@hwmuw.org



YWCA West Central Michigan 25 Sheldon Ave. Grand Rapids, MI 49503

September 8, 2022

Ms. Rebecca Diffin,

Thank you for submitting your renewal application for the Joint Transitional Housing/Rapid Re-Housing project, Project HEAL, in the amount of \$467,402 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 51.03. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-cocprogram-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards



YWCA West Central Michigan 25 Sheldon Ave. Grand Rapids, MI 49503

September 8, 2022

Ms. Rebecca Diffin,

Thank you for submitting your renewal application for the Transitional Housing project, Project HEAL, in the amount of \$399,368 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 49.89. The community's average score for renewal applications was 88. This project is recommended to be split with \$68,868 in Tier 1 of the Project Priority Listing and \$330,500 in Tier 2 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards

From: Brianne Robach
To: Victoria Arnold

Cc: <u>Alyssa Anten; Courtney Myers-Keaton</u>

Subject: CoC Program: Renewal Award Letters & Attachments

Date: Thursday, September 8, 2022 5:08:00 PM

Attachments: <u>Award Letter - TSA CE1.pdf</u>

Award Letter - TSA CE2.pdf Award Letter - TSA HAP.pdf Award Letter - TSA HMIS.pdf

2022LocalApp SupplAgency Scorecard TSA Hi.pdf 2022LocalApp SupplAgency Scorecard TSA Lo.pdf

Good afternoon, Victoria,

Please see the attached award letter and attachments for The Salvation Army's renewal projects submitted in the 2022 Continuum of Care Program application process.

Thank you, Brianne

Brianne Czyzio Robach

Pronouns: she/her/hers – what's this?

CoC Associate

Grand Rapids Area Coalition to End Homelessness

e: brobach@hwmuw.org



September 8, 2022

Ms. Victoria Arnold,

Thank you for submitting your renewal application for the Homeless Management Information System project, HMIS, in the amount of \$100,000 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and is recommended to be placed in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

Attachments:



September 8, 2022

Ms. Victoria Arnold,

Thank you for submitting your renewal application for the Supportive Services Only – Coordinated Entry project, Housing Assessment Program, in the amount of \$228,488 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and is recommended to be placed in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

Attachments:



September 8, 2022

Ms. Victoria Arnold,

Thank you for submitting your renewal application for the Supportive Services Only – Coordinated Entry project, Coordinated Entry II, in the amount of \$210,139 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and is recommended to be placed in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

Attachments:



September 8, 2022

Ms. Victoria Arnold,

Thank you for submitting your renewal application for the Supportive Services Only – Coordinated Entry project, Coordinated Entry I, in the amount of \$65,950 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and is recommended to be placed in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

Attachments:

 From:
 Brianne Robach

 To:
 Coffman, Chad

 Countries:
 Moore Manage

Cc: <u>Courtney Myers-Keaton</u>

Subject: CoC Program: Shelter Plus Care SRA & TRA Renewal Award Letters

Date: Thursday, September 8, 2022 4:24:00 PM

Attachments: <u>Award Letter - KC SRA.pdf</u>

Award Letter - KC TRA.pdf

2022LocalApp SupplAgency Scorecard KentCounty Lo.pdf 2022LocalApp SupplAgency Scorecard KentCounty Hi.pdf

Shelter Plus Care TRA Renewal Scorecard.pdf 2022LocalApp Renewal Scorecard KC SRA.pdf

Good afternoon, Chad,

Please see the attached award letters and attachments for the Shelter Plus Care SRA and Shelter Plus Care TRA renewal projects submitted in the 2022 Continuum of Care Program application process.

Thank you, Brianne

Brianne Czyzio Robach

Pronouns: she/her/hers – what's this?

CoC Associate

Grand Rapids Area Coalition to End Homelessness

e: brobach@hwmuw.org



County of Kent 300 Monroe Ave Grand Rapids, MI 49503

September 8, 2022

Mr. Chad Coffman,

Thank you for submitting your renewal application for the Permanent Supportive Housing project, Shelter Plus Care TRA, in the amount of \$1,170,843 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 94.85. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards



County of Kent 300 Monroe Ave Grand Rapids, MI 49503

September 8, 2022

Mr. Chad Coffman,

Thank you for submitting your renewal application for the Permanent Supportive Housing project, Shelter Plus Care SRA, in the amount of \$575,217 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 98.97. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-cocprogram-competition/

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Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards

 From:
 Brianne Robach

 To:
 Berniz Terpstra

 Cc:
 Courtney Myers-Keaton

Subject: CoC Program: Renewal Award Letter & Attachments

Date: Thursday, September 15, 2022 3:54:00 PM

Attachments: <u>Award Letter - ICCF PSH.pdf</u>

2022LocalApp Renewal Scorecard ICCF.pdf 2022LocalApp SupplAgency Scorecard ICCF.pdf

Good afternoon, Berniz,

Please see the attached award letters and attachments for the ICCF's renewal project submitted in the 2022 Continuum of Care Program application process.

Thank you, Brianne

Brianne Czyzio Robach

Pronouns: she/her/hers – what's this?

CoC Associate

Grand Rapids Area Coalition to End Homelessness

e: brobach@hwmuw.org



ICCF Community Homes 415 Martin Luther King Jr. St. SE Suite 100 Grand Rapids, MI 49507

September 8, 2022

Ms. Berniz Terpstra,

Thank you for submitting your renewal application for the Permanent Supportive Housing project, ICCF PSH, in the amount of \$38,304 in the 2022 Continuum of Care Program Application process. This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 46.39. The community's average score for renewal applications was 88. This project is recommended to be in Tier 2 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-cocprogram-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards

From: Brianne Robach
To: Felicia Clay

Cc: <u>Joyce Williams</u>; <u>Courtney Myers-Keaton</u>

Subject: CoC Program: Renewal Award Letter & Attachments

Date: Thursday, September 8, 2022 4:54:00 PM

Attachments: Award Letter - GRHC Hope.pdf

2022LocalApp SupplAgency Scorecard GRHC Lo.pdf 2022LocalApp SupplAgency Scorecard GRHC Hi.pdf 2022LocalApp Renewal Scorecard GRHC Hope.pdf

Good afternoon, Felicia,

Please see the attached award letter and attachments for Grand Rapids Housing Commission's renewal project submitted in the 2022 Continuum of Care Program application process.

Thank you, Brianne

Brianne Czyzio Robach

Pronouns: she/her/hers – what's this?

CoC Associate

Grand Rapids Area Coalition to End Homelessness

e: brobach@hwmuw.org



Grand Rapids Housing Commission 1420 Fuller Avenue Grand Rapids, MI 49507

September 8, 2022

Ms. Felicia Clay,

Thank you for submitting your renewal application for the Rapid Re-Housing project, Hope Community, in the amount of \$159,663 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 69.9. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards

From: Brianne Robach To: Rebecca Long

Cc: Courtney Myers-Keaton

Subject: CoC Program: Renewal Award Letters & Attachments

Date: Thursday, September 8, 2022 4:51:00 PM

Attachments: Award Letter - Commerce.pdf Award Letter - Ferguson.pdf

Award Letter - Verne Barry.pdf

2022LocalApp SupplAgency Scorecard HNHC Lo.pdf 2022LocalApp SupplAgency Scorecard HNHC Hi.pdf

Verne Barry Renewal Scorecard.pdf Ferguson Renewal Scorecard.pdf Commerce Renewal Scorecard.pdf

Good afternoon, Rebecca,

Please see the attached award letters and attachments for Heartside Nonprofit Housing Corporation's renewal projects submitted in the 2022 Continuum of Care Program application process.

Thank you, Brianne

Brianne Czyzio Robach

Pronouns: she/her/hers – what's this?

CoC Associate

Grand Rapids Area Coalition to End Homelessness

e: brobach@hwmuw.org



Heartside Nonprofit Housing Corporation 101 Sheldon Blvd. SE Ste. 2 Grand Rapids, MI 49503

September 8, 2022

Ms. Rebecca Long,

Thank you for submitting your renewal application for the Permanent Supportive Housing project, Verne Barry Place, in the amount of \$157,720 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 87.01. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards



Heartside Nonprofit Housing Corporation 101 Sheldon Blvd. SE Ste. 2 Grand Rapids, MI 49503

September 8, 2022

Ms. Rebecca Long,

Thank you for submitting your renewal application for the Permanent Supportive Housing project, Ferguson Apartments, in the amount of \$63,000 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 78.76. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

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Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards



Heartside Nonprofit Housing Corporation 101 Sheldon Blvd. SE Ste. 2 Grand Rapids, MI 49503

September 8, 2022

Ms. Rebecca Long,

Thank you for submitting your renewal application for the Permanent Supportive Housing project, Commerce Apartments, in the amount of \$269,241 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 81.86. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards

From: Brianne Robach To: Anna Diaz

Cc: Courtney Myers-Keaton

Subject: CoC Program: Renewal Award Letters & Attachments (email 1 of 2)

Date: Thursday, September 8, 2022 4:42:00 PM Attachments:

Award Letter - CR First Steps.pdf

Award Letter - CR HEROES.pdf Award Letter - CR Housing Solutions.pdf

Award Letter - CR Keys First.pdf Award Letter - CR LOFT.pdf Award Letter - CR PACT.pdf

2022LocalApp SupplAgency Scorecard CR Lo.pdf 2022LocalApp SupplAgency Scorecard CR Hi.pdf

Good afternoon, Anna,

Please see the attached award letters and attachments for Community Rebuilders' renewal projects submitted in the 2022 Continuum of Care Program application process.

Thank you, Brianne

Brianne Czyzio Robach

Pronouns: she/her/hers - what's this?

CoC Associate

Grand Rapids Area Coalition to End Homelessness

e: brobach@hwmuw.org



September 8, 2022

Ms. Anna Diaz,

Thank you for submitting your renewal application for the Joint Transitional Housing/Rapid Re-Housing project, PACT, in the amount of \$454,416 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 105.29. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-cocprogram-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

ATTACHMENTS:

- Renewal Scorecard
- Highest and lowest Supplemental Agency Scorecard



September 8, 2022

Ms. Anna Diaz,

Thank you for submitting your renewal application for the Permanent Supportive Housing project, LOFT, in the amount of \$416,082 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 96.49. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards



September 8, 2022

Ms. Anna Diaz,

Thank you for submitting your renewal application for the Rapid Re-Housing project, Keys First, in the amount of \$932,346 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 105.77. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

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Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards



September 8, 2022

Ms. Anna Diaz,

Thank you for submitting your renewal application for the Permanent Supportive Housing project, Housing Solutions, in the amount of \$601,943 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 107.84. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

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Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards



September 8, 2022

Ms. Anna Diaz,

Thank you for submitting your renewal application for the Permanent Supportive Housing project, HEROES, in the amount of \$160,964 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 103.71. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

Coalition staff will follow up with you to ensure all information is accurately provided to HUD via esnaps. We will be reaching out to you shortly to correct any errors in your e-snaps application. In order to maintain this project's placement in the Project Priority Listing, all required forms and requested changes by Coalition staff must be completed correctly within e-snaps by 5:00 PM on Friday, September 23.

Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards



September 8, 2022

Ms. Anna Diaz,

Thank you for submitting your renewal application for the Joint Transitional Housing/Rapid Re-Housing project, First Step Housing, in the amount of \$905,199 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 100.69. The community's average score for renewal applications was 88. This project is recommended to be in Tier 1 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's score and placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-cocprogram-competition/

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Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

CoC Director

Grand Rapids Area Coalition to End Homelessness

- Renewal Project Scorecard
- Highest and lowest Supplemental Agency Scorecards

From: Brianne Robach
To: Rachel VerWys

Cc: Renee Rivard; Courtney Myers-Keaton

Subject: CoC Program: New/Bonus Award Letter & Attachments

Date: Thursday, September 8, 2022 5:31:00 PM
Attachments: Award Letter - Safe Haven DV Bonus.pdf

2022LocalApp NewBonus Scorecard - SHM Lo.pdf 2022LocalApp SupplAgency Scorecard - SHM Hi.pdf 2022LocalApp SupplAgency Scorecard - SHM Lo.pdf 2022LocalApp NewBonus Scorecard - SHM Hi.pdf

Good evening, Rachel,

Please see the attached award letter and attachments for Safe Haven Ministry's DV bonus project submitted in the 2022 Continuum of Care Program local application process.

Thank you, Brianne

Brianne Czyzio Robach

Pronouns: she/her/hers - what's this?

CoC Associate

Grand Rapids Area Coalition to End Homelessness

e: brobach@hwmuw.org



Safe Haven Ministries 2627 Birchcrest Dr. SE Grand Rapids, MI 49506

September 8, 2022

Ms. Rachel VerWys,

Thank you for submitting your application for the Joint Transitional Housing/Rapid Re-Housing Domestic Violence Bonus project, Comprehensive Housing and Supportive Services for Victims of Domestic Violence, in the amount of \$456,962 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 90.96. The community's average score for new/bonus applications was 99.04. This project is recommended to be in Tier 2 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

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Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

Sincerely,

Courtney Myers-Keaton

Grand Rapids Area Coalition to End Homelessness

- Highest and lowest Project Scorecards
- Highest and lowest Supplemental Agency Scorecards

 From:
 Brianne Robach

 To:
 Lauren VanKeulen

 Cc:
 Courtney Myers-Keaton

Subject: CoC Program: New/Bonus Award Letter & Attachments

Date: Thursday, September 8, 2022 5:22:00 PM
Attachments: Award Letter - AYA Youth Bonus.pdf

2022LocalApp NewBonus Scorecard - AYA Lo.pdf 2022LocalApp SupplAgency Scorecard - AYA Lo.pdf 2022LocalApp NewBonus Scorecard - AYA Hi.pdf 2022LocalApp SupplAgency Scorecard - AYA Hi.pdf

Good evening, Lauren,

Please see the attached award letter and attachments for AYA Youth Collective's bonus project submitted in the 2022 Continuum of Care Program local application process.

Thank you, Brianne

Brianne Czyzio Robach

Pronouns: she/her/hers - what's this?

CoC Associate

Grand Rapids Area Coalition to End Homelessness

e: brobach@hwmuw.org



AYA Youth Collective 320 State St. SE Grand Rapids, MI 49503

September 8, 2022

Ms. Lauren VanKeulen,

Thank you for submitting your application for the Joint Transitional Housing/Rapid Re-Housing General Bonus project, Housing As You Are, in the amount of \$368,814 in the 2022 Continuum of Care Program Application process.

This project was reviewed by Funding Review Committee and this project's score combined with the supplemental agency score was 107.12. The community's average score for new/bonus applications was 99.04. This project is recommended to be in Tier 2 of the Project Priority Listing when submitted to the Department of Housing and Urban Development (HUD). You may appeal your project's placement by completing an Appeals Application by 5:00 PM on Thursday, September 15, 2022. The application and the CoC's Appeals Policy are both available on the Coalition's website at the following link: https://endhomelessnesskent.org/fy2022-coc-program-competition/

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Please contact Courtney Myers-Keaton at cmyers-keaton@hwmuw.org with any questions or comments.

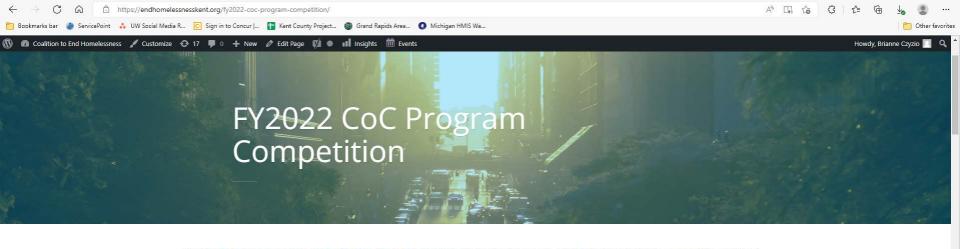
Sincerely,

Courtney Myers-Keaton

Grand Rapids Area Coalition to End Homelessness

- Highest and lowest Project Scorecards
- Highest and lowest Supplemental Agency Scorecards

Rank	Applicant Agency	Project	Funding Type	Project Type	<u>Score</u>	<u>Amount</u>	Running Total	<u>Tier</u>	<u>Status</u>
1	The Salvation Army	Housing Assessment Program	Renewal	SSO	infrastructure	\$ 228,488	\$ 228,488	1	Accepted
2	The Salvation Army	HMIS	Renewal	HMIS	infrastructure	\$ 100,000	\$ 328,488	1	Accepted
3	The Salvation Army	Coordinated Entry	Renewal	SSO	infrastructure	\$ 65,950	\$ 394,438	1	Accepted
4	Central Territory of the Salvation Army	Coordinated Entry	Renewal	SSO	infrastructure	\$ 210,139	\$ 604,577	1	Accepted
5	Community Rebuilders	Housing Solutions	Renewal	PSH	107.84	\$ 601,943	\$ 1,206,520	1	Accepted
6	Community Rebuilders	Keys First	Renewal	RRH	105.77	\$ 932,346	\$ 2,138,866	1	Accepted
7	Community Rebuilders	PACT (Partners Achieving Change Together)	Renewal	Joint TH & PH-RRH	105.29	\$ 454,416	\$ 2,593,282	1	Accepted
8	Community Rebuilders	HEROES	Renewal	PSH	103.71	\$ 160,964	\$ 2,754,246	1	Accepted
9	Community Rebuilders	First Step Housing	Renewal	Joint TH & PH-RRH	100.69	\$ 905,199	\$ 3,659,445	1	Accepted
10	County of Kent	Shelter Plus Care SRA	Renewal	PSH	98.97	\$ 575,217	\$ 4,234,662	1	Accepted
11	Community Rebuilders	LOFT	Renewal	PSH	96.49	\$ 416,082	\$ 4,650,744	1	Accepted
12	County of Kent	Shelter Plus Care TRA	Renewal	PSH	94.85	\$ 1,170,843	\$ 5,821,587	1	Accepted
13	Heartside Nonprofit Housing Corporation	Verne Barry Place	Renewal	PSH	87.01	\$ 157,720	\$ 5,979,307	1	Accepted
14	Heartside Nonprofit Housing Corporation	Commerce Apartments	Renewal	PSH	81.86	\$ 269,241	\$ 6,248,548	1	Accepted
15	Heartside Nonprofit Housing Corporation	Ferguson Apartments	Renewal	PSH	78.76	\$ 63,000	\$ 6,311,548	1	Accepted
16	Grand Rapids Housing Commission	Hope community	Renewal	RRH	69.90	\$ 159,663	\$ 6,471,211	1	Accepted
17	YWCA West Central Michigan	Project HEAL TH-RRH 2021	Renewal	Joint TH & PH-RRH	51.03	\$ 467,402	\$ 6,938,613	1	Accepted
18	YWCA West Central Michigan	Project HEAL 2021	Renewal	TH	49.89	\$ 68,868	\$ 7,007,481	1	Accepted
18	YWCA West Central Michigan	Project HEAL 2021	Renewal	TH	49.89	\$ 330,500	\$ 7,337,981	2	Accepted
19	ICCF	ICCF PSH	Renewal	PSH	46.39	\$ 38,304	\$ 7,376,285	2	Accepted
20	AYA Youth Collective	Housing As You Are	General Bonus	Joint TH & PH-RRH	107.12	\$ 368,814	\$ 7,745,099	2	Accepted
21	Safe Haven Ministries	Housing Services for Domestic Violence Survivors	DV Bonus	Joint TH & PH-RRH	90.96	\$ 534,851	\$ 8,279,950	2	Accepted
22	Heart of West Michigan United Way	CoC Planning	Planning	Planning	n/a	\$ 221,289	\$ 8,501,239	Not Ranked	Accepted



The CoC Program Competition NOFO (Notice of Funding Opportunity) has been released. Information regarding the competition and local funding process will be posted here as it becomes available.

The CoC Estimated Annual Renewal Demand (ARD) Report [revised 9/1/2022] for Grand Rapids/Wyoming/Kent County CoC is as follows:

- Preliminary Pro Rata Need (PPRN): \$5,348,513 (revised 8/29/2022)
- Estimated ARD: \$7.376.285
- Tier 1: \$7.007.471
- CoC Bonus: \$368,814
- DV Bonus: \$534,851 (revised by HUD on 9/1/2022)
- CoC Planning: \$221,289

CoC Consolidated Application 2022

The CoC Consolidated Application consists of two separately-submitted applications: the CoC Application (which contains information about system strategies and performance data) and the Project Priority Listing (which contains the priority listing of community projects, as well as all submitted project applications by local housing providers). Below is the Consolidated Application and Project Priority Listing for 2022 CoC Program Competition funding, The CoC Consolidated Application will be submitted to the US Department of Housing and Urban Development (HUD) prior to the submission deadline of 8:00pm on Friday, September 30th.

View the Consolidated Application here and Project Priority Listing here.















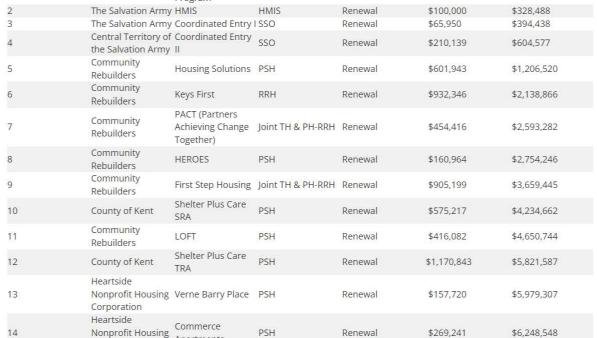










































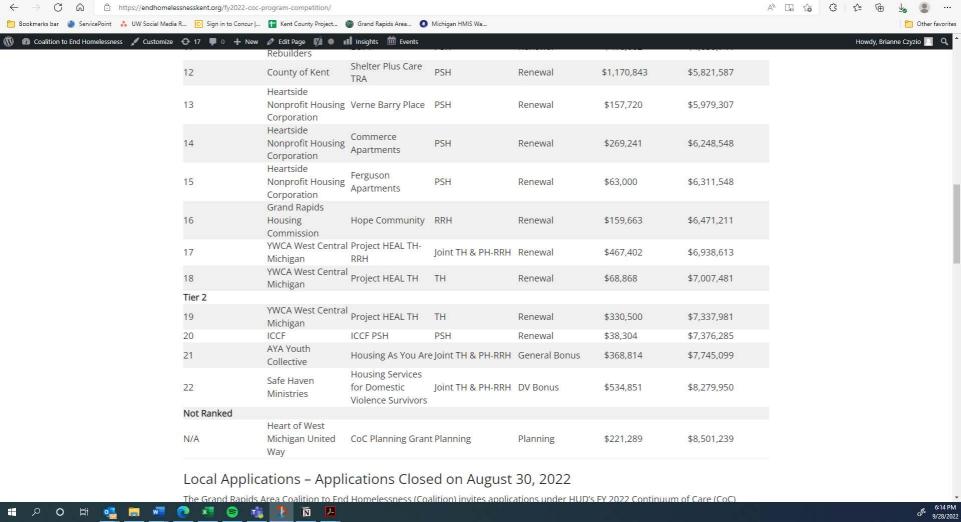


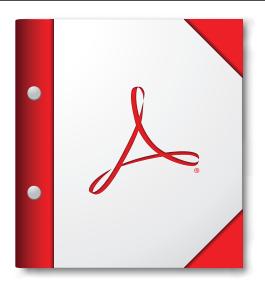












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September 16, 2022

Grand Rapids/Wyoming/Kent County Continuum of Care 118 Commerce St SW Grand Rapids, MI 49503

To Grand Rapids Area Continuum of Care/CoC Project Applicant:

Please accept this letter as certification that Family Promise of Grand Rapids commits to providing the following otherwise non-obligated, eligible match and leverage support for the entire duration of the grant term for AYA Youth Collective's Housing: As Youth Are Project submitted as part of the FFY2022 HUD CoC Program Notice of Funding Opportunity.

Project Name: Housing: As You Are **Source of Commitment:** CDBG and EFSP

Number of Program Participants: CDBG and EFSP funding will be leveraged to provide RRH to

8 households, or 15% of the total program participants to be served **Dates the Units are available:** 05/01/2023 - 04/30/2024

Sincerely,

Cheryl Schuch

CEO

Healthcare Formal Agreements

AYA Youth Collective: Housing as You Are



September 30, 2022

Grand Rapids/Wyoming/Kent County Continuum of Care 118 Commerce St SW Grand Rapids, MI 49503

To Grand Rapids Area Continuum of Care/CoC Project Applicant:

Please accept this letter as certification that **Family Health Center at GVSU** commits to providing the following otherwise non-obligated, eligible leverage support for the entire duration of the grant term for the following CoC project as part of the FFY2022 HUD CoC Program Notice of Funding Opportunity.

PROJECT NAME: Housing: As You Are

GRANT TERM: May 1, 2023 through April 30, 2024

PROJECT LEAD: AYA Youth Collective + Family Promise of Grand Rapids

ELIGIBLE COC HEALTHCARE ACTIVITIES:

 Assist program participants to receive primary care, receive housing related services, and obtain medical insurance to address healthcare needs.

Services will total \$12,870 in in-kind contributions. Eligibility will be based on fair housing and not restricted by the provider.

Sincerely,

Tamara Van Kampen

Practice Manager, GVSU Family Health Center

Samara Vankanipi

Grand Valley State University 72 Sheldon Blvd. SE Grand Rapids, MI 49503

office: 616-331-9830 | fax: 616-331-9831

vankampt@gvsu.edu



ENDING HOMELESSNESS... ONE FAMILY AT A TIME

September 30, 2022

Grand Rapids/Wyoming/Kent County Continuum of Care 118 Commerce St SW Grand Rapids, MI 49503

To Grand Rapids Area Continuum of Care/CoC Project Applicant:

Please accept this letter as certification that **Family Promise of Grand Rapids**, together with its healthcare partners, commits to providing the following otherwise non-obligated, eligible leverage support for the entire duration of the grant term for the following CoC project as part of the FFY2022 HUD CoC Program Notice of Funding Opportunity.

PROJECT NAME: Housing: As You Are

GRANT TERM: May 1, 2023 through April 30, 2024

PROJECT LEAD: AYA Youth Collective

ELIGIBLE COC HEALTHCARE ACTIVITIES:

 Assist program participants to receive primary care and behavioral health, receive housing related services, and obtain medical insurance to address healthcare needs.

Services will total \$66,905 in in-kind contributions. Eligibility will be based on fair housing and not restricted by the provider.

Sincerely,

Cheryl Schuch, CEO

September 30, 2022

Grand Rapids/Wyoming/Kent County Continuum of Care 118 Commerce St SW Grand Rapids, MI 49503

To Grand Rapids Area Continuum of Care/CoC Project Applicant:

Please accept this letter as certification that **Claire Graves**, **Therapist** commits to providing the following otherwise non-obligated, eligible leverage support for the entire duration of the grant term for the following CoC project as part of the FFY2022 HUD CoC Program Notice of Funding Opportunity.

PROJECT NAME: Housing: As You Are

GRANT TERM: May 1, 2023 through April 30, 2024

PROJECT LEAD: AYA Youth Collective + Family Promise of Grand Rapids

C. Shaves, MA, LPC, CAAbc

ELIGIBLE COC HEALTHCARE ACTIVITIES:

 Assist program participants to receive crisis intervention, behavioral health services and therapy.

Services will total \$12,428 in in-kind contributions. Eligibility will be based on fair housing and not restricted by the provider.

Sincerely,